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Joint Government - United Nations Programme to Fight Highly Pathogenic Avian Influenza (HPAI)

MIDTERM EVALUATION REPORT

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Acronyms and Terms

AHI	Avian and Human Pandemic Influenza
AHW	Animal Health Worker
BCC	Behaviour Change Communication
CHE	Center for Health Education, MoH
CAHW	Commune Animal Health Worker
CHW	Commune Health Worker
DAH	Department of Animal Health, MARD
DLP	Department of Livestock Production, MARD
EIDs	Emerging Infectious Diseases
EWARS	Early Warning and Response System
FAO	Food and Agriculture Organization of the United Nations
FETP	Field Epidemiology Training Programme
FESC	Field Epidemiology Short Course
GDPMEH	General Department of Preventive Medicines and Environmental Health, MoH
GoV	Government of Vietnam
Green Book	Vietnam Integrated National Operational Programme for Avian and Human Influenza 2006-2010 (OPI)
H5N1	The particular strain of avian influenza virus known as HPAI
HPAI	Highly Pathogenic Avian Influenza
IA	Implementing Agency: All UN Agencies and Viet Nam Ministries with sector responsibility for the implementation of a part of the JP
IP	Implementing Partner: MARD, as the lead agency in the NSCAI, is expected to be the Ministry with primary accountability for the JP
JP	Joint Government-UN Programme to Fight Highly Pathogenic Avian Influenza
MARD	Ministry of Agriculture and Rural Development
M&E	Monitoring and Evaluation
MoET	Ministry of Education and Training
MoCI	Ministry of Culture and Information
MoH	Ministry of Health
NGO	Non-Governmental Organization
NPD	National Programme Director (appointed by MARD to support PSC in management of the Programme)
NSCAI	National Steering Committee for Avian Influenza Control
OPI	Vietnam Integrated National Operational Programme for Avian and Human Influenza 2006-2010 (a.k.a. the Green Book)
PAHI	Partnership for Avian and Human Influenza Control
PMG	JP Programme Management Group
PPE	Personal Protective Equipment
PSC	Joint Programme Steering Committee
PSO	Joint Programme Support Office
Red Book	Vietnam Integrated National Plan for Avian Influenza Control and Human Pandemic Influenza Preparedness and Response 2006-2008
SOPs	Standard Operating Procedures
ToR	Terms of Reference
UN	United Nations

UNDP	United Nations Development Programme
UNICEF	United Nations Children's Fund
VAHW	Village Animal Health Worker
VHW	Village Health Worker
WHO	World Health Organization

1. Executive summary

Brief description of programme

The Government of Vietnam - United Nations Joint Programme (JP) to fight Highly Pathogenic Avian Influenza (HPAI) was developed by the Government of Vietnam together with United Nations (UN) Agencies to address the immediate emergency support needed to control the current outbreak. The Emergency Phase, or Phase I, of the JP was implemented from October 2005 to July 2006. The objectives of the Emergency phase were mostly achieved while 95% of budgeted assistance was delivered. Several lessons were learned, particularly regarding JP mechanisms, such as work planning and programme coordination.

The Second Phase of the JP continues the implementation of the Vietnam Integrated National Operational Programme for Avian and Human Influenza 2006-2010 (the Green Book or OPI), including support for planning and longer-term capacity building to respond to emerging infectious diseases in animals and humans, such as HPAI. The JP Phase II was signed by the Ministry of Agriculture and Rural Development (MARD), the Ministry of Health (MoH), the United Nations Development Program (UNDP), the United Nations Children's Fund (UNICEF), the Food and Agriculture Organization of the UN (FAO), and the World Health Organization (WHO) on January 9th, 2007. The JP Phase II is being implemented until December 2010.

The estimated total cost of the Joint Programme is US$23.1 million for Phase I and Phase II combined. The budget yet to be mobilized for Phase II is $646,000.

Programme Objectives and Expected Outcomes

The overall objective of the programme is “To reduce the health risk to humans from avian influenza by controlling the disease at source in domestic poultry, by detecting and responding promptly to human cases, and by preparing for the medical consequences of a human pandemic”.

The JP Phase II will contribute to the following expected outcomes through support to implementation of the OPI:

i) Reduced risk of a global pandemic of HPAI emanating from Viet Nam and

ii) Enhanced national and local capacity to manage outbreaks of diseases of epidemic potential caused by human and animal pathogens.

Expected outputs of Phase II:

- Enhanced coordination of Vietnamese and International agencies supporting implementation of the OPI;
- Progressive control of HPAI in domestic poultry and enhanced overall national and local capacity to detect and respond to outbreaks of zoonotic and other diseases in animals;
- Strengthened national and local capacity to prepare for, respond to and recover from public health emergencies caused by infectious diseases such as HPAI; and
- Increased public awareness generally and within specific population groups on critical HPAI-related risk factors resulting in effective behavioral change.

Context and purpose of the evaluation

The midterm evaluation (MTE) of the JP Phase II is intended to:

- review progress of the JP towards its objectives and outcomes;
- analyse the strengths and weaknesses of the management of the JP;

- suggest adjustments to the programme (if needed); and,
- recommend concrete measures for improving the programme performance and achievement of the programme objectives and outcomes.

The MTE will consider the period of Phase II from 2007-2008.

The MTE team was asked to assess the whole programme management cycle of the JP II, including the programme/component's design, planning, implementation, and, monitoring and evaluation. The evaluation consists of the following parameters addressing the components of the JP Phase II:

- relevance,
- effectiveness and efficiency,
- coordination, and
- sustainability.

Main conclusions and recommendations

Conclusions - General

The main conclusions of the evaluation team based on the above findings are as follows:

1. The Joint Programme has had impact on coordinating within and across the UN agencies and Ministries of the Government of Vietnam.
2. Improved coordination between implementing agencies of the JP has resulted in a more holistic approach to solving a critical health issue for Vietnam and the region.
3. Improved HPAI control is due at least in part to the efforts of the JP. With the broad patina of projects and programmes under way, it is difficult to ascribe proportionate impact to any single activity.
4. Delivery rates must increase for the Joint Programme to maintain credibility.
5. The concept of sustainable ecosystem health (managing the interface of animals, humans, and the environment) to prevent emerging infectious disease is present in bits and pieces of activities throughout the JP (e.g. surveillance, training of community animal and human health workers, communication, vaccination, restructuring) but is not a major pillar of understanding behind many of the activities (and was not intended to be). Expanding this concept as a broader theme would add value to the JP.
6. Clear reasons for unimplemented or late delivery of activities exist.
7. Opportunities exist to increase engagement with two important development themes of high relevance to the JP and to controlling disease in general:
    a. gender issues and
    b. engagement in public-private partnerships.
8. There is need for a virtual JP information centre to be developed for HPAI (and other) information.

Conclusions – Component 1: Coordination

1. The Partnership for Avian and Human Influenza (PAHI) network and Secretariat, and Joint Programme Support Office (PSO) have been instrumental in helping move coordination forward respectively for the Green Book and for the Joint Programme. Cooperation and a willingness to work together are evident.
2. The full mapping of the financing arrangements/status for HPAI related activities is highly useful to reduce overlap and build efficiencies.

Conclusions – Component 1: Communication

1. Behaviour Change Communication (BCC) activities are essential to maintaining awareness and to effecting behaviour change, particularly as control improves.
2. The BCC activities covered 63 provinces; there has been good coverage of animal and human health.
3. The training programmes for Community Health Workers is having some impact

Conclusions – Component 2: Agriculture

1. In addressing disease surveillance, response, control, and related activities, a broader approach to disease control is needed.
2. There is a general lack of appreciation of the great importance of (1) small backyard flocks to poverty alleviation, (2) the possible role of bio-security on small scale farms, and (3) the need for a more broadly developed strategy to move outputs from the JP activities at higher levels down to commune and village level stakeholders.
3. Coordination with Department of Livestock Production (DLP) and with Department of Animal Health (DAH) is working well.
4. Vaccination support is critically important during times of outbreak. However, long term external funding for vaccination campaigns is simply not a sustainable strategy and highly risky given the waning support from the donor community for targeting specific disease control strategies.
5. The Governance of veterinary service delivery is not clear and may have strong implications for how veterinary services emerge in the next decade.

Conclusions – Component 3: Health

1. The health component has significantly contributed to strengthening the surveillance & response AI system, established prior to commencement of the JP.
2. Within the government health sector, from the central to local level there is very good coordination in AI activities, however most of the staff/beneficiaries at the local level have no idea of what the JP is, and clearer messages relating to the JP at the local level could help avoid overlapping and easy monitoring and evaluation (M&E).
3. The JP has good capacity building and support in place nationally (63 provinces) to respond to the AI outbreak/epidemic, but not yet ready at the level of pandemic relating to AI as well as other diseases of potential epidemic in general.
4. There is a high turn over rate & low commitment of staff of preventive medicine at provincial and district level due to low income, hard work and preference to clinical medicine.

Recommendations – General

1. Continue support for the JP as it exists as a lesson in learning how to develop a One UN Plan programme
    - Seek closure of funding gap conditional to:
    - Final approval of the new Funds Flow mechanism
2. Coordination appears to be working well. Maintain monthly Joint Programme Management Group (PMG) meetings, the general structure of JP Phase II, and joint leadership from GoV and UN in the Joint Programme Steering Committee (PSC).
3. In seeking continued funding, make it clear to donors that Components 2 &3 of this programme are founded on the principals of Ecosystem Health and livelihoods

- Delivery and adoption of this principal to the Commune and Village level will continue to be a challenge; BCC can assist in this

4. When procurement seems at a standstill, reallocation of funds to other tasks should occur
    - General lesson: a Joint Programme should have full agreement from all partners as to the Operational and Procedural guidelines; if they must change, an escalation procedure should be implemented to prevent lengthy debate
    - Procurement procedures should be clear to all parties and should be followed; similarly, the escalation procedure should prevent lengthy debate from delaying action when procurement procedures are not followed
5. An Ecohealth philosophy is evidently emerging in the JP strategy. However, wider knowledge of the Ecohealth Approach is needed, particularly at lower administrative levels, in order to appreciate the integrated roles of managing the interfaces of animals, humans, and the environment. Most importantly, this must be directed at Emerging Infectious Diseases (EIDs) in general, rather than (e.g.) HPAI or A/H1N1.
6. The components with weakest delivery rates appear to be improving delivery rates in 2009. However, the precipitating factors need to be monitored more closely in any future planning to ensure they do not constrain delivery of activities unnecessarily.
7. The development themes of gender and engagement with public/private partnerships can be addressed in a number of ways
    - e.g. Develop partnerships with private sector agents and Commune/Village level animal and human health workers to encourage active surveillance, vaccination, and response
8. Explore options for housing a JP Information Centre in the PAHI Secretariat or with a member of PAHI
    - Consider inviting non-JP members into Working Groups with observer status

Recommendations – Component 1: Coordination

1. PAHI Secretariat works with members to find a virtual home for a JP related information exchange platform
2. Ensure that active mapping is continued of the financing arrangements/status for HPAI related activities with regular updates and access (this is currently the case, although some partners informed the evaluation team that they have updates that have not yet been incorporated)

Recommendations – Component 1: Communication

3. Continue engaging with the Vietnamese and international interest groups such as Women's Union, Farmer's Union, Youth Union, AED, CARE Intl., et al. to deliver appropriate, locally acceptable BCC activities
4. Continue to deliver further BCC activities; develop component that specifically addresses the human/animal interface and associated risks, behaviour change options, etc.
5. Continue training of Animal Health Workers (AHWs) and Village Health Workers (VHWs) as vital elements of disease control programmes

Recommendations – Component 2: Agriculture

1. In developing an ecosystem health strategy for small scale poultry, DLP has the awareness to lead design. DAH could partner on bio-security issues for example.

2. Put priority on planning of restructuring activities so that (i) sector 4 is not marginalized and (ii) agreement is reached as to terms of restructuring
3. In developing activities for Divisional and lower levels of AHWs, incorporate a broader one health/ ecohealth approach whenever possible.
4. Develop a sustainable phasing out strategy addressing all poultry production sectors that encourages non-reliance on external support for vaccination inputs
5. Work with MARD on clear guidelines addressing delivery of animal health services in Vietnam (who, what services are provided, lines of authority, role in emergencies and surveillance activities, etc.)

Recommendations – Component 3: Health

1. Strengthen the surveillance system with focus on district to province capacity and with assistance from the private sector. Although one project cannot cover all aspects of the surveillance system, it would be an added value for the JP to explore possible linkages with community based surveillance models supported by NGOs.
2. Enhance both horizontal & vertical collaboration coordination amongst AI related programmes/ activities from central to provincial level.
3. In addition to regular, updating, and refresher training for preventive health workers, it is important in the long run to advocate for better institutionalized government policy/guidelines that facilitate/support better the work of preventive health workers. It is noted that these points have been included for the work of preventive health workers in the "Viet Nam National Strategy on Preventive Medicine to 2010 and Orientations towards 2020", validated in May 2006.

2. Introduction and background of the Joint Programme

Key issues addressed

The two main issues addressed by the JP are:

1. the risk of a global pandemic of HPAI emanating from Vietnam, and
2. the complexities of coordination between high level government and UN institutions in Vietnam aimed at achieving a common purpose.

Programme start and its duration

Phase II of the JP was signed by MARD, MoH, UNDP, UNICEF, FAO, and WHO on January 9th, 2007. It is being implemented until December 2010.

Problems that the programme seek to address

The problems to be addressed by the JP Phase II include:

1. The difficulties of coordinating Vietnamese and International agencies in order to support implementation of a national operational programme;
2. Control of HPAI in domestic poultry and detection and response to outbreaks of zoonotic and other diseases in animals;
3. National and local capacity to prepare for, respond to, and recover from public health emergencies caused by infectious diseases; and,
4. Public awareness generally and within specific population groups on critical HPAI-related risk factors that can be effective in changing behaviour.

Immediate and development objectives of the programme

The overall longer term objective of the programme is to reduce the health risk to humans from avian influenza by controlling the disease at source in domestic poultry, by detecting and responding promptly to human cases, and by preparing for the medical consequences of a human pandemic. This will be through support to implementation of OPI.

The more immediate objectives of the JP Phase II are to:

- Enhance coordination of Vietnamese and International agencies supporting implementation of the OPI;
- Contribute to progressive control of HPAI in domestic poultry and enhance overall national and local capacity to detect and respond to outbreaks of zoonotic and other diseases in animals;
- Strengthen national and local capacity to prepare for, respond to, and recover from public health emergencies caused by infectious diseases such as HPAI; and,
- Increase public awareness generally and within specific population groups on critical HPAI-related risk factors resulting in effective behavioral change.

