

# Nutrition status of women and children in Viet Nam – Intervention's Perspective

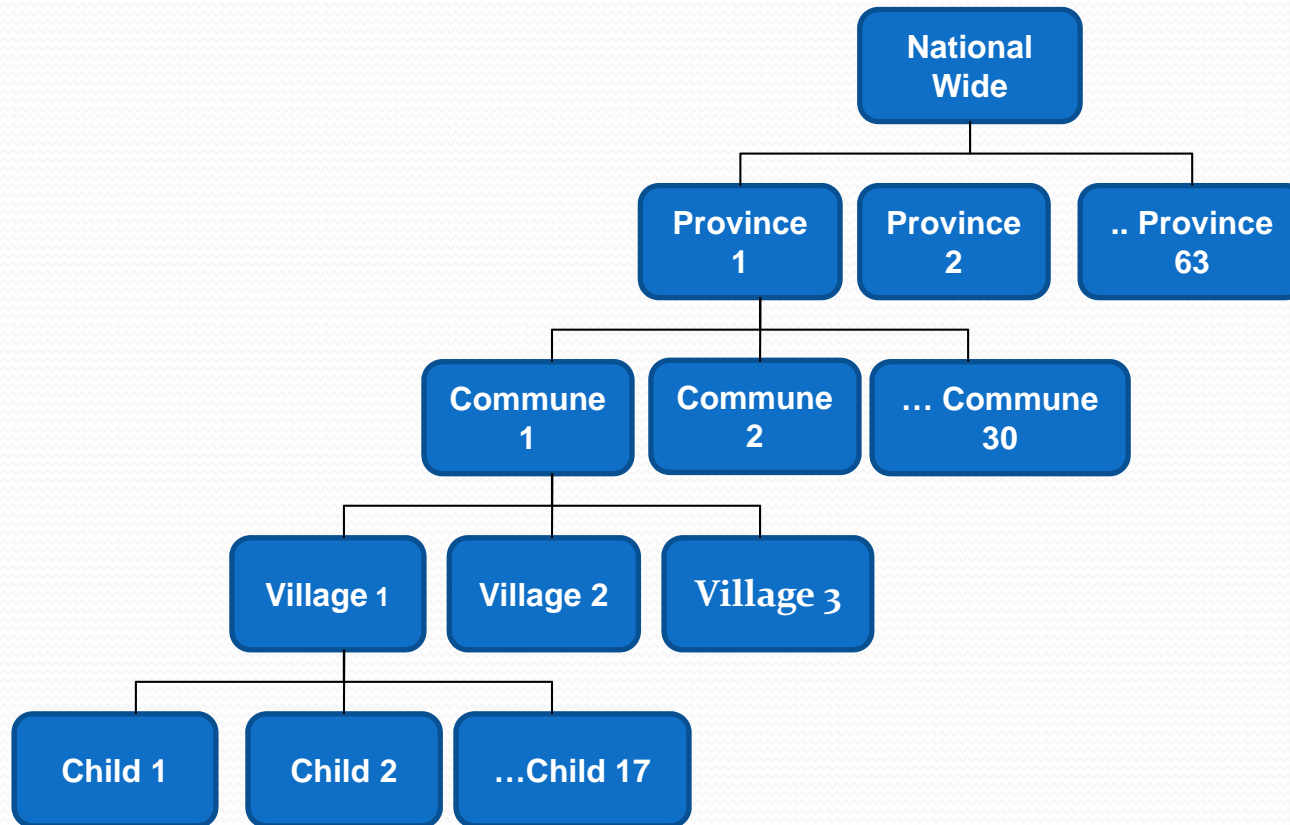
*UNICEF Vietnam*



# Outline

- Data system to track nutrition outcomes in Viet Nam
- Overview nutrition landscape of women and children (MICS4 and MICS5)
- Bottlenecks analysis of high stunting
  - Enabling environment
  - Supply
  - Quality
  - Demand
- UNICEF priority interventions
  - National
  - Subnational
  - Annex: North Uplands and Mountainous and Lao Cai

