









Japan Social Development Fund (JSDF) NORTHERN MOUNTAIN INTEGRATED CHILD NUTRITION IMPROVEMENT PROJECT



The project was implemented with the financial support of USD 2.82M from the Government of Japan

Agenda

- Part One: Project Overview
- Part Two: Achievements, Impacts and Lessons Learnt
- Part Three: Sustainability, Scalability and Exit Strategy

Part One Project Overview



Project Development Objective/ Project Beneficiaries

Project Development Objective

To improve the nutrition status of children of age less than five in the target villages through improving the child feeding practices, maternal and child care, and to diversify sources of nutrition of pregnant women, infants and young children

Project Beneficiaries

- The primary beneficiaries are children U5, women of reproductive age, and pregnant women
- Potential secondary beneficiaries include the entire population of the four districts

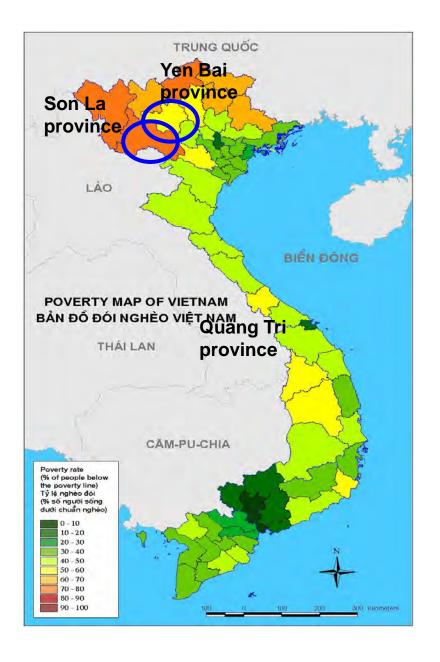
Target Province/ Duration

Target Province: Yen Bai and Son La

(2 districts per province, in total 20 communes)

- High rate of poverty
- High prevalence of stunted children U5
- High percentage of ethnic minority population, particularly,
 Hmong, Thai and Dao

Duration: 2017-2021



Component 1: Improving Food and Nutrition Security

- Diversify agricultural production adopting low-cash input agriculture techniques (chicken raising, nutrition vegetable garden & organic composting, SRI, soybean cultivation)
- Promote the utilization of nutritious natural ingredients available in the target villages









Component 2: Strengthening community-based nutrition care and practice

- Promote child growth monitoring at community (CGM day)
- Provide support to mother-to-mother network to assist rehabilitation activities of malnourished children (NERP center)
- Promote antenatal care in the commune health center (ANC day)
- Provide group/peer counselling including on exclusive breast feeding (EBF) as well as IYCF practice (through CGM day, ANC&EBF supporting group, household visits, ANC day)
- IMAM program













Component 3: Support for Establishment of a policy platform at provincial level and Replication of the Integrated Rural Nutrition Care Approach

- Advocate to integrate nutrition-sensitive agriculture models into the provincial 5-year agriculture and forestry development plan in two project province
- Advocate to mainstream the stunting rate reduction into project communes' socio-economic development plans
- Document lesson learnt and Develop guidelines for implementation of the agriculture-based nutrition approach to replicate in other provinces.



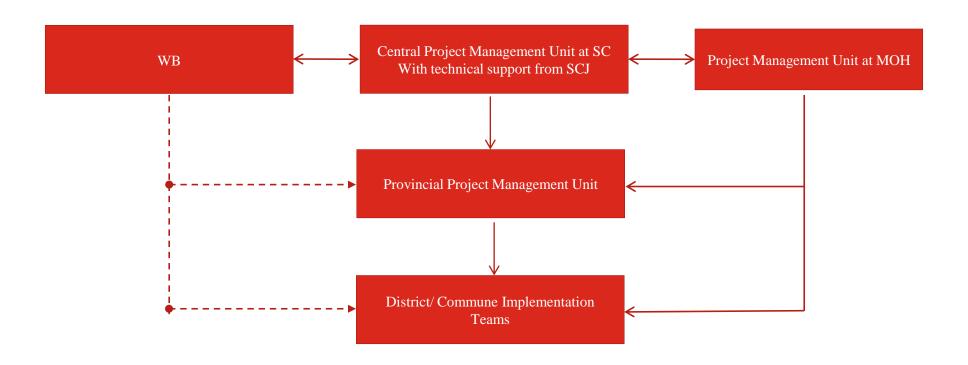




Component 4: Project
Management and Administration,
Monitoring and Evaluation and
Knowledge Dissemination

- Project management
- Monitor and Evaluation
- Dissemination Workshops at Son La, Yen Bai provinces and Hanoi city to share results and lessons learned for replicating the project model

Implementation Arrangement



Part Two Achievements, Impacts and Lessons Learnt

Table 1: The level of achievement of the indicators in the RF

Indicators	Unit	BS	Target	ES	%
PDO Level Results Indicators					
Indicator 1: Proportion of infants $0 - 5$ months of age who are fed exclusively with breast milk	%	17.4	20.9	71.2	340.7%
Indicator 2 : Proportion of children 6 – 23 months of age who received foods from 4 or more food groups	%	37.5	45.0	70.6	156.9%
Indicator 3 : Proportion of pregnant women who received at least 3 antenatal care checkups during pregnancy	%	11.1	14.4	71.8	498.6%
Indicator 4: Submission of proposal to integrate nutrition sensitive agriculture approach into the provincial agriculture and forestry 5-year plan from DARD to Province people's council/ people's committee	T	No	Yes	Approved	100%