Main stakeholders

The following are the stakeholder target groups and beneficiaries of the JP Phase II. The immediate target groups are national policy makers, particularly at the level of the National Steering Committee for Avian Influenza Control (NSCAI), MARD, MoH, the Ministry of Culture and Information (MoCI), the Ministry of Education Training (MoET), and provincial, district, and municipal public health authorities. Immediate UN stakeholders include FAO, UNDP, UNICEF, and WHO.

Immediate beneficiaries are agricultural producers of all scales, poultry producers, village poultry vaccinators, public health workers, and persons at risk and infected with H5N1.

Secondary beneficiaries are the population at large.

Results expected

The overall longer term objective of the programme is to reduce the health risk to humans from avian influenza by controlling the disease at source in domestic poultry, by detecting and responding promptly to human cases, and by preparing for the medical consequences of a human pandemic. This will be through support to implementation of Viet Nam's OPI.

The more immediate objectives of the JP Phase II are to:

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- Increase public awareness generally and within specific population groups on critical HPAI-related risk factors resulting in effective behavioral change.

3. Evaluation methods

Purpose of the evaluation

The purpose of this mid-term evaluation of the Joint Programme is to:

- Review progress of the JP towards its objectives and outcomes;
- Analyse the strengths and weaknesses of the management of the JP;
- Suggest adjustments to the programme (if needed); and,
- Recommend concrete measures for improving the programme performance and achievement of the programme objectives and outcomes.

Methodology of the evaluation

The evaluation team agreed that it would use a combination of techniques for information gathering during the evaluation. This included a questionnaire, semi-structured interviews, field visits, and examination of JP and other documents.

A questionnaire was constructed to be used during interviews (see Questionnaire section). The evaluation team was skeptical that this would be of high value because (i) it was not a field tested questionnaire, (ii) there was too little time to translate the questionnaire or leave it behind for returning later, and (iii) relatively few individuals would be questioned. However, it was useful as a tool for guiding semi-structured interviews. Thus no data are tabulated from the questionnaire, but it was used as a prompt for questions during meetings and interviews.

A list of individuals with whom the evaluation team met, documents used, and field visits can be found in the appendices.

In brief, visits were conducted with Government of Vietnam and UN agency representatives, with partner representatives, and with selected field representatives.

Field sites chosen were all recipients of JP funding.

Data regarding activities and funding delivery were also used to verify the reported JP activities and delivery rates, as per the 2007 and 2008 JP Annual Reports. All delivery rates were calculated to compare with values published and these calculated values are included in this report.

All agencies and institutions were able to provide the evaluation team with additional documentation or clarification of existing information when it was requested.

One reference to terminology must be noted at this point. A source of frustration for the evaluation team has been the changing reference to Outputs and Components during Phase II of the JP. The OPI contains three main Components, which set a precedent for the number of Components in the JP Phase II. Thus, in the Programme Document there are clearly 4 outputs[1] and 3 components (pp.10-18). In the Inception Report, a fourth component is added, “Overall Programme Management Support” (pp.8-9), but the Components are also referred to by Output names (pp. 13-15). By the time of the Annual Report for 2007, there are 4 components listed including “Communication”, and “Overall

[1] Outputs: 1. Enhanced coordination, 2. Progressive Control of HPAI, 3. Strengthened capacity, and 4. Increased public awareness. Components: 1. Enhanced coordination, 2. HPAI control and eradication in the agricultural sector, and 3. HPAI prevention and pandemic preparedness in the health sector.

Programme Management Support" has disappeared (pp.8), although it does appear in financial statements (but not Communication). This continues in the Annual Report for 2008.

This confusing use of terminology was noted at the presentation of the Evaluation Team's findings to the PSC. There was agreement to refer to four components as presented in the 2008 Annual Report, with a two-tiered first component as follows:

- Component 1: Enhanced coordination activities
    - Component 1: Programme Coordination and Management
    - Component 1: Public Awareness and Behaviour Change Communications[2]
- Component 2: HPAI control and eradication in the agricultural sector
- Component 3: HPAI prevention and pandemic preparedness in the health sector
- Component 4: Overall programme management support

Structure of the evaluation

The evaluation was structured as follows:

I. Preliminary review of documents
II. Team in place in Vietnam; meet with key stakeholders
III. First field visits
IV. Further meetings and discussions with key stakeholders, analysis of information
V. Second field visits
VI. Final review of information before presentation to PMG
VII. Presentation of initial findings to PMG
VIII. Revision of findings before presentation to PSC
IX. Presentation of initial findings to PSC
X. Preparation and presentation of preliminary JP Midterm Evaluation Report
XI. Revision of preliminary JP Midterm Evaluation Report
XII. Final JP Midterm Evaluation Report

[2] This component is referred to using various names in the work plans and financial reports. It is commonly referred to as the "Communications component".

4. Findings and limitations

Findings on programme management (design, planning, monitoring & evaluation)

The Joint Programme Overall

Overall the Joint Programme management (design, strategic planning, promoting coordination, decision making) is working well to provide leadership, guide activity planning, and promote team work. There were no complaints from persons interviewed with regard to leadership, and there were many compliments. It was recognized by many interviewees that JP management requires extra effort when working across several institutions and it was noted that this effort is being delivered.

Under the current leadership system, MARD is designated by the Government of Vietnam as the designated institution accountable for programme implementation, acting for the NSCAI. A National Programme Director (NPD) carries overall accountability for the Programme to the GoV and to the UN Agencies. The evaluation team finds no good reason for changing this arrangement; if there is alternating leadership or key designation is housed in two or more ministries, this is likely to dilute the effectiveness or indeed willingness of any one institution to take lead decision making action when needed.

There is good representation from GoV ministries and UN agencies in at the important PMG meetings (since January 2008, all but three monthly meetings had full representation in attendance; when representation was not full only one agency was not represented). Meeting minutes indicate willingness to engage in debate to resolve issues, and follow-up on unresolved issues.

Similarly, the PSC has good representation and leadership structure and, as meeting minutes indicate, engages in adequate discussion to direct priorities, approve work plans, and address critical issues. The PSC meets once annually, and the evaluation team questions if this is sufficient. It is noted that the PSC may meet more often if required.

At the mid-level, once programme activities are active, it is less clear how leadership and management are conducted other than the standard institutional linkages that already are in play. For example, there is no clear linkage between ministry representatives at the Provincial or District level in order to discuss JP activities. Clearly from field visits this is happening in some Districts but not in all. A focal point at Provincial and District level might facilitate this action and improve communication and understanding of JP activities, in order to encourage adoption of recommended changes.

Several overarching findings are reported here. More specific findings relevant to each component are reported later in this section.

1. *The Joint Programme is highly relevant, is pertinent to the needs of Vietnam, and supports the actions of the stakeholders.*

Examination of the delivery rates, as documented in the annual reports and discussed later, indicates that there have been some shortcomings in the overall mechanism of delivery of activities for the JP[3]. Nevertheless, despite these shortcomings which have been addressed, continued funding[4] for the Joint Programme should be encouraged for three strong reasons:

[3] Evidence from mid-year 2009 (not part of this evaluation) indicates that as of mid-year delivery rates are markedly improved over 2007-8, partly owing to improvements in delivery mechanisms.
[4] The current funding gap is $656,000, subject to 2007/8 interest income.

- The JP represents the best single example of a One UN Plan pilot that is working to address enhanced coordination between government and UN institutions in order to address a pressing problem in the country
- Continuation of activities are needed in a co-ordinated framework to build on the improvements in HPAI control (and extending to emerging infectious diseases in general) already being achieved in Vietnam
- The activities of the JP support the identified activities of the OPI, a high priority for the Government of Vietnam

2. *Team work is, in general, excellent and has been a major contributor to increasing coordination between partners. Improved coordination is the strongest logistic outcome of the joint programme thus far.*

Comments during interviews and field visits indicate that in general coordination between implementing partners has improved due to JP activities. Several activities of the JP have directly contributed to this including:

- assigning a NPD to provide overall supervision and coordination of the JP
- establishing the PSO
- the roles of the PSO and PAHI Secretariat in coordinating institutional activities among JP partners but also across non-JP partners, including establishment of the PAHI Secretariat Office and website
- monthly PMG meetings with excellent institution and agency attendance
- joint review of the Veterinary Ordinance by MARD DAH and FAO, moving towards developing a draft Veterinary Law
- regional review workshops on the Plan of Action on Human Influenza Pandemic Prevention and Control, supporting formulation of a revised plan
- testing of health sector preparedness through simulation exercises in three provinces

3. *The work of the Joint Programme has been, by design and quite appropriately, directed at HPAI. This has contributed to the patina of effort and enhanced capacity that has brought HPAI under control (and likely will continue to do so) in Vietnam.*

   While specific measurable impact is difficult if not impossible to assign to particular JP activities, key JP activities that have contributed to the patina of overall HPAI control include:

   - provision of vaccine, vaccination training, cold chain support, automatic syringes, PPEs, disinfectant, and other equipment and facilities for vaccination and reporting
   - development of draft Standard Operating Procedures (SOPs) for rapid disease outbreak response
   - review of the National Strategy for prevention and control of highly pathogenic avian influenza in the agriculture sector
   - PAHI and UNICEF led the development of the National Communication Framework on Avian Influenza for outbreak and non-outbreak scenarios
   - implementation of a small-scale media Pre-Tet Avian Influenza Campaign
   - outbreak response communication in 16 provinces
   - strategic move from public awareness raising to behaviour change communications (BCC)
   - capacity building for animal health workers and community health workers at the local level

- training[5] on the new disease surveillance and reporting software for the Early Warning and Response System (EWARS) in four pilot provinces, and for rapid response teams in 13 provinces
- full equipping and staffing of the Field Epidemiology Training Programme (FETP) office for health sector

4. *The recommended changes to the funds flow mechanism is apparently at the final stage of approval. This has been a major impediment to higher rates of effectiveness of the JP.*

   In early 2008 it was necessary to engage in a significant revision of the funding mechanisms for the Agriculture and Health components of the JP in order to clarify accountabilities and ensure compliance with global UN System guidance on joint programmes. Lengthy discussion ensued for more than nine months and a resolution of the issue appears imminent[6]. As well, according to JP representatives and non-JP representatives in-field, application of the EU-UN Cost Norms has delayed activities.

   - changes in the funds flow mechanism and the UN Cost Norms applied to JP activities will help to increase delivery rates

5. *There is clear coordination of disease control activities and responsibilities at higher levels of the Government of Vietnam and UN. However, a strong level of understanding of the same preventive medicine & ecohealth philosophy does not always exist with stakeholders at lower levels.*
   - for a comprehensive strategy to succeed in achieving sustainable national control of HPAI there needs to be comprehensive understanding at all the key levels of administrative units in Vietnam
   - understanding of purpose and awareness of critical steps in process (e.g. number of requisite vaccination boosters to achieve minimally acceptable flock protection) clearly weakens as one moves further down the chain of administrative units in Vietnam; a consistent set of guidelines and SOPs appears to be lacking at lower levels
   - this represents a significant opportunity for enhancing village and commune level effectiveness of the activities of the JP; allocation of responsibility may not necessarily lie with the JP, but guidelines for this should be developed by the JP

6. *Delivery rates for most elements of the Joint Programme Components have been sluggish. In many cases there are clear reasons why, but the low delivery rate must not continue into 2009 for the JP to have meaning.*
   - numerous explanations are available for unacceptably low delivery rates (typically below 70-75% for many NGO or IGO institutions)[7] including the length of time to propose changes in the funds flow mechanism (in final stages of approval)

[5] These last two activities are recent developments and as such have contributed more to capacity building important for future control rather than past success.
[6] The revised funds flow mechanism recommendation is awaiting signature of the Prime Minister.
[7] There is a paucity of information relating to delivery rates of other similar joint programmes for comparison purposes. One comparison would be the UNDP/GEF Vietnam Energy Efficient Public Lighting programme after two years (evaluation time 2008) which experienced a 35% two year cumulative delivery rate (13 and 22% delivery rates, year 1 and 2 respectively). Another example is delivery rates of 75% and 92% in 2006 and 2007 respectively for the Vietnam Promoting Energy Conservation in Small and Medium Scale Enterprises project supported by UNDP (mid-term evaluation 2008).

- Evidence from mid-year 2009 (not part of this evaluation) indicates that as of mid-year delivery rates are markedly improved over 2007-8

7. *The role of two important themes will continue to need to be addressed in order to optimize effective disease control.*
    - gender and the role of public-private partnerships are important themes that could benefit from increased JP activities
    - a gender plan checklist was developed under the JP in 2008; this and other related activities indicate JP gender-based work is increasing
    - engagement with the private sector to develop public–private partnerships, particularly in delivery of vaccination and bio-security options in sectors 3 and 4, is strongly encouraged; this will pave the way to future investment in bio-security and food safety in Vietnam

8. *Information sharing and consultation between non-JP partners occurs well on an ad hoc basis but would benefit from a more structured approach.*
    - several non-JP partners have mentioned that while they engage in information sharing regarding the JP through informal methods (e.g. coincidentally at workshops, other meetings, while discussing parallel projects) they feel they may be out of communication on some issues or missing some key points
    - it cannot be assumed that colleagues will be kept up to date with important information relating to the JP through *ad hoc* methods; a more formalized method of regular communication will ensure more comprehensive communication with partners and contribute to wider consultation on key issues

The pending amendments to the funds flow mechanism clearly caused significant delays of programme activities during the period of 2008 and early 2009. It is reported that it took about one and a half year to finalize the new fund transfer which is acceptable by all key stakeholders/ agencies, reflecting the receipt of letter from UNDP by the end of May 2009. Presently this new fund flow mechanism is with MARD and awaits approval of the Government. It is expected that this process may take a further “couple of months”. However, the current funds held by partners of the JP programme are expected to run out after July 2009.

The content of the programme is basically a shift from the Green Book with some further details based on informal review of the Phase I. No indication was found to show that the detailed programme design was a fully participatory approach at the JP level as well as at the Implementing Agency (IA) level, most particularly with some programme direct beneficiaries such as farmer, paravets, and poultry dealers.

Findings on programme results

Findings on Programme Results

In general, the results of the JP (discussed further below by component) indicate a clear strength in a coordinated effort with programme management from MARD and other GoV ministries along with UNDP, PSO and PAHI, and provision of particular technical capacity from the relevant government departments and UN agencies. This provides for a solid technical and operational platform with which to address the particular components of the JP. In general, the responsibilities within the technical and operational platform of the JP can be summarized as follows:

Table 1. Joint programme components and associated agencies.

JP Component	GoV agency	UN agency/ associate
1. Enhanced coordination activities – Programme coordination and management	PSO, PAHI	UNDP
1. Enhanced coordination activities – Public awareness and communications	MARD, MoH, MoET	UNICEF
2. HPAI control and eradication in the agricultural sector	DLP and DAH	FAO[8]
3. HPAI prevention and pandemic preparedness in the health sector	GDPMEH	WHO
4. Overall programme management support		UNDP

There are many strengths to this distribution of responsibilities including clear understanding of the technical capacity available and possibility for coordinated approaches to problem solving. The work plan reflects this general allocation of responsibilities with very clear JP coding of activities.