# National nutrition surveillance system (NNSS) and MICS



→ Sampling cover all

63 provinces

→ 30 clusters per province,


1530 children under 5

➤ Total sample size ~ 99,450




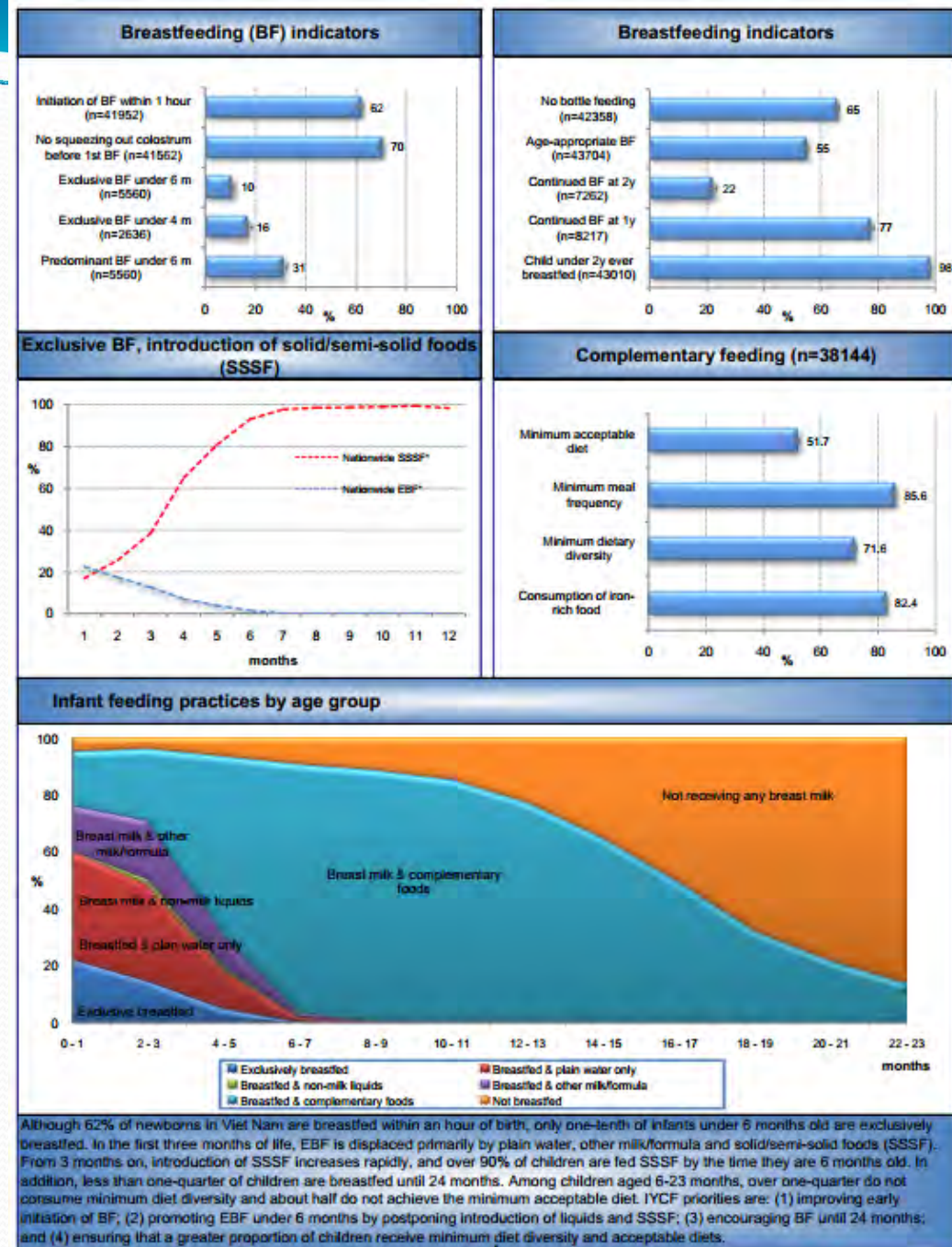
- Anthropometric
- Nutrition services coverage
- IYCF practices