Indicators	Unit	BS	Target	ES	%	
Intermediate Result (Component One): Improving the food and nutrition security (FNS)						
Indicator 1: Proportion of households with children under two or pregnant women who have at least 6 project chickens at the time of survey	%	0	50	80.1	160.2%	
Indicator 2: Proportion of households with children under two or pregnant women who have at least 4 kinds of vegetable in their nutrition vegetable garden at the time of survey	%	20	65	88	135.4%	
Indicator 3: Proportion of mothers with children under age two or pregnant women that have knowledge of nutrition of natural ingredients.	%	0.2	10	22.8	228%	

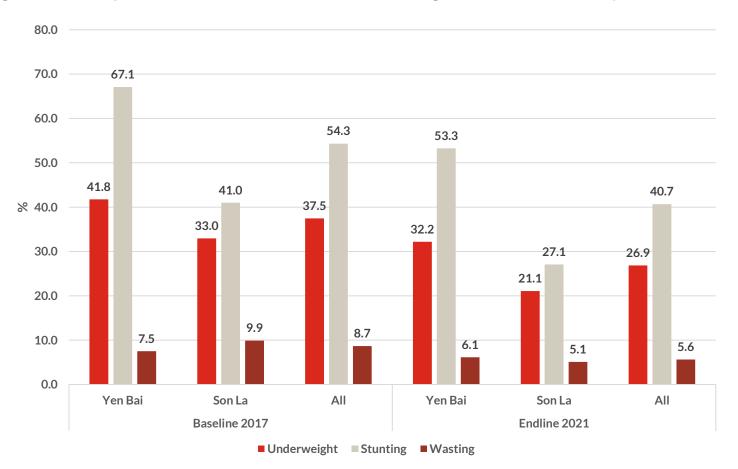
Indicators	Unit	BS	Target	ES	%	
Intermediate Result (Component Two): Strengthening community-based nutrition care and practice						
Indicator 4 : Proportion of pregnant women have adequate knowledge on nutrition care (antenatal care; breastfeeding; complementary feeding).	%	17.7	23	61.8	268.7%	
Indicator 5: Proportion of mothers with children under age two who have adequate knowledge on breastfeeding and complementary feeding	%	36	46.8	73.2	156.4%	
Indicator 6: Proportion of children aged 6-23 months who receive age appropriate meal frequency	%	57.6	69.1	77.2	111.7%	

Indicators	Unit	BS	Target	ES	%	
Intermediate Result (Component Three): Support for the establishment of a policy platform at provincial level and Replication of the Integrated Rural Nutrition Care Approach						
Indicator 7 : Number of times the project activities and best practices are featured in the digital and/or print media (i.e., provincial television, radio, newspaper)	No.	0	4	7	175%	
Indicator 8: Number of project communes having stunting indicators in the commune socio-economic development plan	No.	0	20	20	100%	

Impacts

Improvement in the nutritional status in children under five years old

Figure 1: The prevalence of malnutrition among children under 5 years old (%)



Lessons Learnt

- Integration of agriculture and health section in improving nutrition status of children
- Communication adapted to local language and culture, peer to peer communications and word-ofmouth approach
- Close and frequent supervision
- Suitability: based on local people's needs and local social, economic and cultural conditions
- Sufficient attention on M&E
- Collaboration with the NGO
- Close collaboration with the line Ministry
- Sustainability and Replication
- Mother-to-mother networks



Part Three Sustainability, Scalability and Exit Strategy

Sustainability, Scalability and Exit Strategy

In Yen Bai and Son La provinces

The plan to maintain and replicate the project results has been developed by partners in Son La and Yen Bai provinces after the project was handed over:

- Project interventions continue to be integrated into government activities/programs, such as National Nutrition Strategy; National Strategy on preventing stunting among minority ethnic children under five at Northern mountainous area 2021 – 2025; Reproductive Health Care Program; New rural program, agriculture and extension programs
- Project trained Health and Agriculture staff will be the core team to provide training/ share experience with other districts/ communes
- Training manual and IEC material developed by the project continue to be used for the maintenance and replication of the project model
- Project equipment continue to be utilized to maintain project activities at project areas by health system at commune and village levels

Sustainability, Scalability and Exit Strategy

In Yen Bai and Son La provinces

The policy advocacy results of the project will support and promote the implementation of the nutrition improvement program:

- Low-cost NSA models were integrated into the 5-year AFDP for the period of 2021 2025 in YB and SL
- Stunting reduction indicator was mainstreamed in the Party's Resolution and the AFDP of the People's Council and the People's Committee at district and commune levels

At the National level

- Lessons learned from the project have been documented and shared (especially with NIN) to replicate the project model to other provinces.
- The guidelines for implementation of the agriculture-based nutrition approach was developed to replicate in other provinces
- The results and experiences from the project continue to be used by SC to develop other nutrition projects for improving nutrition status for ethnic minority children in disadvantaged mountainous areas.



CASE STORY

"I fed ready-to-use therapeutic food and gave more care to him at home. I also applied hygiene practices following health staff's instruction. then my grandson changed a lot. he no longer had small sicknesses. he looked much healthier and more active. i and my family received a lot of supports from health staff about taking care of him."



