برنامج الأغذية العالمي | Programme Alimentaire Mondial | World Food Programme | Programa Mundial de Alimentos

**Executive Board**
**Third Regular Session**

**Rome, 19 - 22 October 1998**

# REPORTS OF THE EXECUTIVE DIRECTOR ON OPERATIONAL MATTERS

Agenda item 9

# PROGRESS REPORT ON DEVELOPMENT PROJECT - VIET NAM 3844.01

## Assistance to the Primary Health Care Programme

| | |
|---|---|
| Total food cost | 8 187 060 dollars |
| Total cost to WFP | 10 592 306 dollars |
| Date approved | October 1993 |
| Date plan of operations signed | 8 March 1995 |
| Date notification of readiness accepted | 25 May 1995 |
| Date of first distribution | 1 June 1995 |
| Duration of WFP assistance | Four years |
| Duration of project as at 31 December 1997 | Two years and seven months |

All monetary values as expressed in United States dollars, unless otherwise stated. One United States dollar equalled 12,230 Vietnamese dong in December 1997.

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# NOTE TO THE EXECUTIVE BOARD

**This document is submitted for information to the Executive Board.**

Pursuant to the decisions taken on the methods of work by the Executive Board at its First Regular Session of 1996, the documentation prepared by the Secretariat for the Board has been kept brief and decision-oriented. The meetings of the Executive Board are to be conducted in a business-like manner, with increased dialogue and exchanges between delegations and the Secretariat. Efforts to promote these guiding principles will continue to be pursued by the Secretariat.

The Secretariat therefore invites members of the Board who may have questions of a technical nature with regard to this document, to contact the WFP staff member(s) listed below, preferably well in advance of the Board's meeting. This procedure is designed to facilitate the Board's consideration of the document in the plenary.

The WFP focal points for this document are:

| | | |
|---|---|---|
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Should you have any questions regarding matters of dispatch of documentation for the Executive Board, please contact the Documentation and Meetings Clerk (tel.: 066513-2641).

## PURPOSE OF THE PROJECT AND OF WFP ASSISTANCE

1. The project supports the implementation of the Government's Primary Health Care/Maternal and Child Health programmes. It aims at improving the health and nutritional status of the most vulnerable groups at a critical stage of their lives: expectant and nursing mothers, and children under three, mostly from disadvantaged populations in remote, often food-deficit areas.

## IMPLEMENTATION

2. The project is executed under the responsibility of a Central Management Committee (CMC) headed by a Vice-Minister of the Ministry of Health (MOH) and including members of other relevant ministries. Day-to-day implementation at the central level is entrusted to a project manager (a member of the CMC) from MOH and five support staff. A similar organization exists at the provincial, district and commune levels.

3. The management structure is sound, but the geographic spread of the project over 10 provinces in three separate regions of the country (two of which are mountainous) and the resulting large number of committees make overall coordination by the CMC difficult. The work of the CMC is also impeded by a shortage of technically qualified personnel. Administrative staff in the provinces and districts is sufficient, but some local units suffer from a shortage of technical staff. Enhanced efforts are needed to improve coordination among various health services, especially technical institutions, at all levels. In addition, staff changes following the regular election of local authorities result in a number of untrained personnel being involved in the management of the project at the provincial and lower levels.

4. There is inadequate infrastructure and basic equipment for the Commune Health Centres (CHCs), especially in mountainous regions. A new World Bank loan is expected to improve the situation in some districts. In the first year of the project, health workers received a low salary and this was only partly compensated by WFP rations. Their commitment has now been increased, as they have been receiving a higher salary since January 1996.

## FOOD MANAGEMENT

5. WFP committed 28,058 tons of wheat flour to be exchanged for local rice. The indicative exchange rate agreed upon in the plan of operations was 1:1, but this rate is currently under review with the Government. In addition, 2,488 tons of vegetable oil and 606 tons of soya beans were committed, with the pulses to be milled into soya flour at the provincial level. As at 31 December 1997, a total of 20,618 tons of wheat flour, 1,807 of oil and 549 of pulses had been delivered by WFP, representing respectively 73.5 percent, 72.6 percent, and 90.6 percent of the total commitment. Post-delivery losses during local transportation and handling amounted to 42.4 tons of rice, 5.56 tons of oil and 1.02 tons of pulses, or respectively 0.2 percent, 0.3 percent, and 0.18 percent, of total receipts.