**Nutrition Surveillance 2010**



**Vietnam  
Nutrition  
profile  
2010**

Prepared by  
 Le Danh Tuyen, Vice Director, National Institute of Nutrition  
 Nguyen Hong Truong, National Institute of Nutrition  
 Tran Thanh Do, National Institute of Nutrition  
 Nguyen Hong Phuong, M&E Specialist, Alive and Thrive  
 Nemat Hajeebhoy, Country Director, Alive and Thrive



# Northern midlands and mountainous

## Nutrition profile 2013

*This report is a part of the Vietnam Nutrition Surveillance System. Data collection is performed usually in the months from June to September annually, using cluster sampling and conducted by the Provincial Preventive Medical Center(s) under technical guidance from the National Institute of Nutrition.*

### MAIN RESULTS

- a. *The prevalence of women aged from 15 to 49 years with chronic energy deficiency was 15.3%. The rate of using iron pills in the 3 months before or during pregnant among mother with under 2 years child was 71.2% and the rate of using Vitamin A after delivery was 49%.*
- b. *Among children under 5 years of age, the prevalence of stunting was 31.9%, underweight was 20.9% and wasting was 7.4%; while the prevalence of overweight and obesity was 3%.*
- c. *The rate of early initiation of breastfeeding was 68.8%, continued breastfeeding at 2 years rate was 25% while the proportion of children under 6 months old using bottle and nipple remained quite high. The proportion of children aged from 6 to 23 months receiving a minimum acceptable diet was 61.8%. The proportion of children aged from 6 to 35 months receiving vitamin A supplementation was 88.7%.*
- d. *The proportion of mothers exposed to breastfeeding or complementary feeding information in the last 3 months was 89.5%; main sources of information were mass media channels, especially TV. The proportion of mothers who met a health worker in the last 3 months was 71.7%.*

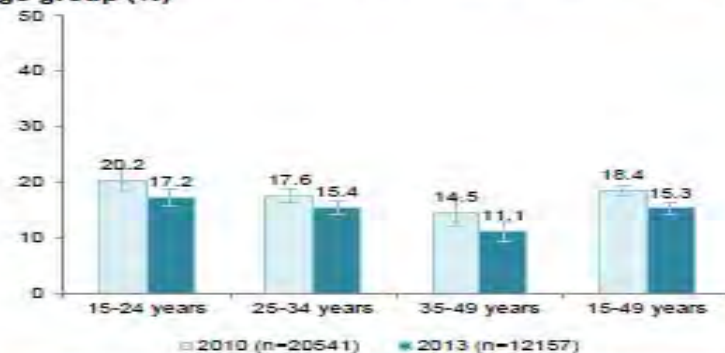
*Note: Because IYCF indicators have just been integrated into the nutrition surveillance system since 2010, additional time would be needed to improve the data collection.*

### Basic characteristics

Indicator	Value	Indicator	Value
No. of districts and towns	127	No. of hospitals	192
No. of wards, towns, districts and communes	2,540	No. of polyclinics	220

### NUTRITION INFORMATION (2010 & 2013)

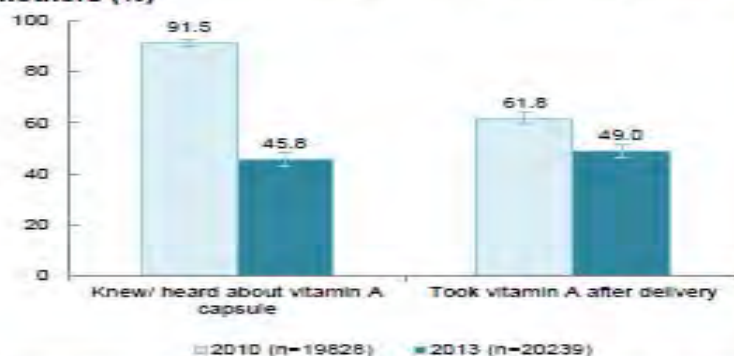
**1. Chronic energy deficiency prevalence of mothers by age group (%)**



