

JOINT-ASSESSMENT BY THE NATIONAL MULTI-STAKEHOLDER PLATFORM,  
IN LINE WITH THE SUN MONITORING,  
EVALUATION, ACCOUNTABILITY AND LEARNING  
(MEAL) SYSTEM

# 2018 REPORTING TEMPLATE



(APRIL 2017-APRIL 2018)

## Viet Nam

### About the 2018 Joint-Assessment

We invite you to provide us with the following details, to help the SUN Movement Secretariat (SMS) better understand how inputs into the 2018 Joint-Assessment were compiled by stakeholders, and, to what extent this process is deemed useful.

### Participants

1. Did the following stakeholder groups provide specific inputs to the Joint-Assessment in writing or verbally?

Group	Yes (provide number)/No (= 0)
Government	6
Civil society	12
Donors	1
United Nations	6
Business	0
Science and academia	0
Other (please specify)	0

2. How many participated in the Joint-Assessment process? 25

Of these, please indicate how many participants were female and how many were male 16 and 9

### Process

3. Was the Joint-Assessment data gathered and/or reviewed during a face-to-face meeting or via email?

Step	Format			
Collection	Meeting	<input checked="" type="checkbox"/>	Email	<input checked="" type="checkbox"/>
Review and validation	Meeting	<input checked="" type="checkbox"/>	Email	<input checked="" type="checkbox"/>

4. If an information gathering or validation meeting took place, please attach a photo.

### Usefulness

5. If an information gathering or validation meeting took place, would you say that the meeting was deemed useful by participants, beyond the usual work of the multi-stakeholder platform (MSP)?

Yes

Why?

It made the members feel more engaged and committed to a common goal. The exercise helped us together review the progress and see what the positive changes and what the remaining challenges so that we can make a better plan for the coming period. However, the meeting in 2 hours can not be sufficient time to complete the exercise as instructed procedure by SMS. It was rather the opportunity to sit together to review what has been done, achieved and what to plan for the coming year. Other detailed work for completion of the exercise was to be followed up by smaller group meetings and email communication.

### Use of information by the SUN Movement

*Please note that this template will be featured on the SUN Movement website, unless the SMS is otherwise notified. Analysed results of this Joint-Assessment will also form the basis of the 2018 SUN Movement Progress Report.*

### Scoring key

N/A	Not applicable	Progress marker not applicable to current context
0	Not started	Nothing in place
1	Started	Planning has begun
2	On-going	Planning completed and implementation initiated
3	Nearly completed	Implementation complete with gradual steps to processes becoming operational
4	Completed	Fully operational/targets are achieved/on-going with continued monitoring/validated/evidence provided



## PROCESS 1: Bringing people together in the same space for action

*Coordination mechanisms or platforms enable stakeholders to better work for improved nutrition outcomes. These platforms can serve to bring together a specific stakeholder, or they can be multi-stakeholder and multi-sectoral platforms (MSP), with a broader membership, and may help to link stakeholder-specific platforms. Platforms can exist at both the national and sub-national level, with the two levels often being linked. MSPs are seen as operational when they enable the delivery of joint results, on issues relevant to nutrition. MSPs are also deemed functional they enable the mobilisation and engagement of relevant stakeholders, assist relevant national bodies in their decision-making, spur consensus around joint interests and recommendations, and foster dialogue, at the sub-national level.*

**Need some guidance? See the progress marker explanatory note.**

### Progress marker 1.1: Select/develop coordinating mechanisms at the country level

*This progress marker looks at the presence of both stakeholder-specific and multi-stakeholder platforms or mechanisms, and how they are linked. The platforms that now focus on scaling up nutrition may have either been developed from existing mechanisms, or have created recently, and specifically, for this purpose.*

#### FINAL SCORE

4

#### EXPLANATION OF THE FINAL SCORE

- MSP is still active and meets regularly every 6 weeks (Attachment 1. Latest Minutes of NTW meeting)
- NPAN towards 2020 has been approved by the MOH and disseminated (Attachment 2. NPAN towards 2020). Sub-national Action plans are developing.
- VN have not yet ready a national co-ordination committee for nutrition. If having this, there will be more chance for success in the SUN movement in the country .

### Progress marker 1.2: Coordinate internally and expand membership/engage with other actors for broader influence

*This progress marker looks the internal coordination, among members, achieved by the multi-stakeholder platform. It also looks at efforts to increase collective influence by engaging new actors and stakeholders, resulting in expanded membership. This can encompass sub-national platforms or actors, grassroot-focused organisations, or the executive branch of government, for example.*

#### FINAL SCORE

3

#### EXPLANATION OF THE FINAL SCORE

New NPAN is to re-establish the National Nutrition Steering Committee with clear coordination mechanism thus enabling for effective multi-sectoral cooperation.

SUN business network is on the way to be set up in 2018.

No network for Donors

(Attachment 2. NPAN towards 2020)

### Progress marker 1.3: Engage within/contribute to the multi-stakeholder platform (MSP)

*This progress marker looks at whether the MSP fosters collaboration among stakeholders, at the national level, on issues most relevant to the nutrition agenda, in addition to commitment and follow-through. When relevant, interactions at the sub-national level should also be addressed.*

#### FINAL SCORE

4

#### EXPLANATION OF THE FINAL SCORE

High-level meeting on nutrition in Jan 2018 (Attachment 3. Mass media release)

New NPAN and Prime Minister Directive engage multi-sectors in nutrition agenda (Attachment 4. PM Directive on Enhancement of Nutrition)

Capacity building workshop for 16 disadvantaged provinces to develop Nutrition Plan of Action with SUN principles in April 2018.

### Progress marker 1.4: Track, report and reflect on own contributions and accomplishments

*This progress marker looks whether the MSP tracks and reports on implementation of agreed actions, by individual actors and stakeholders, and their contribution to the MSP's collective progress towards agreed priorities. The MSP's ability to foster accountability is also considered.*

#### FINAL SCORE

3

#### EXPLANATION OF THE FINAL SCORE

- Monitor and report on proceedings and results of Nutrition outcomes by the Annual surveillance. Difficult to track the progress of other non-health sectors.
- MSP has worked on policy reviews and currently on program reviews (Attachment 5. Policy reviews brief)

### Progress marker 1.5: Sustain the political impact of the multi-stakeholder platform

*This progress marker looks at the extent to which a multi-sectoral, multi-stakeholder approach to nutrition is accepted as a national priority and institutionalised by all stakeholders.*

#### FINAL SCORE

3

#### EXPLANATION OF THE FINAL SCORE

High-level meeting on nutrition in Jan 2018

New NPAN towards 2020

Resolution No. 20-NQ/TW dated October 25, 2017 of the sixth conference of the Communist Party Central Executive Committee XII on enhancing the protection, care and promotion of the people's health in the new situation (Attachment 6. Resolution 20). It was followed by Directive No. 46/CT-TTg dated December 21, 2017 of Prime Minister on enhancement of nutrition in the new situation.