Key general results (results by component are below) in the 2007-2008 period include the following:

- Improved GoV-UN coordination
- Clear transition from an emergency response (JP Phase I) to a capacity building phase (JP Phase II) intended to build sustainability in human and animal health control
- Provision of an effective channel for international assistance supporting the overall implementation of the OPI
- Operational and logistic support for national AHI control activities
- Training programmes in several areas to increase capacity in animal and human health

Other general observations on programme results include:

- There are clear outputs at all levels
    - Some levels of output are clearly ahead of others in terms of delivery (detailed later)
- JP is a good example of working together under the One UN Plan concept
- Impact at mid and low level is less clear
- From field visits, interest group meetings (e.g. Women's Union, Farmer's Union) and training (Community Animal Health Workers, Village Health Workers) are benefiting from JP support

[8] FAO works with both DLP and DAH, but in the context of the JP the relationship with DLP is described more as a partnership (2008 Annual Report, pp.19) as per a Letter of Agreement, while with DAH it is a technical backstopping working relationship to provide integrated control.

FURTHER FINDINGS BY COMPONENT

Findings for Component 1: Enhanced Coordination Activities (Programme Coordination and Management)

Key results for Component 1 (Programme Coordination and Management) in the 2007-2008 period include the following:

- Agreement (but not finalization) on the funds flow mechanism amendment
- Development of the M&E framework of the JP
- Support for management of the OPI through the PAHI Secretariat and network
- Updating the financing matrix for AHI activities for both GoV and ODA resources

Relevance

- Highly relevant to GoV and UN plans and strategies
- In line with needs of direct beneficiaries

Effectiveness and efficiency

- Funds flow mechanism agreed upon
    - What could have sped this up?
- M&E is under process[9]
- PSO office active and supportive
- Facilitating role of PAHI in reviewing the Green Book

Coordination

- Strong coordination thanks to PAHI Secretariat and PSO
- Could do with a stronger voice of advocacy
    - Advocacy and communication plan, (activity 1.3.5.3, Inception Report)

Sustainability

- The concept is highly sustainable
    - The model will not be without continued funding of the concept
    - PAHI Secretariat at times overloaded; if PAHI Secretariat is the home of a virtual HPAI library, will need further staffing
- Time to branch out and expand the JP concept
    - The donor community is expressing “donor fatigue” with respect to H5N1 funding, but not with respect to EIDs; consider expanding the main message of building capacity to control H5N1 to that of controlling the precipitating factors of influenza in general, leading to precipitating factors of EIDs, leading to an ecosystem approach to preventing and controlling infectious diseases

[9] The M&E framework was approved by the PSC on June 19, 2009 and has been put into action.

Findings for Component 1: Enhanced Coordination Activities (Public Awareness and Communications)

Key results for Component 1 (Public Awareness and Communications) in the 2007-2008 period include the following:

- Support for coordination of activities related to AHI communications in Vietnam
- Lead development of National Communication Framework for Avian Influenza for outbreak and non-outbreak scenarios.
- Implementation of pre-Tet communication campaigns in 2007-08 at the local level
- Development and dissemination of a package of communication materials for key target groups, including stockpiling of contingency kits for outbreak distribution
- Capacity building of local partners including a training needs assessment, and training for local partners on BCC skills, and building BCC models
- school activities including development of curriculum for junior secondary school on AI
- Conduct Knowledge, Attitude and Practice (KAP) surveys to monitor the effectiveness of the communication campaigns.

Relevance

- Highly relevant to GoV and UN plans and strategies
- In line with needs of direct beneficiaries

Effectiveness and efficiency

- Communication (and/with restructuring) can be highly useful in understanding and changing the *precipitating factors of disease*
- During our visits we saw the effectiveness of
    i. the Women's Union club in addressing behavioural change
    ii. restructuring combined with communication

Coordination

- Well coordinated at higher levels
- The national coverage of AI IEC materials has foregone the coordination of messages and appropriateness of materials at lower levels
    - during several field visits participants commented they would have liked to have been able to modify the messages/posters etc. for local use

Sustainability

- The concept is sustainable but activities under current budget are not sustainable without continued funding

Findings for Component 2: HPAI Control and Eradication in the Agricultural Sector

Key results for Component 2 in the 2007-2008 period include the following:

- Strengthening the capacity of border animal health quarantine stations

- Assessment of environmental impact of disposal of poultry carcasses
- Market and slaughterhouse surveillance in high-risk provinces
- Training and refresher courses to high risk provinces and border control stations on rapid response to outbreaks, vaccination cold chain system, international border control, customs, market management and border enforcement
- Training and allowances to district and commune animal health workers in 10 high risk provinces for improved outbreak report and investigation
- Facilities and equipment for improved reporting and outbreak investigation in 10 provinces, for vaccination cold chain systems in 27 provinces, for provincial and international quarantine border controls, and for the AI Risk Assessment Technical Working Group
- Development of a poultry production atlas
- Co-ordination and development of a bio-security working group, including JP and outside partners including the commercial sector

Relevance

- Highly relevant to GoV and UN plans and strategies
- In line with needs of direct beneficiaries
    - Some concerns for smallholders, role of private industry members, markets
- OPI up for review
    - Opportunity to realign targeted beneficiaries
    - Engagement with small scale producers in ecosystem approaches to health
    - Improve efficacy of targeted vaccination

Effectiveness and Efficiency

- Technical support is strong; choice of activities is appropriate
- Development of SOPs is a major step forward
- Numerous training exercises
- Poultry restructuring continues to be a concern
    - Sectors 3 and 4 need to be actively engaged
- Superb poultry atlas developed
    - extremely useful in applied ecohealth approach to disease control

Coordination

- At higher levels, coordination with MARD is good
- Lead role of MARD will benefit from improved dialogue and planning between DLP and DAH
    - e.g. planning the role of different agents in restructuring
- Coordination of lead agencies with field offices is good, but messages seem to be less clear
    - consistent philosophy: prevention
    - Capacity of some commune level AHWs limited

Sustainability

- Support for AHWs is needed, particularly during outbreaks, but this is not sustainable in the long run

- engage with private sector

- Market restructuring
  - how will HPAI control influence the direction of animal production in Vietnam
  - are these future practices sustainable

Findings for Component 3: HPAI Prevention and Pandemic Preparedness in the Health Sector

Key results for Component 3 in the 2007-2008 period include the following:

- Selection and training in 13 provinces for the piloting the EWARS model, installation of the software package and provision of training for preventive medicine health staff
- Completion and approval of the Master Plan for the FETP, drafting of the training curriculum for the field epidemiology short course, staffing of FETP office
- Development of the Field Epidemiology Short Course (FESC) curriculum, conducting of first FESC course
- Testing of health sector preparedness through simulation exercises in three provinces
- Procurement activities begun for internet and telephone communications for EWARS for 4 regional institutes and 4 pilot provinces, for laboratory equipment for 4 regional institutes and 63 provincial laboratories, and for equipment for rapid response teams at the central, regional and provincial levels
- Support in development of related legal documents to infectious diseases.

Relevance

1. The JP, particularly the designed activities of the health component are highly relevant to Government and UN plans and strategies. A step by step approach to find appropriate ways to engage the emerging potential private health care sector would enhance the relevance of the JP
2. Most of the activities aim at strengthening the system and building capacity of preventive health personnel; this is very much in line with needs of the health system and the Government's Action Plan for influenza in general. However, there are some concerns relating to absorption capacity at the district and provincial levels, and the low work commitment of preventive health personnel. This suggests a greater need for sustainability particularly with respect to the JP supporting local partners beyond capacity building, leading to a health system that can optimally address disease of epidemic potential including AI
3. Other issues that would be relevant for upcoming review of the Vietnam Green Book in general and the JP specifically:
   a. Consider need to realign activities with targeted beneficiaries to enhance complementarities of activities, and generate more involvement of the private sector in controlling, surveying, and responding to AI as well as diseases with epidemic potential.
   b. Increase attention and support to the capacity of the lower level (provincial, district, and communal) health care network
   c. Explore environmental implications of HPAI as an example of a disease with epidemic potential, and thus begin to apply ecosystem approaches to health

d. Gender equity issues are highly relevant to the JP and will increase in importance; gender issues will benefit from further attention after the evaluation period (in the last two years of the Phase II, 2009-2010)

Effectiveness and Efficiency

1. Technical support is strong; fulltime staff is recruited at both WHO and GDPMEH for the JP supported by a pool of international and national expertise on an active basis. The choice of activities is appropriate, clearly reflects and contributes to the output of the programme, and aims to strengthen national and local capacity to prepare for, respond to, and recover from public health emergencies caused by infectious diseases in general including HPAI

2. The JP activities are well integrated to the existing surveillance system and response teams; however, it is important to ensure two-way feedback within the surveillance system and provide on-going technical support to the established response team. It has been reported from field visits that AI samples are submitted to central testing laboratories but feedback is rare. Nevertheless, funding is recognized as a constraint and as such, technical backstopping may be limited to higher administrative levels, encouraging greater support for district and commune level surveillance.

3. EWARS piloted at district level has been a major step to strengthening early warning and response systems. Full assessment of the EWARS piloting period is critical before integration into the current national system. Two factors reported from the provinces that can add value to the EWARS system are: cover beyond current six diseases of epidemic (cholera, typhoid, encephalitic syndrome, dengue fever, plague, and Severe Acute Respiratory Infection (SARI), and general strengthening of capacity in information technology (e.g. computer literacy).

4. FETP activity has commenced with short training courses. Training addressed needs of the current preventive health personnel, although it is too soon to comment on effectiveness. Follow up support and mentoring plans are essential to ensure effectiveness.

5. It would be helpful if stakeholders from the agriculture sector were involved in developing simulation guidelines and exercises in the future.

6. At the provincial level, although JP funding is modest in comparison with other programmes, it plays a significant role and is a good catalyst in mobilising local resource for AI.

7. Lack of proper participatory consultation with local partners at the provincial and district levels during project planning has limited the effectiveness of the JP. For example, equipment bought by central agencies, while local providers are available, has no after sale service when problems happen so the equipment will left unused which in turn limits the effectiveness of the project support

8. The pending revisions of the fund flow mechanism have played a major role in the delay of activities throughout all IAs. A lack of timely coordination between human health agencies has also contributed to a significant delay in the start of activities, as well as disbursement of funds within the human health sector.

This has been particularly so with the delay in equipment procurement which accounts for almost 80% of the WHO JP budget.

Coordination

1. The Joint Programme has significantly contributed to strengthening the current working/coordination structure National Plan of Action on Human Influenza with high commitment from MoH leaders and has enhanced horizontal coordination within the health sector amongst provinces. Regional centres could help to increase local application and effectiveness of the programme.

2. The coordination between WHO and GDPMEH/MoH has helped mobilize available expertise both domestically and abroad. Detailed agreements, guidelines, and TORs for specific joint activities between the two agencies would enhance the effectiveness of coordination, reduce delays in implementation, and optimize the mobilised expertise.

3. GDPMEH plays a strong leading role in supporting target provinces. However, the private health sector – an important sector that has a significant potential contribution to the sustainability of the programme[10] – has been left out of the coordination loop instead of being considered as an important key stakeholder.

4. Coordination of the lead GoV agency (GDPMEH) with field offices is good, but messages seem to be less clear. There is strong need to enhance understanding of the JP identity & philosophy at the provincial & district level.

5. In terms of coordination with other external key players addressing HPAI, there appears to be some lack of formal collaboration (*e.g.* formation of working groups, joint seminars and workshops) with the HPAI programmes of US-AID, WB, ADB, and various NGOs at the central level. Certainly there is some degree of informal discussion and awareness of programmatic activity. On the other hand, at the local level (commune and village), there are questions as to existence of other programmes and overlap with the JP. There is also potential room for collaboration with NGOs with a various models that exist for community based AI surveillance and response. Sustainability of such models, however, remains a contentious issue.

Sustainability

1. At higher administrative levels, the concept of building capacity for preventive health nationwide through training and equipment provision, and for addressing H5N1 and other diseases with epidemic/pandemic potential is highly sustainable. It is also consistent with national and provincial strategies and action plans. The concept is less sustainable for the JP at lower administrative levels due to funding constraints.

[10] It is reported by provincial preventive health agencies that the private health sector has a significant contribution to prevention and control of infectious disease. When ill (and especially with general flu-like symptoms) it is common for people to buy medication after consulting with a vendor of pharmaceuticals (not necessarily a trained health professional) as a first measure. If this does not work, they approach a private sector health provider. A government hospital is often the last source of assistance when symptoms become serious. This anecdotal observation needs to be validated and significance of the role of the private sector quantified in terms of access rates compared to government health services.

2. In some provinces, it has been shown and is highly appreciated that the JP has played a significant role as a catalyst in not only strengthening capacity of the local preventive health system but also in helping to mobilise commitment and resources from local leaders. This should be documented and experiences shared with other provinces where the local resources for HPAI control are under explored and where the commitment of local leaders to controlling HPAI is not yet high.

3. Further to the above two points, it is essential to find an appropriate and sustainable way in which to continue support and optimize the capacity of the strengthened preventive health system, in order to ensure the sustainability of the JP project. A primary risk factor contributing to potential failure is the common human resource problem that the preventive health system faces – high turnover of preventive medicine staff at provincial and district levels due to low income, hard work, and a preference for clinical medicine. Support resources for the established response team are not always available. Advocacy for local and national systems to address the problem of high turnover could help enhance the sustainability of the JP impact.

4. The private health care sector, a potentially significant stakeholder, has not been engaged systematically in programme activities. There is room for the JP to consider this as contributing to longer term sustainable impact, particularly the role the private sector generally neglects in public health and preventive medicine.

Findings for Component 4: Overall programme management support

Component 4 addresses overall programme management support, primarily through funding for operations and coordination positions with FAO, WHO, PAHI, and the PSO. Findings for activities are referred to in the appropriate component sections of this report.

Component 4 also addresses development of the Monitoring and Evaluation (M&E) framework. This important framework is completed and approved as of June 19, 2009. One major challenge that the M&E process will face is embedded in the significant delay in the implementation of the JP Phase II, with the result that many activities have not been completed. Thus few activities have baseline or ongoing data with which to evaluate progress. This has been a constraint to this mid-term evaluation as well. The challenge is amplified in light of the fact that a formal evaluation of Phase I was not conducted.

Finally, an important contribution of Component 4 is the funding for organization of the PMG and PSC meetings and this midterm evaluation, essential to developing the strong level of coordination among the agencies involved and improving the impact of the JP overall.