**4. Malnutrition prevalence among children under 5 years (%)**



**2. Vitamin A supplements: Knowledge and use among mothers (%)**



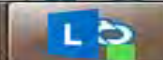
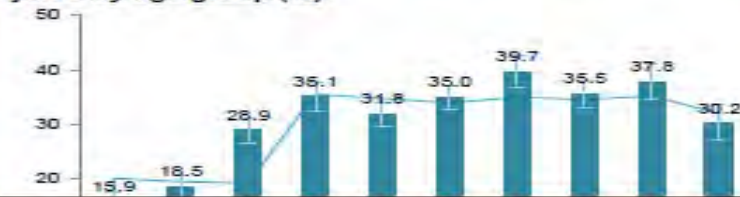
**5. Underweight prevalence (WAZ<-2Z) among children under 5 years by age group (%)**



**3. Wasting prevalence (WHZ<-2Z) among children under 5 years by age group (%)**



**6. Stunting prevalence (HAZ<-2Z) among children under 5 years by age group (%)**



# Lao Cai

Nutrition profile 2013

*This report is a part of the Vietnam Nutrition Surveillance System. Data collection is performed usually in the months from June to September annually, using cluster sampling and conducted by the Provincial Preventive Medical Center(s) under technical guidance from the National Institute of Nutrition.*

## MAIN RESULTS

- The prevalence of women aged from 15 to 49 years with chronic energy deficiency was 13.7%. The rate of using iron pills in the 3 months before or during pregnant among mother with under 2 years child was 48.8% and the rate of using Vitamin A after delivery was 48.7%.*
- Among children under 5 years of age, the prevalence of stunting was 37.3%, underweight was 22.1% and wasting was 4.9%; while the prevalence of overweight and obesity was 2.8%.*
- The rate of early initiation of breastfeeding was 52.7%, continued breastfeeding at 2 years rate was 12.9% while the proportion of children under 6 months old using bottle and nipple remained quite high. The proportion of children aged from 6 to 23 months receiving a minimum acceptable diet was 42.5%. The proportion of children aged from 6 to 35 months receiving vitamin A supplementation was 83%.*
- The proportion of mothers exposed to breastfeeding or complementary feeding information in the last 3 months was 63.3%; main sources of information were mass media channels, especially TV. The proportion of mothers who met a health worker in the last 3 months was 67.9%.*

*Note:* Because ITCF indicators have just been integrated into the nutrition surveillance system since 2010, additional time would be needed to improve the data collection.

## Basic characteristics

Indicator	Value	Indicator	Value
No. of districts and towns	8	No. of hospitals	13
No. of wards, town districts, and communes	164	No. of polyclinics	36
No. of villages	1,823	No. of commune health centers	164
Population	634,050	No. of maternity homes	
No. of children <5 years of age	73,939	No. of doctors	427
No. of children <2 years of age (estimated to be 47.7% of the under 5)	30,389	No. of assistant doctors	654
Percent ethnic minorities	65.4%	No. of nurses	945
Poverty rate	36.6%	No. of midwives/birth attendant	379
		No. of village health workers	1,739

<sup>1</sup> General Statistics Office (GSO) Viet Nam. Available from: [www.gso.gov.vn](http://www.gso.gov.vn). Accessed February 10, 2012