### Key contribution of each stakeholder to Process 1

*As of this year (2018), the Secretariats of the SUN Global Networks (UN, Donor, Business and Civil Society) will use the Joint-Assessment to examine their contributions, in a bid to reduce the reporting burden. If a stakeholder is not involved in the MSP, please write **not applicable** (N/A).*

Stakeholders	Please provide examples
UN	- Advocacy, Policy development, networking (internal and external)
Donor	- Not yet defined and networking
Business	- No transparent mechanism and coordinating forum for fair and legal participation
CSO	- Not strong commitment, act on voluntary basis

#### OVERALL SUMMARY OF PROGRESS ACHIEVED OVER THE PAST YEAR (April 2017 to April 2018)

**FOR PROCESS 1: Bringing people together in the same space** (i.e. overall achievements/positive changes/ key challenges and suggestions for improvements/ other relevant activities in the context of scaling up nutrition efforts in-country)

High-level meeting on nutrition in Jan 2018

New NPAN towards 2020

Resolution No. 20-NQ/TW dated October 25, 2017 of the sixth conference of the Communist Party Central Executive Committee XII on enhancing the protection, care and promotion of the people's health in the new situation. It was followed by Directive No. 46/CT-TTg dated December 21, 2017 of Prime Minister on enhancement of nutrition in the new situation.



## PROCESS 2: Ensuring a coherent policy and legal framework

*The existence of a coherent policy and legal framework should inform and guide how in-country stakeholders work together, for improved nutrition outcomes. Updated policies, strategies and legislations are fundamental to prevent conflict of interest among the wide range of actors involved in a complex societal topic such as nutrition. This process focuses on the enabling policy and legal environment.*

**Need some guidance? See the progress marker explanatory note.**

### Progress marker 2.1: Continuously analyse existing nutrition-relevant policies and legislation

*This progress marker looks at the extent to which existing nutrition-relevant (specific and sensitive) policies and legislation are analysed using multi-sectoral consultative processes, with inputs from various stakeholders, and civil society in particular. It denotes the availability of stock-taking documents and continuous context analysis to inform and guide policy-making.*

#### FINAL SCORE

4

#### EXPLANATION OF THE FINAL SCORE

- A review of policy has been made (Attachment 5. Policy reviews brief)
- MOH is in progress to develop new law on Health promotion, in which nutrition takes one chapter. The law is planned to be submitted to the National Assembly by 2019. It is now in the phase for analyzing existing policies and legislation and assessing possible impacts related to the proposed articles (Nutrition Care for children, Nutrition Care for specific circumstances, Nutrition information, Reduction of harmful factors, Micro-nutrition deficiency control)

### Progress marker 2.2: Continuously engage in advocacy to influence the development, updating and dissemination of relevant policy and legal frameworks

*This progress marker looks at the extent to which in-country stakeholders work together and contribute, influence and advocate for the development of updated or new improved nutrition policy and legal frameworks for and their dissemination (i.e. advocacy and communication strategies in place to support the dissemination of relevant policies). It focuses on how countries ascertain policy and legal coherence across different ministries and try to broaden political support, by encouraging parliamentary engagement.*

*It also focuses on the efforts of in-country stakeholders to influence decision-makers for legislation and evidence-based policies that empower women and girls through equity-based approaches.*

#### FINAL SCORE

4

#### EXPLANATION OF THE FINAL SCORE

- High level meeting on nutrition
- Meeting of SUN coordinator and Prime Minister (Attachment 3. Mass media release)

### Progress marker 2.3: Develop or update coherent policies and legal frameworks through coordinated and harmonised in-country stakeholder efforts

*This progress marker looks at the extent to which in-country stakeholders – the government (i.e. line ministries) and non-state partners – coordinate their inputs to ensure the development of coherent policy and legislative frameworks.*

#### FINAL SCORE

4

#### EXPLANATION OF THE FINAL SCORE

- NPAN towards 2020 is approved, which serves as the national ministerial guidelines for mainstreaming nutrition in sector policies
- The operation and enforcement of legal framework (The Code, Maternity Leave Laws, Food Fortification Laws) are in place.
- Children's Laws is in effective in favor of nutrition care for pregnant women, infants and young children
- Stunting appears as one indicator for nutrition in several socio-economic plan and program (New rural development, Capacity development for ethnic minorities 2016-2020)
- The Zero Hunger Plan developed and on finalization process under global frame worked and coordinated by the MARD but with multispectral collaboration in which, nutrition and food security, and Zero stunting are the key parts

### Progress marker 2.4: Operationalise/enforce legal framework

*This progress marker looks at the availability of mechanisms to operationalise and enforce legislation, such as the International Code of Marketing of Breast-milk Substitutes, maternity protection and paternity and parental leave laws, food fortification legislation, they right to food, among others.*

#### FINAL SCORE

3

#### EXPLANATION OF THE FINAL SCORE

- Same as last year

### Progress marker 2.5: Track and report for learning and sustaining the policy and legislative impact

*This progress marker looks at the extent to which existing policies and legislation have been reviewed and evaluated to document good practices, and the extent to which available lessons are shared by different constituencies within the multi-stakeholder platforms.*

#### FINAL SCORE

2

#### EXPLANATION OF THE FINAL SCORE

- Insufficiency of policy enforcement study
- There is unclear availability of a regular policy monitoring system and report in Viet Nam.