Analysis of findings

Following the details and commentary of findings in the section above, further analysis is provided by examining JP delivery rates for agencies and components. It was originally anticipated that some analysis of activities would be conducted using the milestones and OVIs provided in the Inception Report and Annual Work Plans. However, so few activities have been completed for most components that this would not be a meaningful exercise.

Delivery rates quoted by Agency and Component

There is reluctance on the part of the evaluation team to estimate and report the delivery rate of components or activities on an agency basis. This is reported by the JP in the Annual Reports, and it is recognized that this is important for individual agencies to monitor their own progress. But reporting delivery rates by agency as opposed to components tends to overshadow one of the main purposes of the JP: synergy through coordination and cooperation guided by a joint purpose.

Nevertheless, it is a reality that donor community members interact more at the level of individual agencies than the JP as a whole, and as such evaluating the agency delivery rates would seem necessary. For this purpose, table 2 reports JP Phase II delivery rates by agency for JP components, as reported in the Annual Reports.

Table 2 indicates that the overall average delivery rates for 2007 and 2008 respectively was 36% and 45%, with a weighted average of 40%. PAHI, UNDP/PSO, UNICEF, and UNDP all have more acceptable and higher than JP average delivery rates (see particularly second bullet point below). Furthermore, Component 1 and 4 stand out as being generally well delivered in aggregate.

Table 2. Joint Programme Phase II component delivery rates (%) reported by agency, 2007-2008.

Component	Agency	2007	2008	Aggregate (2007 and 2008)
1. Enhanced Coordination Activities (Programme Coordination and Management)	**PAHI**	76%	98%	
	PSO		82%	
	UNDP		100%	
	Total	76%	91%	84%
1. Enhanced Coordination Activities (Public Awareness and Communications)	**UNICEF**	61%	86%	68%
2. HPAI Control and Eradication in the Agricultural Sector	**FAO/DLP**	42%	32%	44%
	DAH		53%	
	Total	42%	44%	
3. HPAI Prevention and Pandemic Preparedness in the Health Sector	**GDPMEH**	6%	46%	
	WHO		6%	
	Total	6%	28%	17%
4. Overall programme management support	**UNDP**	n.a.[11]	100%	100%
Total for Joint Programme		**36%**	**45%**	**40%**

Figures reproduced from data in JP Annual Reports, 2007 and 2008.

[11] Note that UNDP delivery for Programme Management Support for 2007 was grouped with PSO and PAHI for 2007. In 2008 this was shown separately.

However, Components 2 (Agriculture) and 3 (Health) show significantly lower delivery rates, as do the respective agencies charged with their delivery. There are several reasons for this, the majority reasons being:

- Extended delay in achieving changes to the funds flow mechanism
- Higher degree of complexity in delivering more ambitious activities requiring a stronger degree of partner and stakeholder engagement
- Very late approval (December 3rd, 2007) of the Animal Health Component budget
- Non-use of 2007 budget due to unapproved Cost Norms
- Extended delay in procurement for materials for the Health Component activities; it is very important to note that despite several high level requests for procurement details to be resolved, no clear response from the agency responsible was ever received in writing

Thus, the unacceptably but understandably very low delivery rates in Agriculture and Health drag down the overall average delivery rates for 2007 and 2008. There are clear indications in 2009 that these delivery rates are greatly increased, although 2009 data are not a part of this evaluation.

Delivery rates by Component

In table 3, calculations by the evaluation team are presented for JP Phase II component delivery rates. These calculations were based on analysis of delivery of activities based on JP Annual Reports, financial statements, and discussions with JP agency representatives (in particular UNDP). All agencies were most helpful and cooperative when asked to assist with interpretation of data or to provide more information.

Table 3. Joint Programme Phase II component delivery rates (%) calculated from financial reports, 2007-2008.

Year	1. Enhanced Coordination Activities[12]	2. HPAI Control and Eradication in the Agricultural Sector	3. HPAI Prevention and Pandemic Preparedness in the Health Sector	4. Overall programme management support	**Aggregate (2007 and 2008)**
2007	62	68	3	72	*35.8*
2008	74	44	25	55	*45.4*
Aggregate	67	55	13	60	*40.0*

Data sources: JP Annual Reports, 2007 and 2008, Financial statements 2007 and 2008, and personal communication.

There is some difference in the categorization of activities within components between the data used for table 2 and table 3. As such, there are slight differences in the annual delivery rates for the JP Phase II components. However, the aggregate annual delivery rates are practically identical (rounding differences), verifying the calculations in table 3 match the findings reported in table 2.

[12] Note that Component 1: Enhanced Coordination Activities in this presentation includes (a) Programme Coordination and Management and (b) Public Awareness and Communications.

Ratings

Table 4 indicates subjective rankings of particular aspects of the four JP components, as requested in the TORs. These subjective rankings were derived through consultation by the evaluation team members, and they reflect the comments made above regarding findings. It should be noted that such highly subjective rankings tend to be inconsistent, are not statistically repeatable, and thus are inherently biased and constitute a poor basis for decision making.

Table 4. Subjective ratings of Joint Programme Phase II performance as per TOR.

	1. Enhanced Coordination Activities	2. HPAI Control and Eradication in the Agricultural Sector	3. HPAI Prevention and Pandemic Preparedness in the Health Sector	4. Overall programme management support
Relevance	**HS**	**HS**	**HS**	**HS**
Effectiveness and efficiency	**MS**	**S**	**MU**	**S**
Coordination	**S**	**S**	**MS**	**S**
Sustainability	**MS**	**MS**	**S**	**MS**

HS: Highly Satisfactory (there are no shortcomings); S: Satisfactory (there are minor shortcomings); MS: Moderately Satisfactory (there are moderate shortcomings); MU: Moderately Unsatisfactory (there are significant shortcomings); U: Unsatisfactory (there are major shortcomings); HU: Highly Unsatisfactory (there are severe shortcomings).

In general, JP Phase II performance is strong for relevance, good for coordination, marginal for sustainability, and least impressive in terms of effectiveness and efficiency. These very general comments are supported by the findings detailed previously.

The greatest concern is for the marginally unsatisfactory performance for Component 3 (Health). This rating was debated for some time and the evaluation team did not come to this conclusion lightly. This largely reflects the inexplicable and prolonged delay in procurement of goods needed for Component 3 activities which caused unused funds to sit idle while other activities were in need of financial resources. At the same time, the health component has delivered on some good activities including training in 13 provinces for piloting the EWARS model, for developing and starting FESC courses, establishing the office, and developing the FETP master plan. The successes of these deliverables are overshadowed by the failure of the evaluation team to find any reasonable explanation for the very slow pace of procurement procedures, despite several high level letters requesting that activities proceed more quickly.

Limitations (of the Joint Programme)

To a large extent, the main limitations of the JP are identified in the previous section. They are summarized here.

Strategy

- The JP is primarily a vehicle for improved coordination of institutions; it is secondarily an instrument for driving activities and building capacity to control HPAI, and ultimately extending this capacity to the control and prevention of EIDs. By design this limits the wide extent of activities one might expect of a programme with a much broader mandate (and correspondingly larger budget, work plan, and time frame).

Urgent need to refocus main message to donors

- Currently the main impression of the JP is that this is an HPAI programme, building on the emergency phase rather than a programme addressing EIDs in general. In terms of capacity building in disease prevention and control, this focuses lessons learned to a narrower target of diseases than would be desired for a programme targeting EIDs.

Funding for surveillance

- Long term funding for surveillance of EIDs from outside sources (*i.e.* generated external to the Vietnamese economy) is simply not sustainable. As such, this puts the utility of surveillance in a precarious position. Once funding stops, so too the primary mechanism for alerting health authorities to sudden indicative warnings of impending or current disease outbreaks. This is being addressed but at the district and commune level, external funding for blanket vaccination and surveillance programmes/activities is commonly cited as a primary need.

Absorptive capacity

- The absorptive capacity of institutions and personnel to benefit from programmes and activities is limited, based on educational, technical resource, personnel, and local funding constraints. (For example, commune and village level AHWs have informed us they would like to engage in participatory surveillance activities, but are constrained by their level of education, computer literacy, and technical resource base.)

Limitations (of the Evaluation)

The main limitations of the JP mid-term evaluation are summarized here.

- The team did not visit the provinces in which simulation was conducted
- Time did not permit visit more beneficiaries on a random basis
- Most activities underway or completed have started recently, making the time frame too short to measure impact
- Most provincial/district partners have little to no awareness or understanding of the JP. Those who had heard of the JP had confused JP activities and consumables with those of other HPAI related programmes (e.g. WB (VAHIP), ADB, and GoV programmes). This reduced the validity of some of the information obtained in the field visits (inaccurate information was not used for this evaluation).
- The team did not meet with some key GoV offices including the Ministry of Finance and the Ministry of Planning and Investment. These government offices played key roles in one or several of JP approval process, activity development, or implementation stages.

5. Conclusions and lessons learned

Conclusions - General

The main conclusions of the evaluation team based on the above findings are as follows:

1. The Joint Programme has had impact on coordinating within and across the UN agencies and Ministries of the Government of Vietnam. Impact is also evident in the field in efforts to control HPAI. As a lesson in the One UN Plan, this is of high value and deserves to be supported to conclusion.

2. Improved coordination between implementing agencies of the JP has resulted in a more holistic approach to solving a critical health issue for Vietnam and the region. In principle, this is a more sustainable approach to disease management problems and solutions.

3. Improved HPAI control is due at least in part to the efforts of the JP. With the broad patina of projects and programmes under way, it is difficult to ascribe proportionate impact to any single activity. However, without activities such as training, material supplies, vaccination, communications, and other activities in which the JP is engaged, control would not have been as effective in 2007 and 2008.

4. Delivery rates must increase for most activities for the Joint Programme to maintain credibility. This process has begun and will be accelerated by the new Funds Flow mechanism, but lack of action in some situations (particularly details of procurement) has worsened the situation.

5. The concept of sustainable ecosystem health (managing the interface of animals, humans, and the environment) to prevent emerging infectious disease is present in bits and pieces of activities throughout the JP (e.g. surveillance, training of community animal and human health workers, communication, vaccination, restructuring) but is not a major pillar of understanding behind many of the activities. Strengthening of this perspective in a broader approach to control of EIDs would improve understanding of the purpose of the JP and thus expand capacity for disease control.

6. Clear reasons for unimplemented or late delivery of activities exist. As noted in conclusion 4, slow delivery rates are not expected to continue (and evidence from 2009 indicates delivery rates are improving).

7. Opportunities exist to increase engagement with two important development themes of high relevance to the JP and to controlling disease in general:
    a. gender issues and
    b. engagement in public-private partnerships.
        - the private sector [13] should be brought in to the planning and implementation stages more closely. Several opportunities exist to work with the private sector from small private enterprises (e.g. hatchery owners) to larger scale multi-national corporations (e.g. CP, Betagro)
        - partial support for vaccination activities should be an attractive concept to the private (corporate) sector as it enhances local bio-security

[13] "Private sector" refers to businesses that employ a significant number of employees, as opposed to small scale private enterprise (e.g. sectors 3 and 4 poultry production).

8. There is need for a virtual JP information centre to be developed for HPAI (and other) information. It is important that the mechanism for related information flow and institutional communication is formalized.

Conclusions – Component specific

Conclusions – Component 1: Enhanced Coordination Activities (Programme Coordination and Management)

1. The PAHI network and Secretariat, and PSO have been instrumental in helping move coordination forward respectively for the Green Book and JP. Cooperation and a willingness to work together are evident.

2. The full mapping of the financing arrangements/status for HPAI related activities is highly useful to reduce overlap and build efficiencies.

Conclusions – Component 1: Enhanced Coordination Activities (Public Awareness and Communications)

3. BCC activities are essential to maintaining awareness and to effecting behaviour change, particularly as control improves. This seems particularly effective when delivered with large scale organizations (e.g. Women's Union).

4. The BCC activities covered 63 provinces; good coverage of animal and human health. The coverage of the interface between human and animal health is less well covered and would benefit from upgrading (i.e. one campaign designed with multiple agency input, reaching out to multiple sectors).

5. The training programmes for Community Health Workers is having some impact

Conclusions – Component 2: HPAI Control and Eradication in the Agricultural Sector

1. In addressing disease surveillance, response, control, and related activities, a broader approach to disease control is needed. This approach should advance from the progress made in addressing HPAI to the broader concepts of addressing Emerging Infectious Diseases, and embracing active surveillance across disciplines while engaging stakeholders at all administrative levels. (This conclusion is also addressed in General Conclusion 5). It is recognized that this broader approach will require a re-examination of the Programme Objective which is "*to reduce health risk to humans from avian influenza*". However, if the expected outcome to enhance "*national and local capacity to manage outbreaks of diseases of epidemic potential caused by human and animal pathogens*" is to be achieved then this re-examination needs to take place.

2. The common dialogue at the Division/Commune level with respect to restructuring is that sector 4 flocks need to be brought up to 200 birds or more. This will encourage farmers to hide birds and punish small scale producers. Of greater concern, this is symptomatic of a general lack of appreciation of the great importance of (1) small backyard flocks to poverty alleviation, (2) the possible role of bio-security on small scale farms, and (3) the need for a more broadly developed strategy to move outputs from the JP activities at higher levels down to commune and village level stakeholders. This final point is most salient and pressing. While FAO and UNICEF are developing and testing a relevant bio-security basic training package for 20 participants in Quang Nam province, bio-

security as a control tactic cannot have the immediate impact of culling or even vaccination; it needs to be woven into programmatic activities over a more extended period of time (several years even) to be understood, adopted, and practiced.

3. Coordination with DLP and with DAH is working well. DLP and DAH may benefit from joint activities to bring their planning stages and skill sets closer together.

4. Vaccination support is critically important during times of outbreak. However, long term external funding for vaccination campaigns is simply not a sustainable strategy and highly risky given the waning support from the donor community for targeting specific disease control strategies. Alternative options must be promoted, piloted, and success stories upscaled. Possible engagement with the private sector should be considered from the village level (e.g. cost recovery for VAHWs) up to corporate level (e.g. subsidizing bio-security or restructuring campaigns for sector 3 and 4 in areas where intensive poultry systems are also present).

5. The governance of veterinary service delivery is not clear and may have strong implications for how veterinary services emerge in the next decade. This is complicated further by reporting and management structures, and a lack of standardized training for para-professionals. These factors affecting governance of veterinary services could have impact on surveillance and control of EIDs.

Conclusions – Component 3: HPAI Prevention and Pandemic Preparedness in the Health Sector

1. The health component has significantly contributed to strengthening of the surveillance & response AI system especially at the central/national level. However, more practical, inclusive and sustainable support to maintain and run the system at the lower levels could help enhance its effectiveness

2. Within the government health sector, from the central to local level there is very good coordination in AI activities. However, most staff/beneficiaries at the local level have little or no awareness of the JP. Increased awareness of the JP at the local level could possibly reduce programme overlap. Furthermore, in the human health sector, programme planning is a particularly top down process; there is a lack of lower level participation in planning for programme activities. There also seems to be a lack of an effective multi-sector coordination which could be more effective at the grassroots level.