6. The monthly ration for the different categories of beneficiaries is as follows: expectant and nursing mothers and health centre staff receive six kilograms of rice and 0.45 kilograms of vegetable oil; severely malnourished children under three years old receive 4.5 kilograms of rice, 0.9 kilograms of vegetable oil and 1.5 kilograms of pulses. The rations for expectant and nursing mothers were intended primarily as an incentive for them to attend CHCs for pre-natal and post-natal consultations. For severely malnourished children under three, the ration provides a daily nutritional supplement of approximately 978 calories, 28 grams of protein and 32 grams of fat and is distributed in a dry take-home form. While the nutritional value may be on the low side for severely malnourished children, it is adequate as a take-home ration for moderately malnourished children, who constitute the largest proportion of actual beneficiaries in most provinces.

7. WFP's global shortfall of development resources against commitments had resulted in a temporary reduction of the monthly rice ration from six kilograms to 4.5 kilograms for expectant and nursing mothers and health centre staff since June 1996. The monthly ration for mothers and health workers was put back up to the plan of operations level of six kilograms from April 1998.

## GOVERNMENT'S CONTRIBUTION

8. The Government has provided the necessary counterpart contribution to cover personnel, equipment, supplies, some construction or reconstruction of infrastructure and supervision, through MOH and the provincial administrations. The contribution foreseen in the plan of operations is 1,798,000 dollars. This covers mainly internal transportation, storage, handling, fumigation, repacking and distribution. Total government expenditures as at 31 December 1997 were equivalent to 1,060,752 dollars, representing 91 percent of the prorated contribution. Of these, the costs for transportation and project management were about 21 percent lower than estimated for the reporting period, owing to the fact that the rice was distributed to districts directly from provincial food company stocks or local rice traders. In some provinces, rice procurement costs have included costs of deliveries to districts.

## EXTERNAL ASSISTANCE

9. The project has received non-food items from WFP, including MCH equipment, monitoring vehicles and motorbikes, computers, etc. These are valued at some 610,000 dollars. All non-food items foreseen in the plan of operations were supplied within the first year of project implementation.

10. The project was designed with technical assistance from the World Health Organization (WHO). UNICEF was involved in selecting the areas to be assisted. The health sector in general is the focus of inter-agency discussions within the United Nations Development Assistance Framework (UNDAF) in Viet Nam, and a working group on social action has been established. WFP is a member of this working group. The World Bank has recently granted a loan for the improvement of rural health facilities, including many Commune Health Centres in the WFP project area. UNICEF, WHO, bilateral donors and numerous

NGOs are also involved in the primary health sector, some in the same provinces as the WFP project.

## ASSESSMENT

11. Project 3844.01 is being implemented in the context of an economy which is in transition from centrally-planned to market-oriented. Although the primary health sector is still considered to be a social development priority in the country, average annual per capita allocations from the public budget for the health sector are still very low, being typically less than two dollars.

12. The project outcomes have been generally positive. By encouraging expectant and nursing mothers to attend the CHCs regularly an opportunity is created for programmes funded by other agencies to reach the targeted population. For example, coverage and frequency of pre-natal care, anti-tetanus vaccination, trained delivery assistance, post-natal care and infant growth monitoring have been significantly increased. Achievements have also been significant in the reduction of severe malnutrition among children under three.

13. The annex shows physical achievements as at 31 December 1997. The project has met its prorated targets, although caution should be exercised in considering the recovery rate of severely malnourished children, since the figure appears to reflect the completion of food entitlements rather than the confirmed rehabilitation of poor nutritional status.

14. In the ration for severely malnourished children, soya flour was reportedly under-utilized because many mothers considered it to be unpalatable for young children. This has led the country office to decide to exchange the balance of pulses and part of the wheat flour commitment for blended food. Although the initial supply of blended food has been imported in the form of corn-soya blend, it is anticipated that the country office will soon sign a contract with the French NGO Groupe de Recherche et d'Échanges Technologiques (Group for Research and Technological Exchange - GRET) to purchase a new locally manufactured extruded blended food, which has been developed in partnership with the National Institute of Nutrition in Hanoi.

15. Constraints on food delivery affect project effectiveness and efficiency. Distribution of a somewhat complex food basket (i.e., three food commodities in differential quantities according to type of beneficiary) can overburden the CHC staff, although volunteers from organizations such as the Fatherland Front and Women's Union assist at many CHCs on distribution days. Gaps in the supply of vegetable oil and pulses have been experienced, mainly due to resource constraints and shipping delays. This has led to negative practices, such as bunching of distributions and back-dated payments.