### Key contributions of each stakeholder to Process 2

*As of this year (2018), the Secretariats of the SUN Global Networks (UN, Donor, Business and Civil Society) will use the Joint-Assessment to examine their contributions, in a bid to reduce the reporting burden. If a stakeholder is not involved in the MSP, please write **not applicable** (N/A).*

Stakeholders	Please provide examples
UN	- Advocacy and technical and financial supports
Donor	- Funding
Business	- No
CSO	- Research report, evaluation

#### OVERALL SUMMARY OF PROGRESS ACHIEVED OVER THE PAST YEAR (April 2017 to April 2018) FOR PROCESS 2: Coherent policy and legal framework (i.e. Overall achievements/positive changes/ key challenges and suggestions for improvements/ other relevant activities in the context of scaling up nutrition efforts in-country)

High-level meeting on nutrition in Jan 2018

New NPAN towards 2020

Resolution No. 20-NQ/TW dated October 25, 2017 of the sixth conference of the Communist Party Central Executive Committee XII on enhancing the protection, care and promotion of the people's health in the new situation. It was followed by Directive No. 46/CT-TTg dated December 21, 2017 of Prime Minister on enhancement of nutrition in the new situation.

### Progress marker 3.1: Align existing actions around national nutrition targets/policies

*This progress marker looks at the extent to which in-country stakeholder groups take stock of what exists and align their own plans and programming for nutrition to reflect the national policies and priorities. It focuses on the alignment of actions across sectors and among relevant stakeholders that significantly contribute towards improved nutrition.*

*Please note: While progress marker 2.1 looks at the review of policies and legislation, progress marker 3.1 focuses on*



### PROCESS 3: Aligning actions around common results

*The alignment of actions across sectors that significantly contribute to improvements in nutrition demonstrates the extent to which multiple sectors and stakeholders are effectively working together, and the extent to which the policies and legislations are operationalised to ensure that everyone, women and children in particular, benefit from improved nutrition. This process delves into the operational side of policy and legal frameworks and how they translate into action. The term 'Common Results Framework' is used to describe a set of expected results agreed upon across different sectors of government and among key stakeholders, through a negotiated process. The existence of agreed common results would enable stakeholders to make their actions more nutrition driven through increased coordination or integration. In practice, a CRF may result in a set of documents that are recognised as a reference point for all sectors and stakeholders that work together for scaling up nutrition.*

**Need some guidance? See the progress marker explanatory note.**

*the review of programmes and implementation capacities.*

<b>FINAL SCORE</b>
3
<b>EXPLANATION OF THE FINAL SCORE</b>
No improvement since last year

### Progress marker 3.2: Translate policy and legal frameworks into an actionable Common Results Framework (CRF) for scaling up nutrition at the national and sub-national level

*This progress marker looks at the extent to which in-country stakeholders agree on a Common Results Framework to effectively align interventions for improved nutrition. The CRF is recognised as the guidance for medium to long-term implementation of actions, with clearly identified nutrition targets. Ideally, the CRF should identify coordination mechanisms (and related capacity) and define the roles and responsibilities for each stakeholder. It should encompass an implementation matrix, an M&E Framework and costed interventions, including costs estimates for advocacy, coordination and M&E.*

<b>FINAL SCORE</b>
4
<b>EXPLANATION OF THE FINAL SCORE</b>
NPAN is disseminated nationally. Together with the Directive 46, it has initiated the development and implementation of sub-national plans of action. (Attachment 2. NPAN towards 2020)

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### Progress marker 3.3: Organise and implement annual priorities as per the Common Results Framework

*This progress marker looks at the sequencing and implementation of priority actions at the national and sub-national level. This requires, on the one hand, a clear understanding of gaps in terms of delivery capacity and, on the other hand, a willingness from in-country and global stakeholders to mobilise technical expertise to timely respond to the identified needs, in a coordinated manner.*

#### FINAL SCORE

3

#### EXPLANATION OF THE FINAL SCORE

5-year NPAN is approved (no annual detailed work plan, except for a National Nutrition Program operated by Health sector with measurable targets to guide implementation at national and sub-national level). Other sectors also have their own annual work plan with nutrition sensitive activities integrated. Can not do annual NPAN with multi-sectoral participation.

### Progress marker 3.4: Jointly monitor priority actions as per the Common Results Framework

*This progress marker looks at how information systems are used to monitor the implementation of priority actions for good nutrition. It looks at the availability of joint progress reports that can meaningfully inform and guide the refinement of interventions and contribute towards harmonised targeting and coordinated service delivery among in-country stakeholders.*

#### FINAL SCORE

3

#### EXPLANATION OF THE FINAL SCORE

No improvement since last year

### Progress marker 3.5: Evaluate the implementation of actions to understand, achieve and sustain nutrition impact

*This progress marker looks at how results and success is being evaluated to inform implementation decision-making and building the evidence base for improved nutrition.*

#### FINAL SCORE

3

#### EXPLANATION OF THE FINAL SCORE

No improvement since last year

### Key contributions of each stakeholder to Process 3

*As of this year (2018), the Secretariats of the SUN Global Networks (UN, Donor, Business and Civil Society) will use the Joint-Assessment to examine their contributions, in a bid to reduce the reporting burden. If a stakeholder is not involved in the MSP, please write **not applicable** (N/A).*

Stakeholders	Please provide examples
UN	- Alignment

Donor	- Alignment
Business	- Alignment
CSO	- Alignment

**OVERALL SUMMARY OF PROGRESS ACHIEVED OVER THE PAST YEAR (April 2017 to April 2018) FOR PROCESS 3: Common Results Framework for National Nutrition Plan (aligned programming)**

(i.e. Overall achievements/positive changes/ key challenges and suggestions for improvements/ other relevant activities in the context of scaling up nutrition efforts in-country)

NPAN towards 2020

Sub-national Plan of action for nutrition



## PROCESS 4: Financial tracking and resource mobilisation

*Assessing the financial feasibility of national plans to implement actions for improved nutrition is essential to determine funding requirements. The latter is based on the capability to track planned and actual spending on nutrition across relevant government ministries and from external partners. The existence of plans, with clearly costed actions, helps government authorities and key stakeholders (e.g. UN, donors, business, civil society) align and contribute resources to national priorities, estimate the required budget for implementation and identify financial gaps.*

**Need some guidance? See the progress marker explanatory note.**

### Progress marker 4.1: Cost and assess the financial feasibility of the CRF

*This progress marker looks at the extent to which the government and all other in-country stakeholders provide inputs for the costing of nutrition-specific and nutrition-sensitive actions across relevant sectors (costing exercises can be performed in various ways, including reviewing current spending or estimating unit costs).*