3. There is good capacity building and support in place nationally (63 provinces) to respond to the AI outbreak/epidemic; this is not yet ready to address disease of large scale pandemic proportions.

4. The reality of a high turnover rate and low commitment of preventive health staff at the provincial and district level is due to low income, hard work, and a preference for clinical medicine.

5. There is probably considerable benefit in realigning activities to promote the JP as ecohealth approach to health management. Management of the interactions between humans, animals, and their environment clearly is the function of GDPMEH. The JP can mobilize further support and achiever greater impact if the ecohealth philosophy is used in design and implementation of the programme

Best and worst practices in addressing issues relating to relevance, performance and success

The following represents a subjective assessment of the best and worst of the JP with regards to relevance, performance, and success.

Best practices

1. Leadership and willingness of all JP IAs to engage in coordinated efforts in order to address a common problem while maintaining specific technical expertise.

2. Development of a common understanding and focused purpose refined through regular meetings and shared responsibilities across JP Components.

3. Training of Animal Health Workers and Community Health Workers as critical elements of a wider strategy to control HPAI and (eventually addressing) EIDs.

4. Provision of cold chain, PPE, and other material support with concomitant training and development of surveillance, response, and control strategies.

5. Developing the necessary elements of an Ecohealth based approach to disease surveillance and control through addressing the various interactions of animals, humans, and their environment. This is in early stages, but a solid foundation for further development is apparent.

Worst practices

Maintaining majority focus on HPAI while H1N1 surfaced, while research shifts to the wider focus on EIDs, and while the donor community with few notable exceptions is moving to a more thematic approach to funding for disease control (e.g. broader attention on the Millennium Development Goals).

1. Lack of a comprehensive strategy for controlling HPAI and other diseases that descends to lower administrative levels of Vietnam (e.g. Commune and Village), complete with identified agents, tasks, lines of reporting, and resources for completing duties.

2. No clear partnerships with private sector.

3. Starting the JP when there was not clearly full understanding of all parties with respect to the UN General, UN-VN, and GoV guidelines for funds transfer, procurement, staffing, reporting, auditing, and other operational and logistic details.

4. Lack of an escalation procedure when management is at an impasse with regard to costly and time sensitive decisions (*e.g.* lack of action by partners with regard to procurement procedures despite requests from UN agency).

6. Recommendations

Corrective actions for the design, planning, implementation, monitoring and evaluation of the programme

Recommendations – General

1. Continue support for the JP as it exists as a lesson in learning how to develop a One UN Plan programme
    - Seek closure of funding gap conditional to:
        - Final approval of the new Funds Flow mechanism

2. Coordination appears to be working well. Maintain monthly PMG meetings, the general structure of JP Phase II, and joint leadership from GoV and UN in the PSC.

3. In seeking continued funding, make it clear to donors that Components 2 &3 of this programme are founded on the principals of Ecosystem Health and livelihoods
    - Should the JP expand to fully embrace an ecosystem approach to health management then additional funding should be sought to more fully address this, perhaps in a new or progressive phase of the JP
    - Delivery and adoption of this principal at the Commune and Village level will continue to be a challenge; BCC can assist in this

4. When procurement seems at a standstill, reallocation of funds to other tasks should occur
    - General lesson: a Joint Programme should have full agreement from all partners as to the Operational and Procedural guidelines; if they must change, an escalation procedure should be implemented to prevent lengthy debate

5. An Ecohealth philosophy is evidently emerging in the JP strategy. However, wider knowledge of the Ecohealth Approach is needed, particularly at lower administrative levels, in order to appreciate the integrated roles of managing the interfaces of animals, humans, and the environment. Most importantly, this must be directed at EIDs in general, rather than (e.g.) HPAI or A/H1N1.

6. The components with weakest delivery rates appear to be improving delivery rates in 2009. However, the precipitating factors need to be monitored more closely in any future planning to ensure they do not constrain delivery of activities unnecessarily.

7. The development themes of gender and engagement with public/private partnerships can be addressed in a number of ways
    - e.g. Develop partnerships with private sector agents and Commune/Village level animal and human health workers to encourage active surveillance, vaccination, and response

8. Explore options for housing a JP Information Centre in the PAHI Secretariat or with a member of PAHI
    - Consider inviting non-JP members into Working Groups with observer status

Recommendations – Component specific

C&R – Component 1: Coordination and Management

1. PAHI Secretariat works with members to find a virtual home for a JP related information exchange platform

2. Ensure that active mapping is continued of the financing arrangements/status for HPAI related activities with regular updates and access

C&R – Component 1: Public Awareness and Communications

3. Continue engaging with the Vietnamese and international interest groups such as Women's Union, Farmer's Union, Youth Union, AED, CARE Intl., *et al.* to deliver appropriate, locally acceptable BCC activities

4. Continue to deliver further BCC activities; develop component that specifically addresses the human/animal interface and associated risks, behaviour change options, etc.

5. Continue training of AHWs and VHWs as vital elements of disease control programmes

C&R – Component 2: Agriculture

1. In developing an ecosystem health strategy for small scale poultry, DLP has the awareness to lead design. DAH could partner on bio-security issues for example.

2. Put priority on planning of restructuring activities so that (i) sector 4 is not marginalized and (ii) agreement is reached as to terms of restructuring

3. In developing activities for Divisional and lower levels of AHWs, incorporate a broader one health/ ecohealth approach whenever possible.

4. Develop a sustainable phasing out strategy addressing all poultry production sectors that encourages non-reliance on external support for vaccination inputs

5. Work with MARD on clear guidelines addressing delivery of animal health services in Vietnam (who, what services are provided, lines of authority, role in emergencies and surveillance activities, etc.)

C&R – Component 3: Health

Cluster 1

1. Strengthening the surveillance system with focus on district-to-province capacity as well as private sector engagement; where possible explore linkage with the community base surveillance model supported by NGOS. Encourage two way communication related to surveillance activities, particularly for lower administrative levels.

2. Encourage horizontal communication related to prevention of EIDs, not just vertical communication as with GDPMEH (*e.g.* among neighbouring provinces through information sharing, study tour, simulation exercises)

3. Consider local absorption capacity in launching EWARS (both technical abilities and facilities, such as internet availability)

4. Enhance epidemiology skill training at provincial level

Cluster 2

5. Enhance both horizontal & vertical collaboration coordination amongst AI related programmes/ activities from central to provincial level.

6. Ensure/ promote local ownership and local understanding of the philosophy and identity of the JP through better communication of JP programme identity; use a participatory approach in programme planning and implementation

7. Explore partnership mechanisms used by other stakeholders at the provincial level to enhance activities between the health and other sectors in EID prevention programmes

8. Define more clearly the mechanism and accountability for the collaboration of WHO and GDPMEH (PA, guidelines, ToR)

9. Revisit the opportunity to step up multi-sector stakeholder collaboration (willingness exists from grassroots groups but decision making is top-down)

Cluster 3

10. Improve advice to lower administrative level management regarding use of PPE and related medical supplies for CHW / private practitioner use

11. Scale up training at the central and provincial level to ensure impact. Increased involvement of University training is encouraged (*e.g.* certificate jointly issued by JP and a University for FETP training would have more prestige/credit, encouraging enrolment). The latter could increase likelihood of sustainability and improve impact of the JP.

12. No cost extension and revision of the timeline to cover 63 provinces by the end of 2009.

Cluster 4

13. Further strengthen the regular, update, and refresher training for preventive health workers.

14. Strengthen the advocacy work of JP to not only mobilize further support to preventing EIDs from international donors but also to mobilize and optimize potential resources for EIDs from local government.

15. More guidelines and documentation of gender mainstreaming is needed. Activities related to gender are being implemented but are not well documented, and impact is difficult to measure. There is some lack of acceptance or buy-in to gender

activities as an important issue by some individual participants within the JP[14]. A gender sensitive approach also needs to be tailored to local context and specific target groups.

Actions to follow up or reinforce initial benefits from the programme

In several places in this report, recommendations are provided that reinforce current or planned activities, or advise on new activities. Several of the main recommendations are summarized very briefly here.

- Broaden the JP strategy to include a clearer mechanism for addressing provincial, district, and lower administrative levels (identifying JP focal points at lower administrative levels for communicating strategy and expanding outreach activities may help with this)
- Develop a strategy for expanding the JP to a more clearly ecohealth-based approach to control of precipitating factors of EIDs (this approach is already underlying many of the JP activities and crosses JP components)
- Encourage targeted vaccination campaigns using, whenever possible, a partial to complete cost-recovery approach
- Develop a virtual base for a JP related information exchange platform
- Extend training for Community Animal Health Workers (CAHWs) and AHWs and encourage communication between both groups of para-professionals
- Continue to incorporate gender-related concerns in training activities
- Sustain BCC activities with the understanding that awareness (understanding) happens more quickly than behavioral change; if the latter is to happen on a broad scale with relevance to HPAI and EIDs, BCC activities need to be maintained to prevent loss of interest/message fatigue
- Encourage opportunities to adapt BCC content (and other activities) to local context
- Continue training and development of a network of knowledge in the EWARS model/system as an integral component of surveillance and response
- Maintain/develop the FETP and FESC curriculum
- Begin M&E activities
- Develop further opportunities to engage with the private/commercial sector

Proposals for future directions underlining main objectives

1. Newly Emerging Infectious Diseases (nEIDs) will continue to worry health authorities for many years to come. There needs to be a maintained presence of technical and operational expertise to prepare and respond to such nEIDs. As such, the lessons of the JP Phase II represent a good example of how such an approach can be used to address the wider scope of preparedness and response for Vietnam.

2. There are numerous references to Ecosystem Health in this report. A solid understanding of the Ecohealth approach to disease control and management is needed at all administrative levels of health care. This approach can be woven into training, strategy development, national plans, integrated approaches to surveillance and response systems, etc.

[14] Some key personnel of projects at the central level of an IA commented that “gender has nothing to do with the JP”. At the provincial level one comment was “talk to MARD if you want know about gender work of the programme”.

3. The lack of a comprehensive broad strategy for moving the lessons learned from the JP and the high level outputs to lower administrative levels (commune, village, etc.) is worrying. This should be developed in concert with other programmes addressing themes of concern to these administrative levels rather than in isolation (e.g. rearing of ducks, bio-security, rice planting, and water resources management all have overlapping areas of information).

4. Engagement of the private sector at both national and grassroots level is often raised as a suggestion, and some efforts have been made to capitalize on this with few tangible outputs. If it has not already been done, it is suggested that a workshop be conducted with key industry, UN, and GoV agency leaders to identify roles and opportunities, and map out an Action Plan leading to concrete pilot projects to trial public-private partnerships in health management and delivery. This seems particularly salient for the agricultural sector.

5. A clear message to the evaluation team from the donor community was that donors with few exceptions will be more interested in support for broader thematic programmes rather than targeting specific disease control strategies. (Emergency conditions could constitute an exception.) Any future pledging meetings or donor briefs need to bear this in mind and revise the future strategy to embrace broader themes of development such as poverty alleviation, alternative livelihoods, sustainable integrated agricultural practices, health in the urban and peri-urban household, etc.
    - For example, a comprehensive national strategy delivered through a Joint Programme to address EIDs as an underlying risk in poor rural communities could have the following as its components:
        - Poverty alleviation
            - What role does gender play
            - Who keeps livestock and where are the opportunities for reducing disease risk that impacts on poverty
        - Fostering small enterprise
            - Where are there opportunities to develop microfinance schemes
            - How to engage with vertically integrated systems of production
        - Health sector support
            - Training of Village Animal Health Workers (VAHWs), CHWs, communications, etc. as per the JP Phase II
            - Development of a comprehensive surveillance and response system using both VAHWs and CHWs
        - Restructuring of peri-urban and rural livestock
            - Embracing an ecohealth approach
            - Adoption of sustainable models of integrated agriculture
        - Engagement with private sector
            - Public-private partnerships addressing health delivery
            - Food safety monitoring and promotion
            - Local and international marketing opportunities as a springboard for improving bio-security at the small scale level
        - Gender integration
            - Identification of the key roles of men and women in the community and associated health risks
            - Training opportunities particularly for women to engage in surveillance activities at the village level consistent with their level of engagement with livestock raising activities

6. Develop a clear picture of the governance of human and veterinary health services that includes roles, responsibilities, and authority from the national to the provincial down to the commune and village level. Where health policy is insufficient to address such roles, responsibilities, and authority, it needs to be formulated and implemented in order to provide a solid foundation for carrying out disease prevention and control.

7. Explore the partnership mechanism at the provincial level currently used by other stakeholders (NGO, WB) in enhancing cooperation between the health and other sectors in HPAI prevention and control programmes (*i.e.* the horizontal approach and working through to the provincial HPAI steering committee).

8. Foster and environment that is conducive to enhanced capacity in research and development of (*e.g.*) vaccines in general and AI specifically.

9. In addition to regular, updating, and refresher training for preventive health workers, it is important in the long run to advocate for better institutionalized government policy/guidelines that facilitate/support better the work of preventive health workers.

Annexes

Annex 1. Terms of Reference

The following ten (10) pages are the original Terms of Reference.

TERMS OF REFERENCE
FOR THE PROGRAMME MID-TERM EVALUATION

GOVERNMENT-UN JOINT PROGRAMME TO FIGHT HIGHLY PATHOGENIC AVIAN INFLUENZA, 2007-2010

Programme title:	***Strengthening the Management of Public Health Emergencies in Vietnam – with a focus on the Prevention and Control of Diseases of Epidemic Potential including Highly Pathogenic Avian Influenza (HPAI)***	
Implementing Agencies:	**National Partners:** National Steering Committee for Avian Influenza (NSCAI) Ministry of Agriculture and Rural Development (MARD) Ministry of Health (MoH) Ministry of Education and Training (MoET) Ministry of Culture and Information (MoCI)	**UN Partners:** Food and Agriculture Organization United Nations Children's Fund (UNICEF) United Nations Development Programme (UNDP) World Health Organization (WHO)
Assignment	The mid-term evaluation will review progress of the Joint Programme (JP) towards its objectives and outcomes; analyse the strengths and weaknesses of the management of the JP; suggest adjustments to the programme (if needed); and recommend concrete measures for improving the programme performance and achievement of the programme objectives and outcomes.	
Duration of the Assignment:	28 working days during 23 February - 10 April, 2009	
Duty Location:	Hanoi (Viet Nam) with in-country travel to programme sites	

1. INTRODUCTION

1.1. Country Context

Viet Nam is among the countries that have been worst affected by highly pathogenic avian influenza A (H5N1) (HPAI) in terms of human infections and deaths. From the peak of the epidemic in Vietnam in 2004 to the present there have been 106 human cases and 52 deaths. HPAI has also caused high economic losses especially to the 12 million households engaged in poultry production.