16. More efforts should be made to integrate food distribution with the delivery of health services provided at CHCs. The quality of health services, in particular health and nutrition education for mothers attending CHCs, should be a priority during the rest of the project's duration.

17. Women and female infants constitute more than 78 percent of beneficiaries (the balance are male infants), while nearly 40 percent of project staff are women. The provision of food rations as an incentive for them to avail themselves of primary health care represents an

extra income for their families and improves their health-seeking behaviour, especially for their young children.

## CONCLUSIONS AND RECOMMENDATIONS

18. The basic objectives of the project are being met. The project covers some of the most disadvantaged food-deficit provinces of Viet Nam where income and nutritional status are precarious. These conditions make food aid a suitable and cost-effective input, particularly in view of the mechanism whereby imported wheat flour is exchanged for local rice.

19. Project implementation has been enhanced by the commitment of the authorities and participants at all levels. Coverage under the current expansion of the project was reduced and concentrated on 10 provinces, thus ensuring better monitoring by both Government and WFP staff. The monitoring and evaluation system has been refined for most basic health indicators and better integrated into the existing health information system.

20. Although the project benefited from a good initial supply of wheat flour, delays in the delivery of vegetable oil and pulses were experienced. During the second year of operations rice rations for mothers and health workers had to be reduced because of global resource constraints. However, there was never a disruption in wheat flour (exchanged for local rice) supplies.

21. The technical assistance provided by WHO and UNICEF at the project design stage has contributed to the project's impact. The initial idea to provide raw unprocessed soya flour as a foodstuff for malnourished children was not a good one, and this is now being corrected by the introduction of a micronutrient-fortified and extruded blended food.

22. Recommendations for future improvement include: a) closer coordination between health services at the provincial and district levels; b) more involvement of technical institutions in the project; c) further training of project staff on technical aspects and food management; and d) the promotion of health and nutrition education and the improvement of health care services at CHCs.

## COMPARISON OF TARGETS AND ACHIEVEMENTS
**(as at 31 December 1997)**

| Commodity | According to plan of | Prorated as at 31.12.1997 (tons) | 31.12.1997 (tons) | Achievement as percentage distribution/prorated) |
|---|---|---|---|---|
| **CUMULATIVE FOOD MOVEMENT** | | | | |
| Wheat flour | 8 058 | 18 619 | 14 288 | 77 |
| Vegetable oil | 2 488 | 1 523 | 1 432 | 94 |
| Pulses | 606 | 329 | 404 | 123 |

| Beneficiaries | According to plan of operations | | Prorated as at 31.12.1997 | | Achievements as at 31.12.1997 | | Achievement as percentage | |
|---|---|---|---|---|---|---|---|---|
| | No. of beneficiaries | No. of rations | No. of beneficiaries | No. of rations | No. of beneficiaries | No. of rations | Beneficiaries | Rations |
| **CUMULATIVE NUMBER OF BENEFICIARIES AND FOOD RATIONS** | | | | | | | | |
| Expectant women | 257 400 | 1 544 400 | 157 950 | 947 700 | 147 829 | 705 400 | 94 | 74 |
| Nursing mothers | 257 400 | 3 088 800 | 157 950 | 1 895 400 | 183 220 | 1 627 491 | 116 | 86 |
| Malnourished children | 89 100 | 356 400 | 54 675 | 218 700 | 87 603 | 375 401 | 160 | 172 |
| Personnel | 3 108 | 149 184 | 3 108 | 96 348 | 3 220 | 99 780 | 104 | 104 |

## CHANGES OF MAJOR MATERNAL AND CHILD HEALTH INDICATORS AT DIFFERENT POINTS IN TIME (percent) (June - Dec. 1995, Jan. - Dec. 1996 and Jan. - Dec. 1997)

| Indicators | Period 6-12.1995 | | Period 1-12.1996 | | Period 1-12.1997 | |
|---|---|---|---|---|---|---|
| | Planned target | Achievements | Planned target | Achievements | Planned target | Achievements |
| Prenatal coverage | 70 | 86 | 70 | 71 | 80 | 87 |
| Anti-tetanus vaccination coverage | 70 | 75 | 70 | 77 | 80 | 83 |
| Postnatal coverage | 70 | 73 | 70 | 79 | 80 | 83 |
| Coverage of growth monitoring for under one year old children | 70 | 85 | 70 | 86 | 80 | 91 |
| Coverage of growth monitoring for children under three years old | 70 | 86 | 70 | 79 | 80 | 89 |
| Percentage of severely malnourished children rehabilitated within four months | 90 | 85 | 90 | 85 | 90 | 80 |