**FINAL SCORE**

3

**EXPLANATION OF THE FINAL SCORE**

No improvement since last year

Health sector provides information but not by non-health sectors

### Progress marker 4.2: Track and report on financing for nutrition

*This progress marker looks at the extent to which the government and all other in-country stakeholders are able to track their allocations and expenditures (if available) for nutrition-specific and nutrition-sensitive actions in relevant sectors and report on finance data, in a transparent manner, with other partners of the MSP, including the government.*

<b>FINAL SCORE</b> 2
<b>EXPLANATION OF THE FINAL SCORE</b> No improvement since last year Health sector provides information but not by non-health sectors. No mechanism in place to track

#### **Progress marker 4.3: Scale up and align resources including addressing financial shortfalls**

*This progress marker looks at whether the government and other in-country stakeholders identify financial gaps and mobilise additional funds, through increased alignment and allocation of budgets, advocacy, and setting-up of specific mechanisms.*

<b>FINAL SCORE</b> 2
<b>EXPLANATION OF THE FINAL SCORE</b> No improvement since last year No new opportunity for extra resource for nutrition in reality.

#### **Progress marker 4.4: Turn pledges into disbursements**

*This progress marker looks at how governments and other in-country stakeholders turn pledges into disbursements. It includes the ability of donors to look at how their disbursements are timely and in line with the scheduled fiscal year.*

<b>FINAL SCORE</b> 2
<b>EXPLANATION OF THE FINAL SCORE</b> No improvement since last year

#### **Progress marker 4.5: Ensure predictability of multi-year funding to sustain implementation results and nutrition impact**

*This progress marker looks at how the government and in-country stakeholders collectively ensure predictable and long-term funding for better results and impact. It looks at important changes such as the continuum between short-term humanitarian and long-term development funding, the establishment of flexible but predictable funding mechanisms and the sustainable addressing of funding gaps.*

<b>FINAL SCORE</b> 2
<b>EXPLANATION OF THE FINAL SCORE</b> No improvement since last year

#### **Key contributions of each stakeholder to Process 4**

*As of this year (2018), the Secretariats of the SUN Global Networks (UN, Donor, Business and Civil Society) will use the Joint-Assessment to examine their contributions, in a bid to reduce the reporting burden. If a stakeholder is not involved in the MSP, please write **not applicable** (N/A).*

<b>Stakeholders</b>	<b>Please provide examples</b>
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UN	- Alignment
Donor	- Alignment
Business	- Few involved companies (food, pharmaceutical) have joint their part of funds (small scale) in promotion of social marketing approach for nutrition (training, IEC materials development and distribution in the project location)
CSO	- No

**OVERALL SUMMARY OF PROGRESS ACHIEVED OVER THE PAST YEAR (April 2017 to April 2018) FOR PROCESS 4: Financial tracking and resource mobilisation** (i.e. Overall achievements/positive changes/ key challenges and suggestions for improvement/ other relevant activities in the context of scaling up nutrition efforts in-country)

No achievement since last year  
 No mechanism in place  
 More advocacy work to turn adopted policies into actions and investment

## NEW OUTCOME MARKER: Review of progress in scaling up nutrition-specific and nutrition-sensitive interventions over the past 12 months

*In line with the SUN Movement MEAL system, this outcome marker looks at how processes put in place are effectively contributing to scaling up nutrition-specific and nutrition-sensitive interventions. In compliance with principles of equity, equality and non-discrimination for all, participants are asked to reflect on their implementation progress, considering geographical reach and targeting of children, adolescent girls and women as well as delivery approaches that promote a convergence of interventions (e.g. same village, same household or same individual) or integration of nutrition interventions in sector programmes (e.g. nutrition education in farmer field schools or provision of fortified complementary foods for young children as part of food aid).*

**FINAL SCORE**

*(Scaling up nutrition-specific actions) 3*

**FINAL SCORE**

*(Scaling up nutrition-sensitive actions) 3*

**EXPLANATION OF THE FINAL SCORE**

**Progress in scaling up nutrition-specific interventions**

*Examples include the promotion of infant and young child feeding, micronutrient supplementation, management of acute malnutrition, food fortification and nutrition education. For each example, please specify the geographical reach, targeted population and delivery approach. (Reference: 2013 Lancet Series on Maternal and Child Nutrition and the 2016 UN Compendium of Action for Nutrition)*

**Progress in scaling up nutrition-sensitive interventions**

*Choose clear examples from relevant sectors that you are including in your review. For each example, please specify the geographical reach, targeted population and delivery approach. (Reference: 2013 Lancet Series on Maternal and Child Nutrition and the 2016 UN Compendium of Action for Nutrition)*

**The main evidence-based nutrition-specific interventions being implemented by the government include:**

- **Iron/Folic-acid Supplementation of Pregnant women.** This intervention began in 1995, primarily with support from UNICEF. As of 2005, UNICEF ceased supplying the supplements but the intervention continued with supplements being available in health facilities for sale. In disadvantaged areas, the supplements can also be supplied by the flexible application of health insurance, which is given free for the poor, or by mobilizing other

local resources and external aide. Based on the recent national micronutrient survey in 2015 of NIN, the coverage of iron supplementation among pregnant women was 62.7 percent (61.2 percent in mountainous areas), among lactating women was 23.4 percent (25.1 percent in mountainous areas). Data from General Survey 2010 revealed that only 57.6 percent pregnant women had iron supplementation in the first trimester, only 25 percent in the 2nd and 3rd trimester and 14.7 percent had not received any supplements.