Vietnam has established national coordination mechanisms and developed plans/strategies to respond to HPAI including:

- Establishment of the *National Steering Committee for Avian Influenza Disease Control and Prevention* (NSCAI) chaired by the Minister of Agriculture and Rural Development (MARD) in January 2004 (Decision No. 13/2004/QD-TTg, dated 28/1/2004).
- Approval of the *National Preparedness Plan in Response to Avian Influenza Epidemic H5N1 and Human Influenza Pandemic* in November 2005 (Decision No. 6719/VPCP-NN, dated 18/11/2005).
- Approval of the *National Plan of Action on Human Influenza Pandemic Prevention and Control in Vietnam* by the Ministry of Health in November 2005 (Decision No. 38/2005/QD-BYT).
- Establishment of the *National Steering Committee for Human Influenza Pandemic Prevention Control* chaired by Minister of the Ministry of Health (MoH) in February 2006 (Decision No. 384/2004/QD-TTg, dated 21/2/2006).
- Endorsement of the *Integrated Operational Program for Avian and Human Influenza* (OPI) in May 2006 (Resolution 12/2006/NQ-CP, dated 5/6/2006).
- Approval of the Strategic Framework for Avian Human Influenza Communication 2008-2010 by NSCAI in July 2008.

Vietnam has applied different control measures for HPAI such as organizing public communication campaigns, strengthening health services, enhancing surveillance, culling flocks in affected areas, implementing market controls, and providing mass poultry vaccination. From October 2005 to December 2007 there were approximately 629 million poultry vaccinated in 3 national campaigns.

Since the end of 2005, Vietnam has made great progress in controlling HPAI. Although several poultry outbreaks have occurred since December 2006, from November 2005 to April 2007 no human cases were detected, and since May 2007 only 13 human cases have been reported.

The UN system has strongly supported national efforts for HPAI preparedness though mobilization of financial resources for the JP, providing technical assistance in outbreak control and in the preparation and implementation of a national epidemic preparedness plan.

1.2. Programme Summary

The JP was developed by the Government together with UN Agencies to address the immediate emergency support needed to control the current outbreak. The Emergency Phase, or Phase I, of the JP was implemented from October 2005 to July 2006. The objectives of the Emergency phase were mostly achieved while 95% of budgeted assistance was delivered. Several lessons were learned, particularly regarding JP mechanisms, such as work planning and programme coordination.

The Second Phase of the JP continues the implementation of the OPI, including support for planning and longer-term capacity building to respond to emerging infectious diseases in animals and humans, such as HPAI. The JP Phase II was signed by MARD; MOH; UNDP; UNICEF FAO; and WHO on 9 January 2007, and is being implemented until December 2010.

The estimated total cost of the Government - UN Joint Programme to fight HPAI is US$23.1 million for Phase I and Phase II combined.

The budget and available resources for Phase II are as follows:

Planned Budget	US$ 16.2 million
Available Budget	US$ 15.5 million
Budget to be mobilised	US$ 0.7 million

1.3. Programme Objectives and Expected Outcomes

The overall objective of the programme is *"To reduce the health risk to humans from avian influenza by controlling the disease at source in domestic poultry, by detecting and responding promptly to human cases, and by preparing for the medical consequences of a human pandemic"*.

The JP Phase II will contribute to the following expected outcomes through support to implementation of the OPI: i) Reduced risk of a global pandemic of HPAI emanating from Viet Nam and ii) Enhanced national and local capacity to manage outbreaks of diseases of epidemic potential caused by human and animal pathogens.

Expected outputs of Phase II:

- Enhanced coordination of Vietnamese and International agencies supporting implementation of the OPI;
- Progressive control of HPAI in domestic poultry and enhanced overall national and local capacity to detect and respond to outbreaks of zoonotic and other diseases in animals;
- Strengthened national and local capacity to prepare for, respond to and recover from public health emergencies caused by infectious diseases such as HPAI; and
- Increased public awareness generally and within specific population groups on critical HPAI-related risk factors resulting in effective behavioral change.

2. PROGRAMME STATUS

The inception report prepared by Implementing Agencies (IAs) was endorsed in the first meeting of the Programme Steering Committee (PSC) in April 2007.

Based on the PSC approved annual workplans for 2007, UNDP as Administrative Agent (UNDP/AA) disbursed funds to all IAs for implementation.

The 2008 annual workplans were endorsed by the PSC in the meeting on the 20th February 2008. However, the fund have not been disbursed yet due to a change in the fund transfer mechanism.

The JP has experienced some difficulties and challenges related to overall programme management during this period, which is delaying key activities, particularly in the agriculture and health components. The monthly Programme Management Group (PMG) meetings take place to discuss outstanding issues and find timely solutions. However, there are number of issues such as amendment of the programme document related to

the new funds transfer mechanism that require intensified efforts from high-level Government and UN agencies.

3. OBJECTIVES OF THE MID-TERM EVALUATION (MTE)

The objectives of the MTE are:

- to review progress of the JP towards its objectives and outcomes;
- to analyse the strengths and weaknesses of the management of the JP;
- to suggest adjustments to the programme (if needed); and,
- to recommend concrete measures for improving the programme performance and achievement of the programme objectives and outcomes.

4. SCOPE OF THE MIDTERM EVALUATION

The scope of the MTE covers JP Phase II. The MTE team will assess the whole programme management cycle of the JP II, including the programme/component's design, planning, implementation, and, monitoring and evaluation. The evaluation will consist of the following parameters:

- relevance,
- effectiveness and efficiency,
- coordination, and
- sustainability.

Relevance

- Evaluate the relevance of the programme, including whether it is consistent with the overall AHI control strategy of the country and if it is in line with the needs and aspirations of the key direct beneficiaries, especially in terms of maximising and sustaining the impact of th e interventions.
- Provide suggestions, as necessary, for timely changes or adjustments to activities and time-bound targets.
- Analyse if the programme logical framework and its design are still relevant given the programme experience to date. Identify any aspects of the logical framework that should be revised and updated.

Effectiveness and Efficiency

- Analyse the achievements of the programme to date against its stated targets.
- Analyse the critical issues relating to the achievement of programme results and identify key challenges that have emerged during the course of implementation that require immediate mitigation in the remaining programme implementation time period.
- Assess the appropriateness of activity-based budget planning, progress of financial disbursements, and effectiveness of financial management procedures.
- Assess the effectiveness of the programme implementation modalities (particularly planning and reporting procedure) that have been put into place.
- Highlight any changes to the JP components' design and/or expected outputs/outcomes, and assess effect of these changes (if there are any) to the achievement of the whole programme outcomes and targets.
    - Assess the effectiveness of the current institutional and implementation arrangements for the achievement of the programme’s objectives. Identify the institutional concerns that are restricting programme implementation and progress

if there are any.
  - Assess the quality and utilization of deliverables by programme partners/stakeholders to achieve the component outputs and programme impacts.
- Analyse the adequacy of the monitoring approach/methodology and the results of monitoring activities that have been conducted to date.
- Assess the adequacy and appropriateness of the management mechanism, and identify well- performing management functions that are essential as well as management weaknesses to be improved for successfully implementing the JP during the remaining time period.

Coordination

- Assess the coherence and effective inter-linkage and communication between and among programme components in term of sharing information and supporting each other towards achievement of the programme objectives.
- Identify opportunities to decrease duplication or to create synergy among activities which could make the implementation more efficient.
- Assess the means and tools that the PMG has implemented to build effective relationships, and to provide timely communication between programme components to synchronize sub-activities and appropriately share data, lessons learned, and best practices.
- Assess the effectiveness of the PMG and PSO in coordinating JP work, exchanging information, and strengthening partnerships with other AHI programmes supported by other donors.

Sustainability

- Assess the efforts of the JP to build sustainability.
- Suggest immediate action/measures for strengthening of the phasing out process.

5. EVALUATION METHODOLOGY

The MTE team is expected to follow a participatory and consultative approach ensuring close involvement of the Government and UN IAs, relevant programme partners, and beneficiaries.

The MTE team should follow sound accounting procedures and be prudent in using the resources of the evaluation. The team is expected to become familiar with the programme objectives, historical
developments, institutional and management mechanisms, activities and updated status of accomplishments. The evaluation will be mainly supported by the following documents:

- Programme documents phase II approved by the PSC on the 8th January 2007
- Inception Report dated 6 April 2007
- Annual Work Plan (AWP 2007 and 2008) endorsed by the PSC (amendment of the AWP 2008 should be considered)
- Semi- and Annual Programme Reports for 2007 and 2008 endorsed by the PSC
- Audit reports of programme components and/or of IAs
- PSC and PMG meetings minutes
- Consultancy and/or research reports for JP components
- National Strategic Framework for AHI Communications 2008-2010
- Other documents related to AHI in Vietnam

In addition to reviewing the above documents, the MTE team is also expected to collect relevant information through i) conducting group and individual interviews with the NDP, programme advisers and staff, relevant stakeholders, and at the least representatives of the programme partners and beneficiaries; and ii) visiting programme sites.

During the evaluation, the team shall pay attention to gender aspect as a cross cutting issue of the JP.

For all parameters (major headers) mentioned in Section 4, the MTE team should provide the rating as described below. The rating shall be supported by concrete evidence, e.g. narrative justification, data and statistics.

Definition of rating of the programme performance:

- **Highly Satisfactory (HS)**: there are no shortcomings
- **Satisfactory (S)**: there are minor shortcomings
- **Moderately Satisfactory (MS)**: there are moderate shortcomings
- **Moderately Unsatisfactory (MU)**: there are significant shortcomings
- **Unsatisfactory (U)**: there are major shortcomings
- **Highly Unsatisfactory (HU)**: there are severe shortcomings

The MTE team is required to analyse the collected information in a creative and scientific way, providing evidence-based conclusions that are reliable, easily understood, useful and particularly applicable for the remaining period of the JP.

The Programme Support Office (PSO) will provide logistics for the MTE team such as making appointment of different meetings, identifying key individuals for interview, transportation arrangement, hiring translation/interpretation when necessary,…

Programme Management Group (PMG) will arrange for programme staff to accompany the mission the field if it is needed,
assist in planning, and generally ensure that the evaluation is carried out smoothly.

Note:

- Although members of the MTE team should feel free to discuss their work with the concerned authorities regarding all matters relevant to its work; they are not authorized to make any commitment or statement on behalf of JP.

- A*ll notes, reports and other documentation produced by the evaluators will be retained by JP.*

6. EXPECTED OUTPUT

The output of the mission will be an evaluation report. Preferably, the length of the report should not exceed 30 pages in total (excluding the executive summary and annexes). The format of the evaluation report is included in *Annex 1*.

The report should follow the evaluation standards outlined in this TOR, which includes the presentation of recommendations, analysis of lessons learned that could be helpful for

overcoming challenges; and provision of suggestions for improving the programme performance to reach its objectives.

The methodology used by the MTE team should be presented in detail in the evaluation report.
In addition, the report appendices should include the following information:

- A list of documents reviewed by the MTE;
- A list and timetable of interviews and site visits conducted;
- Questionnaires and checklist used; and
- The TOR of the MTE.

To provide an overview of their plans for obtaining information for the evaluation report, the evaluation team will provide the following:

- A mission agenda (due within one week of beginning the assignment);
- A set of questionnaires to be administered (due within one week of beginning the assignment);
- Mission Main Findings Report (due prior to the end of the on-site mission period);
- Draft Report (due within one week of completing the on-site mission);
- Final Report (due within seven weeks of beginning the assignment);

7. TIMING AND DURATION

The total effort for conducting the evaluation has been estimated to 28 working days within the period from June to July 2009. The tentative plan proposed for the evaluation is as follow:

No.	Activities to be carried out	Number of working days	Note
1	**Preparation**	**5 days** **(1-5 June)**	**home base**
	- Collection of and acquaintance with the programme document and other relevant materials with information about the programme; - Lay out the detailed evaluation scope and mission agenda (including the methods for data collection and analysis); - Communication with the programme NPD, IAs to clarify matters.		- The agenda should be preferably sent to NPD by the **5th June**
2	**Evaluation**	**15 days** **(15 - 29 June)**	**on site (Vietnam)** **arrival: 14 June** **departure: 30 June**
	- Meeting with the IAs, PMG		

No.	Activities to be carried out	Number of working days	Note
	- Visiting programme sites - Interviews and meetings with stakeholders - Review of additional programme documents - Preparation of the mission main findings report, including the preliminary rating of activities, - Recommendations and lessons learnt - Debriefing with PMG (and PSC if it's needed) - Final mission main findings report and recommendations		
3	**Report writing**	**8 days** **(1-17 July)**	**home base**
	Elaboration of the draft report: - Additional desk review - Completing of the draft report - Additional information and further clarification with IAs		- The draft Evaluation report shall be submitted to NPD for review **within 5 working days** after the mission. - NPD will share with all IAs for comments and submit the consolidated comments and suggestions **within 5 working days** after receiving the draft report.
	Elaboration of the final report - Incorporation of comments and additional findings into the draft report - Finalization of the report		- The final Evaluation Report shall be submitted latest on the **17 July 2009.**

8. REQUIRED QUALIFICATION

The team will consist of one international consultant as the team leader and one national consultant. The team leader will be responsible for organizing and achievin g the evaluation and delivering a final report.

The team should be independent from both the programme design process and the delivery of assistance within the JP framework.

The background and experience of team members shall be complemented each other.

The candidates will be evaluated in accordance with the following criteria:

International consultant (team leader)

- Academic and/or professional background in livestock and/or animal health or public health;
- Familiar with development programmes in developing countries, particularly in Vietnam;
- A demonstrated understanding of avian influenza and its control;
- Substantive understanding of the management system in Vietnam is an advantage;
- Experience in participatory and result-based evaluation of technical assistance programmes (particular programme evaluation experiences within United Nations system will be considered an asset);
- Experience with financing mechanisms and financial analysis for development programmes;
- Conceptual thinking and good analytical skills, demonstrating ability to assess complex situations in order to succinctly and clearly s creen critical issues and draw forward looking conclusions and recommendations;
- Experience on gender mainstreaming would be an asset;
- Excellent English writing and communication skills;
- Experience leading small multi-disciplinary, multi-national teams to deliver quality products in high stress, short deadline situations.

National consultant

- Academic background in livestock and/or animal health or public health;
- Knowledge participatory monitoring and result-based evaluation and working experiences in evaluating development programmes;
- Demonstrated understanding of both agriculture and health and development decision making processes at national level;
- Proficient English writing and communication skills. Ability to act as translator for international counterp art and to translate written documents from/to Vietnamese is essential;
- Experience on gender mainstreaming would be an asset;
- Experience with the United Nations or other development agencies is an advantage.