- *Multi-micronutrient Supplements.* This intervention was delivered at small scale prior to 2014 and the supplemented were provided by the PEMC<sup>1</sup> program for some vulnerable areas. In 2015, the coverage of multi micronutrient supplementation was 20.5 percent in pregnant women and 6.4 percent in lactating women, most of which was from out-of-pocket purchasing by city women
- *Food supplementation* has never become a popular intervention for pregnant women. It has been a product for several trials but rather than that, it has not been applied for any nutrition programs in large scale due to cost and management issues.
- *Promotion of Optimal Infant and Young Child Feeding (IYCF) Practices.* IYCF promotion has been done mainly through nutrition education and communications. Key activities in the field of nutrition education and communication have been implemented over the past years, including: Organizing annual nutrition communication campaigns (such as "Micronutrient Day", 1-2 June; "Breastfeeding Week"; "Nutrition and Development Week", 16-23 Oct); Development of nutrition education and communication materials (such as IEC printed materials, television programs), and; Enhancement of nutrition education and communication activities through the network environment (websites, fan page, electronic newspapers, etc.). It is also noteworthy that Viet Nam's government created a supportive legislative environment for breastfeeding through banning advertising of breast milk substitutes marketed for children under 24 months—as recommended in WHO's International Code of Marketing of Breast-milk Substitutes<sup>2</sup>. The government also increased paid maternity leave from 4 to 6 months<sup>3</sup>.
- *Vitamin A Supplementation.* Since 1988, Vietnam has implemented the Vitamin A supplementation program during which high dose vitamin A supplements are given to children 6 to 36 month old twice a year. In 22 disadvantaged provinces, supplements are provided to children from 6 to 59 months old. A recent micronutrient survey revealed that the coverage of vitamin A supplementation during these campaigns was approximately 77 percent (76 percent in mountainous area) and amongst postpartum women, the coverage was about 42 percent (50 percent in the mountainous areas).
- *Zinc Supplementation* has not been routinely administered, even though there are technical guidelines by MOH on Zinc supplementation with treatment of diarrhea for infants and young children exist. There are many reasons for non-implementation of this interventions, including ignorance amongst health providers and the unavailability of the supplements, especially at primary health care units.
- *Treatment of Severe Acute Malnutrition.* The number of cases of severe acute malnutrition (SAM) is more than 200,000 per year. To accelerate the treatment of SAM, community-based treatment with ready-to-use-therapeutic foods (RUTFs) is preferred. In a joint effort by the National Institute of Nutrition, UNICEF, and the Institut de Recherche pour le Développement (IRD), a local RUTF was developed and tested. At the same time, capacity for the Integrated Management of Acute Malnutrition (IMAM) was developed, and national guidelines were approved and disseminated by MOH. The IMAM program was highly successful in treating children with SAM, with more than 90 percent of the children recovering. In the period 2013 – 2015, the IMAM program was operated by UNICEF, Plan International, and PEMC in over 100 communes nationwide, mostly in the North Mountain and Central Highland, where SAM rate was high. At that period, around 4000 SAM children were treated annually in community. Since 2016, there has been no external funding for the program to maintain. UNICEF and NIN have worked together to advocate to include IMAM cost in child health insurance but RUTF was considered as food, not drug so it could not enter the essential drug list. The advocacy is still going on to

<sup>1</sup> PEMC – Protein Energy Malnutrition Control.

<sup>2</sup> Advertisement Laws 16/2012/QH13 dated June 21, 2012 and Decree 100/2014/ND-CP dated Nov 6, 2014.

<sup>3</sup> Social Insurance Laws 58/2014

include SAM treatment in the basic intervention package so that IMAM treatment can get sustainable funding to scale up.

### ***Nutrition-Sensitive Programs***

**In the current NNS, the Honorable Prime Minister assigned the Ministry of Health the responsibility for developing, providing guidance, coordinating and evaluating the implementation of the NNS, and doing so in collaboration with other ministries, sectors and organizations.** At Central Level, the key “Nutrition-sensitive” Ministries are supposed to have focal units to cooperate with the Ministry of Health to achieve the objectives of the NNS and to actively developing action plans to jointly implement the NNS. Some of the sectors/ministries have integrated nutrition interventions in their respective activities and National Target Programs (NTP). These ministries include the Ministry of Education and Training (kindergarten, primary school), Ministry of Labor, Invalids and Social Affairs, Ministry of Agriculture and Rural Development, Vietnam Women’s Union, the Farmer’s Association, Youth Union, and Vietnam Federation of Labor.

### ***Health Sector***

- ***Deworming.*** Worm infections (which can lead to anemia) are still a common problem in Vietnam, particularly in the largely ethnic minority regions (Northern Mountainous (65 percent) and Central Highland (28 percent)). The problem is more prevalent among preschool, primary school children and women of reproductive age. In 2016, MOH promulgated Guidelines on community-based intestinal deworming, in which deworming can be conducted from once in every 2 years to twice a year (depending on the severity of the region) and for those over the age of 12 months old (except for pregnant women in the 1<sup>st</sup> trimester and lactating women). Depending on the real situation, each province has its own decision on the frequency and target of deworming. However, pregnant women have never been considered as the target for the intervention due to safety reasons. In some areas, reproductive-aged women get dewormed but not on regular basis depending on extra funding for medication.
- ***Hygiene Promotion.*** In 2012, the Country’s Prime Minister designated July 2 as the “*Hygiene Day for Health Promotion*” and launched the Movement “*Patriotic Hygiene for improving people’s health*” by Directive 29/CT-TTg, in which he assigned relevant sectors and all administration levels to implement comprehensive approaches to raise the awareness and responsibility of the population to address hygiene issues, particularly changing unhygienic behaviors. Lots of communication activities, training, and materials on hygiene promotion have been developed in community, school, and health facilities. The Movement is now integrated into one of the 2 National Target Programs (New Rural Development), focusing on 2 hygiene practices: hand washing with soap and using hygienic latrines. However, awareness and consciousness of the community as well as interest and investment of localities in sanitation and hygiene are limited. Recent investigation by MOH revealed that only 23percent people wash their hand with soap before eating and 36percent after using latrine
- ***Integrated Management of Childhood Illnesses (IMCI).*** IMCI was initiated in Vietnam in 1996 with the goal of reducing childhood mortality and morbidity through the application of skills to manage common diseases in children such as ARI, diarrhea, malaria, measles, hemorrhage fever, and malnutrition. This program is being managed by National Institute of Hygiene and Epidemiology with activities integrated into existing child health care programs. It has been scaled up to 45 over 63 provinces in Vietnam with different scales and intensiveness, and with priorities given to the Northern Mountain, Central Highland and Mekong Delta regions. The initiative has 3 components, including improved management skills of child illness, monitoring of improved health system, and improved family and community health care practices. However, full vaccination coverage was less than 50percent in many districts and communes in the Northern mountainous area, or even less than 30percent in a number of communes (in particularly hepatitis B vaccination).

### ***Agriculture/Rural Development***

### *The New Rural Development Program*

**The National Target Program of New Rural Development (NTP-NRD) is a long term, comprehensive rural socio-economic development program that begun in 2011.** The program - implemented under the Ministry of Agriculture and Rural Development (MARD) - focuses on the economic, social, and environmental aspects of promoting rural development. It complements the Agriculture Restructuring Plan (ARP) adopted in 2013 and renewed in 2017 by creating a foundation for farm and non-farm activities in rural areas. The current phase of the NTP-NRD (2016-2020), has four ambitious objectives, which are: (a) 50 percent of communes to meet NRD standards (achieve 15 of the 19 preset criteria), and each province, and each city under Central Authority should have at least one district meeting NRD standards (i.e., meeting all 19 criteria); (b) Communes, on average, to meet 15 out of 19 NRD criteria, and no commune to achieve less than 5 criteria; (c) Basic production and quality of life requirements to be achieved for rural citizens in areas such as transportation, power supply and domestic water, schools, and health stations; and (d) income levels to increase by at least 1.8 times compared with 2015. The Program encompasses eleven (11) activity groups linked with nineteen (19) economic and social criteria relating to poverty, education, health, transport, water supply, irrigation, livelihoods, agricultural production, markets, culture, energy, environmental issues, communication and security.

### **Poverty Reduction**

#### *The Sustainable Poverty Reduction Program (NTP-SPR)*

**NTP-SPR supports infrastructure, livelihoods, basic services (health, education, housing, tap water, hygiene and access to information) and capacity building for the country's 94 poorest districts and 310 communes in coastal areas through five sub-programs.** It also includes Program-135 (P135), which supports 2,240 poorest communes and 33,7234 poorest villages in ethnic minority and mountainous areas. The current phase of the NTP-SPR (2016-2020) also has four ambitious objectives for its areas of operation. These are: (a) lowering the poverty rate by an average of 1.5 percent per year; (b) improving the livelihoods and quality of life for the poor by increasing per capita income of poor households by 1.5 times from 2015 to 2020; (c) implementing poverty reduction mechanisms and policies in a consistent and effective manner to improve the living conditions and enhance access to basic social services for the poor; and (d) investing in the infrastructure of poor districts, communes and villages with special difficulties following NTP- NRD criteria. The program falls under the purview of is Ministry of Labor, War Invalids and Social Affairs.

### **Water Sanitation and Hygiene**

#### *Rural Water Supply and Sanitation (NTP-RWSS)*

**The Government of Vietnam has made significant efforts to improve access to and ensure the sustainability of rural sanitation services.** The National Rural Clean Water Supply and Sanitation Strategy to 2020 set the overall vision and goals for the sector. The sector strategy emphasizes the focus on poverty, ethnic minority groups and remote areas. In the short term, the focus is to target poor communities where water and sanitation coverage is low and malnutrition is high. To implement the strategy, Government established a National Target Program for Rural Water Supply and Sanitation (NTP-RWSS), which has generated considerable progress over the past 15 years. The third phase of this dedicated National Target Program (NTP3) aims to reach the following in rural areas by 2015: 85 percent coverage of hygienic water; 65 percent coverage of hygienic latrines; and 100 percent hygienic water

<sup>4</sup> These are based on earlier documents. GoV has just issued a new set of criteria for P135 communes and villages to be effective on December 20, 2016 (Decision QD50/2016/QD-TTg, dated November 3, 2016 on Issuance of criteria for identifying extremely disadvantaged villages and communes in Ethnic Minority and Mountainous Areas 2016-2020. The new list of P135 communes is expected to be available at the end of March 2017.

supply and sanitation coverage at commune clinics and schools<sup>5</sup>. To date NTP3 has achieved 82 percent coverage of hygienic water and 60 percent coverage of hygienic latrines. However, the level of achievement across the provinces is highly variable, with almost all low-performing provinces in the largely ethnic minority areas (mountainous and poor regions)

**Inadequate access to safe drinking water and improved sanitary facilities are likely to contribute to high rates of infectious disease;** greater investment is needed to expand access to safe water and sanitary facilities in order to curtail fecal contamination of water bodies and the micro-environment of the child. As such, there is a need to more deliberately link actions to improve WASH with nutrition-specific interventions in areas with high stunting.

### **Education**

**The Government of Vietnam recognizes the importance of Early Childhood Education (ECE) and has made it a core element of its education sector development agenda.** The draft Education Development Strategy 2011-2020 promotes as one of its objectives to complete universal ECE for five-year-old children and reach universal ECE for 4-year-old children by 2020. Consequently, the MOET has promulgated preschool education program since 2009 and revised it since 2016 with clear definition on boarding scheme, especially diets appropriate to age groups. In its annual instruction to every school, it always emphasizes on improved feeding and care quality in kindergarten and uses malnutrition reduction as a target of preschool education. Universal preschool education is the priority of the Government.<sup>6</sup>

**The Government has also approved a comprehensive Program on physical and statue development for the Vietnamese period 2011 – 2030** (Program 641) by Decision 641/QD-TTg in 2011 aiming to improve reproductive health care, maternal and child health, to reduce child malnutrition, thus to achieve basic child health indicators. It has 4 sub-programs and under the umbrella of sub-program 2 on nutrition, a School Milk Program to improve the statue of preschool and primary school children by 2020 has ratified by the Prime Minister’s Decision 1340/QD-TTg in 2016. The main intervention of this program is the promotion of daily milk consumption through policy development, education and communication, and technical assistance.

### **Industry Interventions**

#### *Food Fortification.*

**With the support of GAIN, National Institute of Nutrition implemented the project "National Food Fortification" in Vietnam during 2012 – 2017.** The initiative was anticipated to reach a large proportion of consumers, especially the poor and vulnerable groups affected by micro-nutrient deficiencies. After 5 years of implementation, the fortified products, including seasonings and edible oils, have reached a wide range of consumers (with 39 percent of surveyed consumers selecting fortified products). On 28 January 2016, Prime Minister of Vietnam, Nguyen Tan Dung, signed a decree to mandate food fortification as a means of improving people’s vitamin and mineral intake. Decree 09/2016/ND-CP on food fortification took effect from 15 March 2016 and regulates that four micronutrients should meet national technical standards and regulations on food safety. Salt should be fortified with iodine, iron and zinc must be added to wheat flour, vegetable oil that contains soybean oil, coconut oil, canola oil or peanut oil

<sup>5</sup> Excluding satellite schools.