Annex 1. Outline of Evaluation Report

1. Executive summary

- Brief description of programme
- Context and purpose of the evaluation
- Main conclusions, recommendations and lessons learned

2. Introduction and background of the Joint Programme

- Purpose of the evaluation
- Key issues addressed
- Programme start and its duration
- Problems that the programme seek to address
- Immediate and development objectives of the programme
- Main stakeholders
- Results expected

3. **Evaluation methods**

- Methodology of the evaluation
- Structure of the evaluation

4. Findings and limitations

- Findings on programme management (design, planning, monitoring & evaluation)
- Findings on programme results
- Analysis of findings
- Limitations

5. Conclusions and lessons learned

- Conclusions
- Best and worst practices in addressing issues relating to relevance, performance and success

6. Recommendations

- Corrective actions for the design, planning, implementation, monitoring and evaluation of the programme
- Actions to follow up or reinforce initial benefits from the programme
- Proposals for future directions underlining main objectives

Annexes

- TOR
- Itinerary, including timetable of interviews and site visits
- List of persons interviewed
- List of documents reviewed
- Questionnaire used and summary of results

Annex 2. Itinerary, including timetable of interviews and site visits

See pages following

(included with Annex 2. List of persons interviewed)

The following itinerary contains the names of persons interviewed for this evaluation.

Tentative working schedule for the midterm evaluation (onsite in Vietnam)

Date	Time	Activities	Participants	Location
Sunday 14 June		*Arrival in Hanoi*		
Monday 15 June	8.30 - 9.30	- Meeting with National Programme Director (NPD)	- Mr. Pham Quang Toan, NPD	Programme Support Office (PSO) Hanoi
	9.30 - 12.00	- Evaluation team discussion and preparation		Hanoi
	14.00 - 16.30	- Meeting with Programme Management Group (PMG)	- Mr. Davide Fezzardi, AI Programme and Operation Officer, FAO - Ms. Nicole Smith, Epidemiologist, WHO - Mr. David Payne, Partnership and Coordination Specialist, UNDP - Ms. Pham Nguyet Linh, Financial Manager, One Plan Fund, UNDP - Ms. Tran Minh Thu, AI Programme Officer, UNICEF - Ms. Nguyen Thu Thuy, Component Manager, DAH - Ms. Dam Thi Tuyet, National	UNICEF meeting room (5th floor), 81A Tran Quoc Toan, Hanoi

Date	Time	Activities	Participants	Location
			Programme Officer, DAH/FAO - Ms. Kieu Thi Mai Phuong, M&E Officer, GDPMEH - Ms. Doan Thu Huyen, Project Coordinator, GDPMEH - Ms. Le Thi Van Anh, Programme Manager, PSO - Mr. Tran Viet Dung, M&E specialist, PSO	
Tuesday 16 June		**Meetings with Agriculture Component**:		
	8.00 - 9.30	- Department of Livestock Production (DLP)	- Mr. Hoang Kim Giao, Director - Ms. Pham Thi Kim Dung, Specialist, Planning & Finance Section	DLP office, 2 Ngoc Ha
	10.00 - 11.30	- Department of Animal Health (DAH)	- Mr. Hoang Van Nam, Deputy Director - Ms. Nguyen Thu Thuy, Component Manager - Mr. Ta Ngoc Sinh, Training Specialist, DAH/FAO	DAH office, No.15, Lane 78, Giai Phong Road
	13.30 - 15.00	- FAO	- Mr. Davide Fezzardi, AI Programme and Operation Officer - Mr. Laurie Gleeson, CTA	FAO office, 3 Nguyen Gia Thieu
	15.30 - 17.00	**Meeting with Administrative Agent (AA)**	- Ms. Pham Nguyet Linh, Financial Manager, One Plan Fund, UNDP	UNDP office, 25-29 Phan Boi Chau
Wednesday 17 June	8.00 - 11.30	**Meetings with Communication Component:** UNICEF and partners (Ministry of Education and Training - MOET, DAH, Center for Health Education - CHE, Women Union - WU, Farmer Union - FU, Vietnam Red Cross - VNRC)	- Ms. Tran Minh Thu, AI Programme Officer, UNICEF - Ms. Le Thi Kim Dung, Senior Expert, Department of Student Affairs, MOET - Ms. Vu Thi Thu Phuong, Communication Officer, DAH/FAO	UNICEF meeting room, 81A Tran Quoc Toan, Hanoi

Date	Time	Activities	Participants	Location
			- Ms. Le Thi Thanh Huong, Senior Expert, Farmer Union - Ms. Ho Thien Nga, Senior Expert, CHE - Ms. Quyen, Expert, VNRC	
	13.30 - 14.45	**Meetings with Health Component:** - WHO	- Ms. Nicole Smith, Epidemiologist - Ms. Nguyen Thi Phuc, Programme Officer	WHO office, 81A Tran Quoc Toan
	15.15 - 16.30	- General Department of Preventive Medicines and Environmental Health (GDPMEH)	- Mr. Vu Sinh Nam, Deputy Director - Mr. Tran Van Ban, Expert, - Ms. Kieu Thi Mai Huong, M&E Officer - Ms. Doan Thu Huyen, Project Coordinator - Mr. Bui Chi Thien, Project Officer - Ms. Bui Phuong Thuy, Project Officer - Mr. Dao Van Thuan, Accountant - Mr. Chu Van Tuyen, FETP Manager	GDPMEH project office, 6th floor, DMC group, 535 Kim Ma
Thursday 18 June	9.00 - 11.00	**Meetings with Coordination Component:** - Partnership for Avian and Human Influenza (PAHI) Secretariat/International Cooperation Department (ICD)/Ministry of Agriculture and Rural Development (MARD)	- Ms. Dao Thu Trang, PAHI Secretariat Manager, - Mr. David Payne, Partnership and Coordination Specialist, UNDP	PAHI Secretariat Office, Room 301, A8 Building, 10 Nguyen Cong Hoan
		- PSO/Agriculture Project Management Board (APMB)/MARD	- Ms. Le Thi Van Anh, Project Manager, PSO	
	12.30 (14.30 - 16.40)	- Pick up to the Noi Bai Airport - Flight from Hanoi to Can Tho province		

Date	Time	Activities	Participants	Location
		- Travel to An Giang province		
Friday 19 June	8.00 - 10.15	- Meetings with An Giang Department of Agriculture and Rural Development (DARD), Sub-DAH, Agriculture Extension Center	- Mr. Truong Quang Minh, Expert, An Giang DARD - Mr. On Hoa Thinh, Deputy Director, An Giang Sub-DAH - Mr. Lam Thanh Dung, Expert, Technical Division, An Giang Sub-DAH - Ms. Nguyen Thi Soan, Deputy Director of An Giang Agriculture Extension Center - Mr. Le Hong Phong, Expert, DAH office in Ho Chi Minh city	
	10.30 - 11.30	- Meeting with An Giang Center for Health Education (CHE)	- Mr. Huynh Van Nen, Director, An Giang CHE	
	13. 30 - 17.30	Team 1: Visit An Hai commune, Tinh Bien district (CHE) - Meetings with district and commune health staff - Interviews with Commune Health Worker (CHW)	- Mr. Nguyen Minh Thoi, Head of Tinh Bien district Health Center - Mr. Bui Ngoc Giau, Head of An Hai commune Health Station - Ms. Trang Thi Lanh, An Hai commune Communication Officer, - Mr. Neng Kim Chuon, An Thanh village CHW - Mr. Nguyen Van Hung, An Hoang village CHW - Mr. Lam Sen, An Loi village CHW - Mr. Huynh Van Nen, Director, An Giang province CHE	Commune Health Station An Hai commune Tinh Bien district An Giang province
	13.30 - 17.30	Team 2: Visit Tinh Bien district (DAH) - Meetings with district animal health staff - Interviews with Commune Animal Health staff	- Mr. Nguyen The Hung, Head of Tinh Bien district Animal Health Station	

Date	Time	Activities	Participants	Location
			- Mr. Ma Hung Cuong, Head of Nhon Hung commune Animal Health - Mr. Huynh Van Hung, Animal Health Worker, Dong Hung village, Nhon Hung commune - Mr. On Hoa Thinh, Deputy Director, An Giang province Sub-DAH - Mr. Le Hong Phong, Expert, DAH office in Ho Chi Minh city	
Saturday 20 June	8.00 - 9.00	Visit Chau Thanh district (DAH) - Meeting with Chau Thanh district Animal Health Staff -	- Mr. Nguyen Van Luong, Head of Chau Thanh district Animal Health Station - Mr. Nguyen Thanh Tuan, Vice Head of Chau Thanh district Animal Health Station - Ms. Nguyen Thi Huong, Head of Vinh Binh commune Animal Health - Mr. Trinh Hoang Sang, Animal Health Worker, Vinh Loc village, Vinh Binh commune - Mr. Nguyen Van Dung, Animal Health Worker, Vinh Phuoc village, Vinh Binh commune - Mr. Pham Thanh Tung, Vice Head of Technical Division, An Giang province Sub DAH - Mr. Le Hong Phong, Expert, DAH office in Ho Chi Minh city	
	9.30 - 11.00	Visit Vinh Binh commune: interviews with village Animal Health workers		
	11.00 - 18.00	- Travel to HCM city		
Sunday 21 June	7.30 (9.20 -10.30)	Pick up to airport Flight to Danang		

Date	Time	Activities	Participants	Location
		Travel to Quang Nam		
	13.30 - 17.30	Visit Dien Ban district (DAH)	- Mr. Pham Ngoc Anh, Director of Quang Nam province Sub DAH - Mr. Truong Van Thong, Head of Dien Ban district Animal Health Station - Ms. Nguyen Thi Hao, Technical staff cum storekeeper, Dien Ban district Animal Health Station - Mr. Le Van Chua, Head of Dien Nam Trung commune Animal Health	Dien Ban district Animal Health Station
Monday 22 June	8.00 - 11.30	Meetings with Quang Nam Sub-DAH, Sub-DAH trainers, Preventive Medicines Center	- Mr. Pham Ngoc Anh, Director of Quang Nam province Sub DAH - Mr. Bui Thanh Viet, Vice Head of Technical Division, Quang Nam province Sub DAH - Ms. To Thi Chau Doc, Staff of Technical Division, Quang Nam province Sub DAH - Mr. Ho Anh Huy, Vice Head of Phu Ninh district Animal Health Station - Ms. Nguyen Thi Hoa, Technical Staff, Tam Ky city Animal Health Station - Mr. Tran Van Hoang, Deputy Director, Quang Nam province Preventive Medicines Center	Provincial Sub DAH Office, Tam Ky, Quang Nam
	14.00 - 15.30	Meetings with Quang Nam province CHE, CHE Communication trainers	- Ms. Nguyen Thi Lien, Director - Ms. Nguyen Thi Kim Van, Head of Audio-Visual Communication Section - Mr. Nguyen Minh Thu, staff of Audio-Visual Communication Section - Mr. Phan Cong Duan, Head of	Provincial CHE Office, 133 Trung Nu Vuong, Tam Ky, Quang Nam

Date	Time	Activities	Participants	Location
			Administrative Section - Ms. Nguyen Thi Thu Trang, reporter of Audio-Visual Communication Section - Ms. Tran Thi Truong Hoa, reporter of Audio-Visual Communication Section - Ms. Nguyen Thi Hoang Viet, reporter of Audio-Visual Communication Section - Mr. Mai Van Sang, Deputy Director of Emergency Service (115) - Mr. Huynh Van Tien, Head of Communication Division, Phu Ninh district Health Center - Mr. Nguyen Huu Tien, Head of Planning Division, Phu Ninh district Health Center	
	16.00 - 17.30	Meetings with Quang Nam province FU, FU Communication trainers	- Mr. Tran Xuan Ha, Deputy Director of Job Training Center, Quang Nam province FU - Mr. Nguyen Van Ban, Head of Social Division, Quang Nam province FU - Mr. Nguyen Chi Cong, Staff, Duy Xuyen district FU	
	17.30 (20.50 - 22.00)	Pick up to Danang airport Flight to Hanoi		Hanoi
Tuesday 23 June	8.30 - 10.00	- Meeting with Finish donor	- Mr. Max von Bonsdorff, Counselor and Head of Development Section (contact: Ms. Pham Thi Phuong Thao, Personal Assistant to the Ambassador, cell. 0912 356 313)	The Embassy of Finland 6th Floor, Central Building, 31 Hai Ba Trung, Hanoi
	11.30 - 12.30	- Meeting with INGO working in AI (CARE)	- Ms. Helene Cunat, Health Programme	CARE International in

Date	Time	Activities	Participants	Location
			Coordinator tel. 3716 1930 (office)/0913 238 913 (mobile)	Vietnam 66 Xuan Dieu Street Tay Ho, Hanoi
	14.30 - 15.30	- Additional Meeting with FAO	- Mr. Andrew Bisson, Deputy CTA	FAO office, 3 Nguyen Gia Thieu
	16.00 - 17.00	- Meeting with WB	- Mr. Cao Thang Binh, Task Manager of AI project (cell. 0913 249 095)	WB office 63 Ly Thai To, Hanoi
Wednesday 24 June	6.30 - 9.15	Travel to Thai Binh province		
	9.15 - 11.30	- Meetings with Thai Binh province Preventive Medicines and Environmental Health Center	- Mr. Tran Van Ban, Expert of GDPMEH - Ms. Doan Thu Huyen, Project Coordinator, GDPMEH - Ms. Kieu Thi Mai Phuong, M&E Officer, GDPMEH - Mr. Pham Van Diu, Director of Thai Binh PMEH Center - Mr. Bui Duc Hien, Deputy Director of Thai Binh PMEH Center - Mrs. Do Kim Ninh, Deputy Director of Thai Binh PMEH Center - Mr. Nguyen Van Thom, Head of Surveillance Division, Thai Binh PMEH Center - Mr. Nguyen Hong Viet, staff Surveillance Division, Thai Binh PMEH Center	10 Hoang Cong Chat, Quang Trung, Thai Binh city
	13.30 -17.00	- Visit Vu Thu district	- Mr. Tran Van Ban, Expert of GDPMEH	