<sup>6</sup> “Universal Early Childhood Education for 5-year-old Children 2010-2015” (Prime Minister Decision 239/2010/QD-TTg).

Universal ECE has multiple criteria: The enrollment target was 95%, with 85% of 5-year-old children enrolled in full day preschool; the attendance target was 90% ; the incidence of underweight malnutrition was under 10%; physical infrastructure, material supplies, and teacher qualification should be in line with established standards.

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is required to have vitamin A – excluding vegetable oil used in industrial food processing, according to the decree. However, access to these fortified foods by the vulnerable populations in the Northern Mountainous and Central Highland Regions remains a challenge. ***The populations have low purchasing power as well as limited access to modern markets where these fortified foods are available.***

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## Annex 1: Identified priorities

Please describe the status of the priorities identified in your most recent Joint-Assessment (for instance 2016-2017)

<b>Priorities identified in most recent JAA?</b>  <i>Enter priority</i>	<b>Has this priority been met?</b>  <i>Yes or No</i>	<b>What actions took place to ensure the priority could be met?</b>  <i>Please outline stakeholders' contributions (government, UN, CSOs, donors, etc.)</i>	<b>Did you receive external technical assistance to meet this priority?</b>  <i>If yes, please explain</i>
1. Advocacy for more investment for nutrition specific and sensitive interventions, including the role of nutrition champions and media.	No		No
2. Guidelines for the sub-national level to operate new NPAN with mobilized resource	Yes	<b>Government commitment and lead with UN and CSO support</b>	No
3. Setting up the SUN Business Network for Vietnam (need SUN support and instruction)	No		No
4. Identify donor convener for SUN Vietnam (need SUN support)	No		No
5. Launching of new NPAN	Yes		No
<b>Please list key 2018-2019 priorities for the MSP</b>			
<i>Consider what has been working well during the past year and what achievable targets can be identified and prioritised. Please also include network-specific priorities.</i>			
1. Tracking of financial data for nutrition			
2. Re-enforcement of existing policies/regulations for an enabling environment for breastfeeding promotion			
3. High-level coordination for SUN movement with the involvement of different key ministries (MARD, MOLISA, Education etc...)			
4. Set up the SUN Business Network in Vietnam			
<b>If you are seeking external support from the global Networks and/or external technical mechanisms, through the SUN Movement Secretariat, please provide relevant information</b>			
Technical and financial supports for all priorities			

## Annex 2: Emergency preparedness and response planning

<p>1. Within the reporting period (i.e. the past year), has the country faced and responded to a humanitarian situation? If yes, what was the duration and type(s) of emergency (e.g. natural and climate-related disasters, communal violence, armed conflict etc.)?</p>	<p>Yes;</p> <p><b>Please explain:</b> Heavy flooding which followed the tropical storm affected severely 10 provinces in Southern Coastal provinces of Viet Nam Duration of affect: in November 2017 – January 2018 Type: Natural Disaster</p>
<p>2. Does the country have a national plan on emergency preparedness and response? If yes, does it include nutrition actions and indicators (both nutrition-specific and nutrition-sensitive)?</p>	<p>Yes;</p> <p><b>Please explain:</b> Ministry of Health have a 5-year National Plan of Action for Natural Disaster. While that plan is quite overall, Nutrition Sector has its own National Nutrition Preparedness Plan 2017-2020 that includes response planned activities and indicators. The planned response action however focus on sensitive nutrition intervention only.</p>
<p>3. Is the MSP involved in discussions and planning for emergency preparedness and response? If yes, does the MSP engage with humanitarian partners, and how does the MSP contribute to linking development and humanitarian nutrition actions?</p>	<p>Yes, MSP have been well reflected in the development process of the National Nutrition Preparedness plan 2017-2020, and reflected itself in the final document.</p> <p><b>Please explain:</b> <b>With this MSP</b>, humanitarian actions on nutrition are always go and linked to development activity, especially in building capacity for the nutrition system in both none emergency and emergency context. For example, the NIN in collaboration with 5 provinces in disaster prone regions to develop a model of sentinel based nutrition data collection system to track the trend of nutrition and household food security status that could help to alert an emergency for timely response.</p>
<p>4. What are the key limitations faced at the country level in terms of linking development and humanitarian nutrition actions?</p>	<p><b>Please explain:</b> key limitations in terms of linking development and humanitarian interventions includes i/ low government funds allocated for emergency that affected capacity development for the whole system; that effects also the availability of the stock of nutrition supplies required (immediately) for humanitarian actions; ii/ Insufficiency of the qualified data base available in none emergency context. In many cases, the available of high trust nutrition data is just the data represented provincial or regional levels which are not be used for immediate planning of emergency intervention.</p>

### Annex 3: Ensuring gender equality and that women and girls are at the centre of all SUN Movement action

<p>1. Does the MSP engage with a governmental Ministry or Department that is responsible for women's affairs/gender equality? If yes, what is the name of this Ministry/Department?</p> <p>If not a part of the MSP, how do you engage with this Ministry/Department?</p>	<p>No</p> <p>Please explain:</p> <p>There is no a specific government department or agencies which is responsible for women affair or gender issues in emergency.</p> <p>Gender will be a cross cutting topic that requires as an additional attention from each of the sector preparedness plans.</p>
<p>2. Does the MSP engage with other non-state actors that are responsible for gender equality and the empowerment of women (such as UN Women or civil society organisations)? If yes, with whom do you engage?</p>	<p>Yes,</p> <p>Please explain:</p> <p>UN Women have mandate to take care gender equality and the empowerment of women. However, UN women has not been consulted, and women equally has not been pushed up or highlighted because naturally, women is often one of the main targeted group of beneficiaries for an emergency intervention programme, especially pregnant women.</p>
<p>3. How does the MSP ensure gender equality and the empowerment of women and girls as part of their work plan?</p>	<p>Please explain: N/A</p> <p>No</p>
<p>4. What actions are identified and implemented by the MSP to ensure gender equality and the empowerment of women and girls at the community level?</p>	<p>Please explain: N/A</p> <p>Collection data base of the affected population with breakdown always total numbers with gender breakdown (male and women; or boy and girls, and use that to track coverage of the intervention among those gender groups</p>
<p>5. Have you analysed or done a stock take of existing nutrition policies, legislation and regulations from a gender perspective?</p>	<p>No</p>
<p>6. Does your country have a national gender equality and/or women's empowerment policy or strategy in place?</p>	<p>Yes</p> <p>Please explain: (Attachment 7: Law on Gender Equality 2006)</p> <p>Law on Gender equality Policy on Gender equality and Women's empowerment in Law on marriage and family, Law on children, Labour Laws, State Budget Law, Law on voting, Criminal Law...</p>
<p>7. Has advocacy been undertaken for gender-sensitive and pro-female policy-making and legislation on nutrition?</p>	<p>No</p> <p>Please explain: No one initiates it</p>

## Annex 4: Advocacy and communication for nutrition

<p>1. Do you engage with the media to amplify key messages, create awareness and demand for action on nutrition?</p>	<p>Yes</p> <p>Examples: Alive and Thrive and MCH have jointly printed posters on breastfeeding promotion to be distributed to health facilities. A&amp;T and NIN also produced E-learning platform training for mothers, caretakers and health staff</p> <p>Save the Children has launched the Every Last Child campaign with the participation of Famous Singer My Linh. The launching of the campaign happened at National Institute of Nutrition with the participation of about 30 journalists. The event raised awareness among local community on malnutrition among ethnic minority.</p>
<p>2. Are parliamentarians actively contributing to improve nutrition, in collaboration with the MSP?</p> <p><i>Examples could include the existence of an active Parliamentary network or group focusing on food security and nutrition, votes in support of legal or budget changes that the MSP suggested, debates in parliament on nutrition or other concrete actions taken by parliamentarians in support of improved nutrition.</i></p>	<p>Yes but not in a formal and regular manner and not been documented.</p> <p>If yes, please provide specific examples of how parliamentarians have engaged, which stakeholders that supported their engagement and what the results have been. Please share relevant material such as ToRs or action plans for Parliamentary networks or groups, budget tracking reports, reports from nutrition debates in parliament, speeches, press releases, newspaper articles, video clips etc.</p> <p>Examples:</p>
<p>3. Is there one or several nominated Nutrition Champions (including for example high-level political leaders, celebrities, journalists, religious leaders etc.) actively engaging to promote nutrition at national and/or local level?</p>	<p>Yes</p> <p>If yes, please provide specific examples of who the champions are, how they have been engaging, which stakeholders that supported their engagement, and what the results have been. Please also share relevant material such as Nutrition Champion engagement plans, speeches, press releases, newspaper articles, video clips and other material etc.</p> <p>Examples: Famous singer, My Linh has joined Save the Children campaign of Every Last Child to raise local awareness about stunting issues among ethnic minority children in Vietnam</p>
<p>4. Have you documented advocacy successes and best practice in reducing malnutrition through multi-sector and multi-stakeholder action, and shared them nationally and/or with regional and global partners?</p>	<p>Yes but not yet done and shared</p> <p>If yes, please provide specific examples of the successes and best practices you have documented, the stakeholders involved in documenting them, as well as how you have communicated them. Please share relevant material such as case studies or reports of advocacy successes and/or best practice etc.</p> <p>Examples:</p>

		<p>IFPRI and NIN with The Story of Change study to document changes in nutrition in the past decades in Vietnam. Field work has been done and analysing work is on-going</p> <p>World Bank and NIN with Nutrition Gap Analysis to be completed by end of 2018.</p> <p>Save the Children in partnership with NIN and World Vision to organise an advocacy workshop named Nutrition among Ethnic Minorities – Challenges and Approaches. The meeting was held at NIN with the participations from many sectors.</p>
5.	Do you plan on organising a high-level event on nutrition in the upcoming period?	No

### Annex 5: Participants at the 2018 Joint-Assessment of the national multi-stakeholder platform

No.	Title (Ms./Mr.)	Name	Organisation	Specific SUN role (if applicable)	Email	Phone	Should contact be included in the SUN mailing list?
1.	Mr	Friday Achilefu Nwaigwe	UNICEF		fnwaigwe@unicef.org		x
2.	Ms	Do Hong Phuong	UNICEF		dhphuong@unicef.org		x
3.	Mr	Nguyen Dinh Quang	UNICEF		ndquang@unicef.org		x
4.	Ms	Seokyeong Lee	UNICEF		seolee@unicef.org		
5.	Ms	Vu Thi Thu Ha	UNICEF		vuttha@unicef.org		x
6.	Ms	Truong Tuyet Mai	NIN		truongmai1976@gmail.com		x
7.	Ms	Tran Khanh Van	NIN		trankhanhvan@dinhduong.org.vn		x
8.	Ms	Huynh Nam Phuong	NIN		hnphuong@gmail.com		x
9.	Ms	Hoang Thi Hao	NIN		hoangthihao@dinhduong.org.vn		

10.	Ms	Hoang Thu Nga	NIN		vietnga1124@gmail.com		
11.	Mr	Roger Mathisen	A&T		rmathisen@fhi360.org		x
12.	Mr	Nguyen Minh Nhat	FAO		nhat.nguyen@fao.org		x
13.	Ms	Dao Lan Huong	World Bank		hdao1@worldbank.org		x
14.	Ms	Huynh Thi Thanh Tuyen	CIAT		t.huynh@cgiar.org		
15.	Ms	Pham Kim Ngoc	HKI		pngoc@hki.org		
16.	Ms	Marie Nguyen	Consultant		Marienguyen21@yahoo.fr		
17.	Mr	Matthew Brown	NIN/Ryerson		Matthewbrown@gmail.com		
18.	Ms	Mai Thuy Hao	ChildFund Viet Nam		<a href="mailto:haomt@childfund.org.vn">haomt@childfund.org.vn</a>		
19.	Ms	Nguyen Marie	GAIN		<a href="mailto:Marienguyen21@yahoo.fr">Marienguyen21@yahoo.fr</a>		
20.	Mr	Nguyen Anh Vu	World Vision		nguyen_anh_vu@wvi.org		
21.	Ms	Aubrey Bauck	HKI		abauck@hki.org		
22.	Ms	Nguyen Thi Tuyet Mai	HKI		nmai@hki.org		
23.	Mr	Nguyen Duy Son	NIN		nguyenduyson@dinhduong.org.vn		
24.	Mr	Nguyen Thanh Tuan	FHI360		tnguyen@fhi360.org		x

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25.	Mr	Nguyen Tuan Hung	FHI360		NHung@fhi360.org		
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