Date	Time	Activities	Participants	Location
			- Ms. Doan Thu Huyen, Project Coordinator, GDPMEH - Ms. Kieu Thi Mai Phuong, M&E Officer, GDPMEH - Mr. Vu Van Son, Staff of Epidemiology Department, Thai Binh PMEH center - Mr. Do Thien Khuyen, Director of Vu Thu district PMEH center, Thai Binh Province - Mr. Nguyen Van Lien Deputy Director of Vu Thu district PMEH center, Thai Binh Province (Team leader of Rapid Response Team) - Mr. Nguyen Duy Nien, Head of Administrative Division of Vu Thu district PMEH center, Thai Binh Province - Mr. Pham Van Thuyen, Staff of Epidemiology Division, Vu Thu district PMEH - Mr. Lai Van Hoan, Staff of Epidemiology Division, Vu Thu district PMEH	
	17.00	Travel to Ninh Binh province		
Thursday 25 June	8.00 - 9.00	- Meeting with Ninh Binh province DARD and Sub-DAH, communication partners (WU, FU)	- Mr. Do Van Viet, Deputy Director of Ninh Binh province DARD - Mr. Dinh Quoc Su, Director of Ninh Binh province Sub DAH - Mr. Pham Viet Tien, Deputy Director of Ninh Binh province Sub DAH - Mr. Vu Quang Hung, Technician Staff of Ninh Binh province Sub DAH - Ms. Le Minh Ha, Regional Animal	Sub DAH office Nguyen Hue Road, Ninh Binh city

Date	Time	Activities	Participants	Location
			Health Office (RAHO) 1 - Ms. Nguyen Thi Xen, Vice Chairwoman of Ninh Binh province WU - Ms. Le Thi Hong, Vice Chairwoman of Ninh Binh province FU	
	9.00 - 11.00	Team 1: Visit Hoa Lu district (WU) - Meeting with Hoa Lu district WU - Observe AI communication activities of WU club	- Mr. Dinh Quoc Su, Director of Ninh Binh province Sub DAH - Ms. Nguyen Thi Xen, Vice Chairman of Ninh Binh province WU - Ms. Pham Thị Luan, Chairman of Hoa Lu District WU - Ms. Pham Thi Kim Oanh, Staff of Hoa Lu District WU - Women's Club of Thien Ton township	
	9.00 - 10.00	Team 2: - Meeting with Ninh Binh province Preventive Medicines Center - Interview with Rapid Response Team	- Mr. Tran Van Ban, Expert of GDPMEH - Ms. Doan Thu Huyen, Project Coordinator, GDPMEH - Ms. Kieu Thi Mai Phuong, M&E Officer, GDPMEH - Dr. Bui Minh Chau, Director of Ninh Binh province Preventive Medicines Center - Dr. Truong Dinh Hien, Deputy Director of Ninh Binh province Preventive Medicines Center - Dr. Tran Thi Lieu, Head of Epidemiology Division, Ninh Binh province Preventive Medicines Center	1 Kim Dong, Phuc Thanh, Ninh Binh city
	13.30 - 16.30	Visit Yen Khanh district (DAH, FU, WU): - Meeting with Yen Khanh district Animal	- Mr. Pham Viet Tien, Deputy Director of Ninh Binh province Sub DAH	Yen Khanh district People Committee Office

Date	Time	Activities	Participants	Location
		Health, FU, WU - Visit Yen Ninh town: + Meeting with Yen Ninh town People Committee + Visit poultry raising households (bio secure raising practice, vaccination, communication…)	- Ms. Le Minh Ha, RAHO 1 - Mr. Nguyen Duc Toan, Head of Yen Khanh district Animal Health Station - Mr. Tran Van Hoan, Staff of Yen Khanh district Animal Health Station - Ms. Pham Thi Loan, Head of Yen Ninh town Animal Health, Yen Khanh district - Mr. Phan Van Lac, Famer of of Yen Ninh town, Yen Khanh district	
	16.30	Back to Hanoi		
Friday 26 June	8.30 - 10.00	- Meeting with USAID	- Mr. Tim Meinke, Senior AI and Infectious Diseases Adviser - Ms. Kim Thuy Oanh, AI Programme Officer	USAID office, 15 floor, Tung Shing Building, 2 Ngo Quyen, Hoan Kiem, Hanoi.
	10.00 - 11.00	- Consolidate findings - Debriefing preparation		
	11.00 - 12.00	- Meeting with UNDP	- Mr. Ugo Blanco, Disaster Management Programme Officer	UNDP Office 25-29 Phan Boi Chau
	13.30 - 17.00	- Debriefing meeting with PMG	- Mr. Laurie Gleeson, CTA, FAO - Mr. Andrew Bisson, Deputy CTA, FAO - Mr. Davide Fezzardi, AI Programme and Operation Officer, FAO - Ms. Nicole Smith, Epidemiologist, WHO - Ms. Nguyen Thi Phuc, Programme Officer, WHO - Mr. Ugo Blanco, Programme Officer, UNDP - Mr. David Payne, Coordination Adviser,	UNICEF meeting room (5th floor), 81A Tran Quoc Toan, Hanoi

Date	Time	Activities	Participants	Location
			UNDP - Ms. Pham Nguyet Linh, Financial Manager, One Plan Fund, UNDP - Ms. Tran Minh Thu, Programme Officer, UNICEF - Ms. Nguyen Kim Thanh, Programme Assistant, UNICEF - Ms. Nguyen Thu Thuy, Component Manager, DAH/MARD - Ms. Dam Thi Tuyet, Programme Officer, DAH/MARD - Mr. Nguyen Van Tuan, Expert, DLP/MARD - Ms. Doan Thu Huyen, Project Coordinator, GDPMEH - Ms. Kieu Thi Mai Phuong, M&E Officer, GDPMEH - Ms. Le Thi Van Anh, Project Manager, PSO/MARD - Mr. Tran Viet Dung, M&E Specialist, PSO/MARD - Ms. Huynh Hong Thuy, Administrative Assistant/Accountant, PSO/MARD	
Saturday 27 June	AM & PM	Finalize findings, recommendations, and debriefing preparation		Hanoi
Sunday 28 June	AM & PM	Finalize findings, recommendations, and debriefing preparation (continued)		Hanoi
Monday 29 June	8.30 - 12.00	Finalize presentation to Programme Steering Committee (PSC)		
	14.00 - 16.30	Presentation of the findings and	- Mr. Andrew Speedy, Representative,	Conference Room AB

Date	Time	Activities	Participants	Location
		recommendations to PSC	FAO - Mr. Andrew Bisson, International Technical Adviser, FAO - Mr. Davide Fezzardi, AI Programme and Operation Officer, FAO - Ms. Sesuko Yamazaki, Country Director, UNDP - Mr. Dao Xuan Lai, Head (a i) of Sustainable Development Cluster, UNDP - Ms. Alexa Hough, Operation Specialist, UNDP - Mr. Ugo Blanco, Programme Officer, UNDP - Mr. David Payne, Partnership and Coordination Specialist, UNDP - Mr. Lokky Wai, OIC, WHO - Ms. Nicole Smith, Epidemiologist, WHO - Ms. Nguyen Thi Phuc, Programme Officer, WHO - Mr. Jean Dupraz, Deputy Representative, UNICEF - Ms. Tran Minh Thu, Programme Officer, UNICEF - Ms. Dam Thi Tuyet, Programme Officer, DAH/MARD - Mr. Nguyen Thanh Son, Deputy Director, DLP/MARD - Mr. Vu Sinh Nam, Deputy Director, GDPMEH/MOH - Mr. Tran Van Ban, Expert,	UNDP office 25-29 Phan Boi Chau

Date	Time	Activities	Participants	Location
			GDPMEH/MOH - Ms. Doan Thu Huyen, Project Coordinator, GDPMEH/MOH - Ms. Kieu Thi Mai Phuong, M&E Officer, GDPMEH/MOH - Mr. Nguyen Huu Khuong, Director, APMB/MARD - Mr. Pham Quang Toan, Deputy Director, APMB/MARD cum NPD - Ms. Dao Thu Trang, PAHI Secretariat Manager, PAHI/MARD - Ms. Le Thi Van Anh, Project Manager, PSO/MARD - Mr. Tran Viet Dung, M&E Specialist, PSO/MARD - Ms. Huynh Hong Thuy, Administrative Assistant/Accountant, PSO/MARD	
Tuesday *30 June*		*Departure*		

Annex 3. List of documents reviewed

Joint Programme documents

Programme Document of the Avian and Human Pandemic Influenza Joint Government/United Nations System Programme.

Inception Report of the Avian and Human Pandemic Influenza Joint Government / United Nations System Programme. Prepared for the Programme Steering Committee (PSC) Meeting, April 6th, 2007.

Annual Report 2007 (9 January – 31 December 2007) & Work Plan 2008 of the Avian and Human Pandemic Influenza Joint Government/ United Nations System Programme.

Prepared by the PSO, UNDP/AA and the Programme Management Group, February 19th, 2008.

Annual Report 2008 (1 January – 31 December 2008) & Work Plan 2009 of the Avian and Human Pandemic Influenza Joint Government/ United Nations System Programme. Prepared by the PSO, UNDP/AA and the Programme Management Group. March, 2009.

JP Programme Management Group (PMG) Meeting Minutes. January 2008 to December 2008.

JP Programme Steering Committee (PSC) Meeting Minutes. February 20th, 2008.

JP Programme Steering Committee (PSC) Meeting Minutes. March 17th, 2009.

Gender Mainstreaming for the Government-UN Joint Programme on Highly Pathogenic Avian Influenza. Report prepared by Pham Thu Hien, National Consultant and Catherine Hill, International Consultant. December 2008.

Monitoring and Evaluation (M&E) Framework. Joint Government - United Nations System Programme on Avian and Human Pandemic Influenza. May 2009.

National Strategic Framework For Avian And Human Influenza Communications 2008 – 2010. The National Steering Committee for Avian Influenza Control and Prevention. Prepared By The Partnership for Avian and Human Influenza (PAHI). Hanoi, April 2008.

Update on Funding Commitments for Avian Influenza and Pandemic Preparedness. Prepared by the Secretariat of the Partnership on Avian and Human Influenza (PAHI). Updated: October 2008.

Other documents

Integrated National Plan for Avian Influenza Control and Human Pandemic Influenza Preparedness and Response, 2006-2008. Government of Vietnam. January 2006.

Integrated Operational Program For Avian And Human Influenza (OPI) 2006-2010. May 18, 2006. Government of Vietnam.

Technical Annex On A Proposed Credit In The Amount Of SDR13.5 Million (US$20 Million Equivalent) to the Socialist Republic of Vietnam for a Vietnam Avian and Human Influenza Control and Preparedness Project Under the Global Program for Avian Influenza and Human Pandemic Preparedness and Response (GPAI) for Eligible Countries Under the Horizontal APL. February 15, 2007. World Bank, Hanoi. Document number T7686.

Annex 4. Questionnaire used and summary of results

I. Information on the respondent

1.1	Title of ministry/department completing the questionnaire			
1.2	Name and title of the official responsible for the response			
Any requests for clarification should be addressed to:	Telephone number		Email address	

Each of the questions below requests you to place an "X" in a box corresponding to your judgment. The scale is normally 1-10 with 1 corresponding to one extreme (e.g. much worse) and 10 to the other extreme (e.g. much better). There is also a column "Don't know" in which an "X" should be placed if you are not in a position to respond or if your ministry/department is not responsible for this sector. At the end of each section there is a space in which to insert clarifications and additional comments.

(example)

3) Prevention and Pandemic Preparedness in the Health Sector

3.1 Have you been engaged in some way in the national prevention and pandemic preparedness inception period addressing an outbreak of Highly Pathogenic Avian Influenza (HPAI)?										Yes	No
3.1.1 If **yes**, do you consider the plans adequate?	Completely inadequate				Meet minimum standards				Fully adequate		Don't know
	1	2	3	4	5	6	7	8	9	10	
3.1.2 If **yes**, does your service have the resources to implement the plans?	No				To some extent				Completely		Don't know
	1	2	3	4	5	6	7	8	9	10	
3.1.3 If you think further resources are needed, what are they?											
3.2 Do you feel there is improved coordination between the Health and Agriculture sectors subsequent to the start of these plans?										Yes	No
3.2.1 If **yes**, how well would you rank the improved coordination:	Poor				Adequate				Good		Don't know
	1	2	3	4	5	6	7	8	9	10	
3.2.2 If **no**, what do you feel has constrained better coordination?											
3.2.3 Is there anything else you feel has constrained better coordination?											
3.3 Do you see that the AI surveillance system and response is strengthened (Human disease surveillance, EWARS, operational planned response teams, capacity of border quarantine health										Yes	No
3.2.1 If **yes**, how well would you rank the improved of the surveillance and response system:	Poor				Adequate				Good		Don't know
	1	2	3	4	5	6	7	8	9	10	
3.2.2 If **no**, what do you feel has constrained better system?											
3.2.3 Is there anything else you recommend for better coordination?											
3.4 Do you see that the capacity of curative system is assessed?										Yes	No
3.2.1 If **yes**, how well would you rank the improved of the curative system:	Poor				Adequate				Good		Don't know
	1	2	3	4	5	6	7	8	9	10	
3.2.2 If **no**, what do you feel has constrained better curative system?											

3.2.3 Is there anything else you feel has constrained better curative system?	
Can we have copies of the assessment report, instruction manual on infection control, trainining of trainer report?	

3.5 Do you feel the education/ training FETPP is well developed?	Yes	No

3.2.1 If **yes**, how well would you rank the FETP prgoramme	Poor									Good	Don't know
	1	2	3	4	5	6	7	8	9	10	

3.2.2 If **no**, what do you feel has constrained better training and education program?	
3.2.3 Is there anything else you feel has constrained better education/ training FETPP?	
Can we have copies of the assessment report, instruction manual on infection control, training of trainer report?	

3.5 Do you feel the overall program coordination enhanced?	Yes	No

3.2.1 If **yes**, how well would you rank the overall program coordination?	Poor									Good	Don't know
	1	2	3	4	5	6	7	8	9	10	

3.2.2 If **no**, what do you feel has constrained better training and education program?	
3.2.3 Is there anything else you feel has constrained better coordination?	

4.1 Have you been engaged in some way in addressing the need for additional human resources as indicated by JP component 4, "Overall Programme Management Support"?	Yes	No
4.1.1 If **yes**, do you feel enhancement of human resources has been achieved to some degree since the beginning of phase II of the JP?	Yes	No

4.1.1 If **yes**, do you feel some enhancement of human resources has been achieved since the beginning of phase II of the JP?	Completely inadequate				Meet minimum standards				Fully adequate		Don't know
	1	2	3	4	5	6	7	8	9	10	
4.1.2 If **yes**, does your service have the resources to implement the plans?	No				To some extent				Completely		Don't know
	1	2	3	4	5	6	7	8	9	10	
4.2 Do you feel there is continued need to improve the Monitoring and Evaluation system of the Joint Programme?									Yes		No
4.2.1 If **yes**, what top 3 issues require most attention in an M&E system of the JP?	1) 2) 3)										
4.2.2 Is there anything else you would like to add regarding Overall Programme Management Support?											
3.6 How do you see the major accomplishments that WHO/MoH have done during the last six months?											
Can we have copies of reports relating to activities that MoH has done over the last six months.											

General Comments

Please feel free to share with us any document that might help us evaluate/understand how WHO/MoH enables you to implement/ manage the health component of HPAI and how it could better assist you in improving the program

Thank you for your contribution