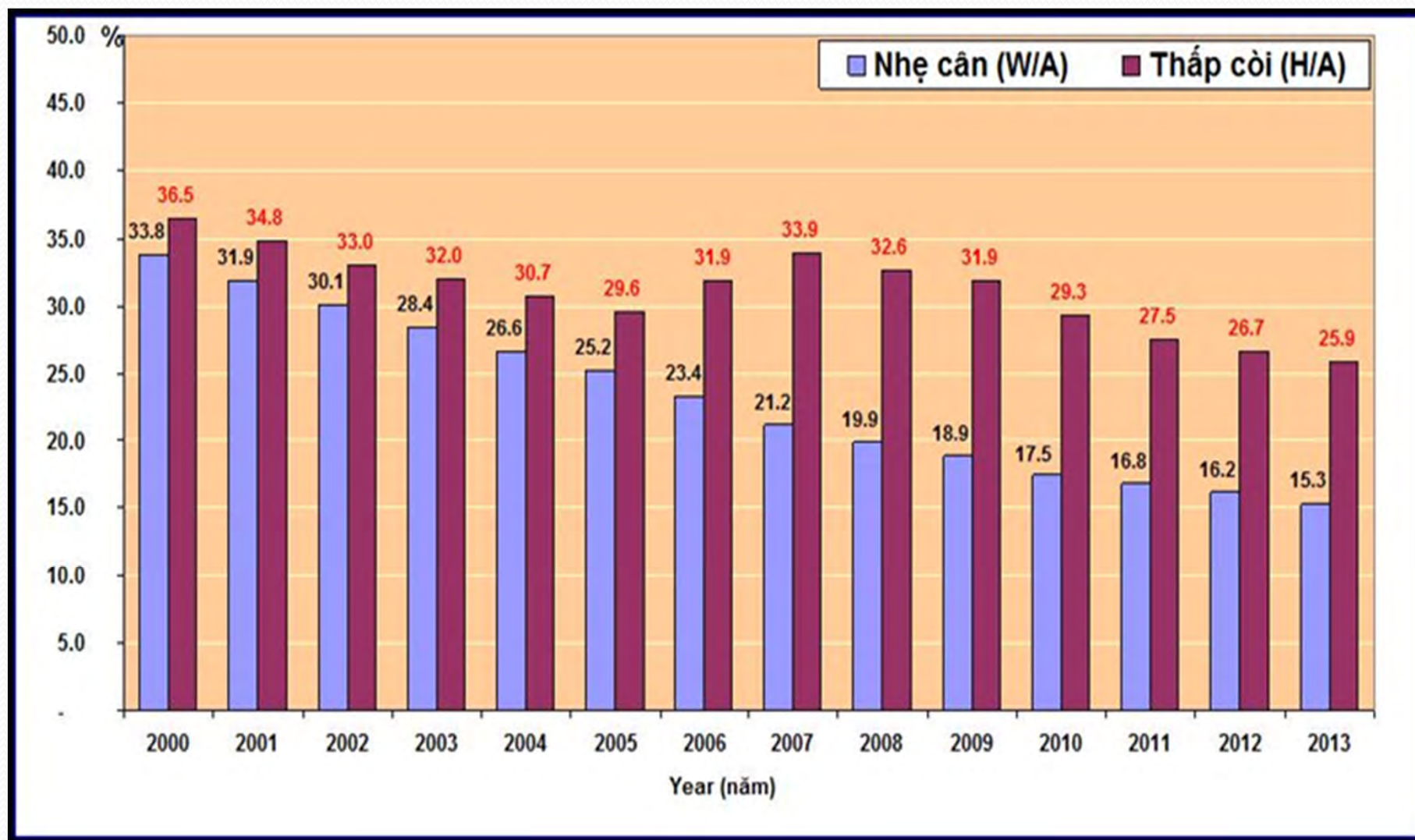


# Overview

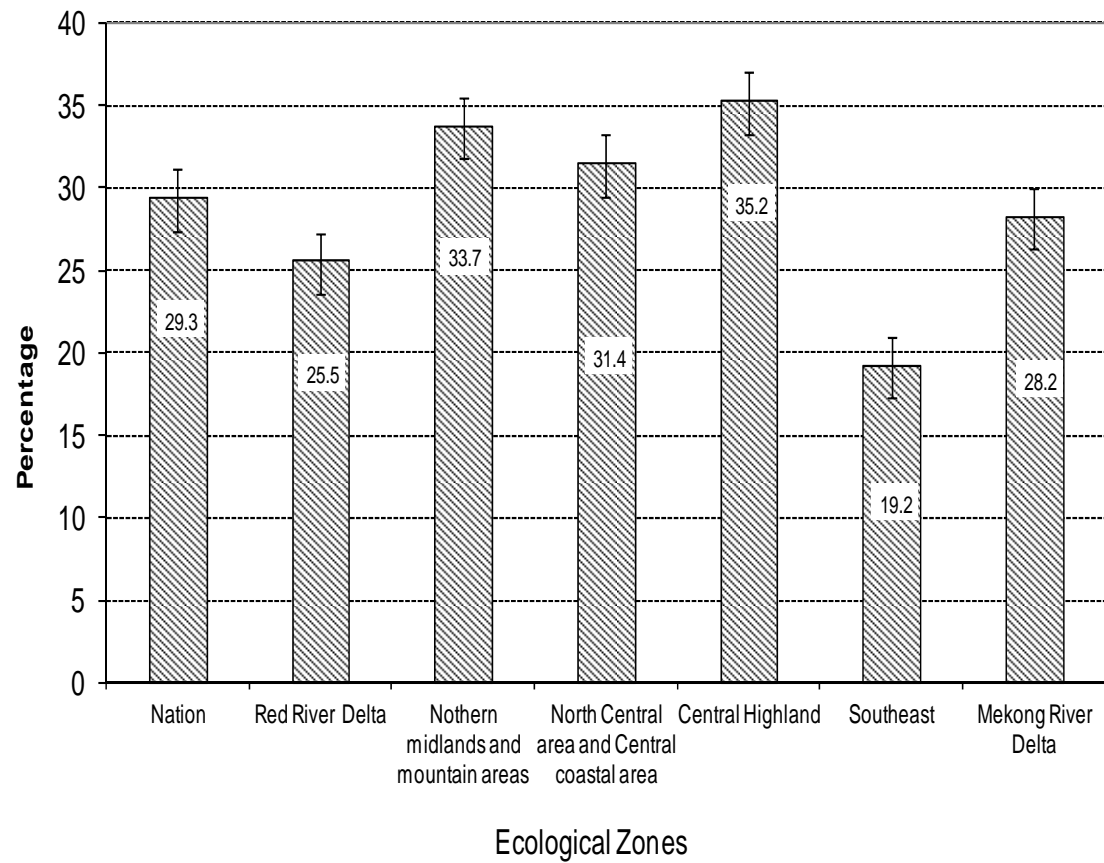
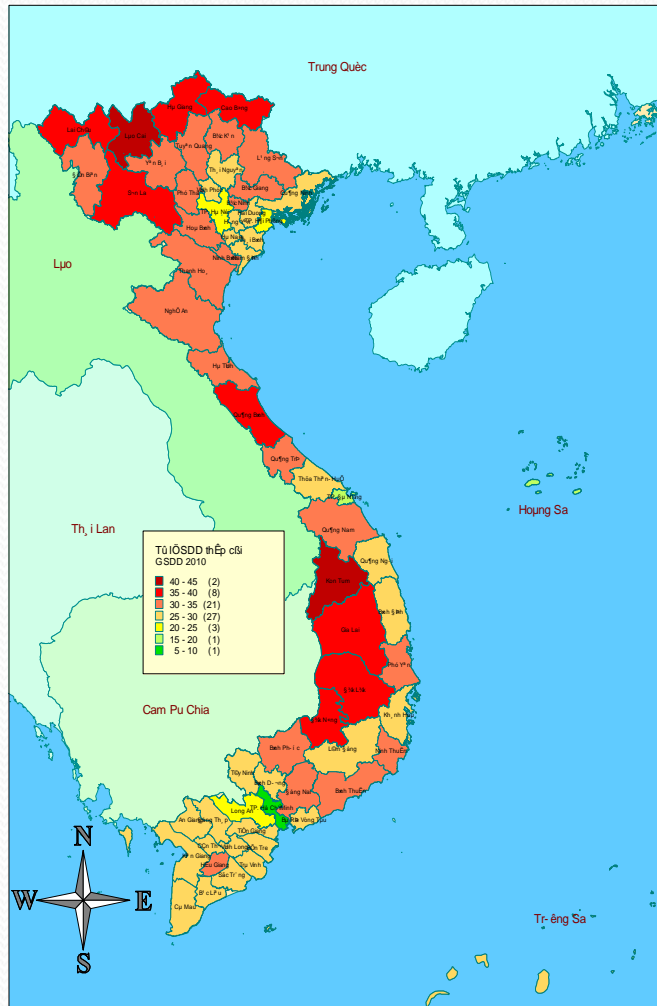
- Child Stunting:
  - - Disparities
  - - Gender
  - - Ethnicity
- Micronutrient deficiencies:
  - - Iron deficiency anemia
  - - Vitamin A
  - - Iodine



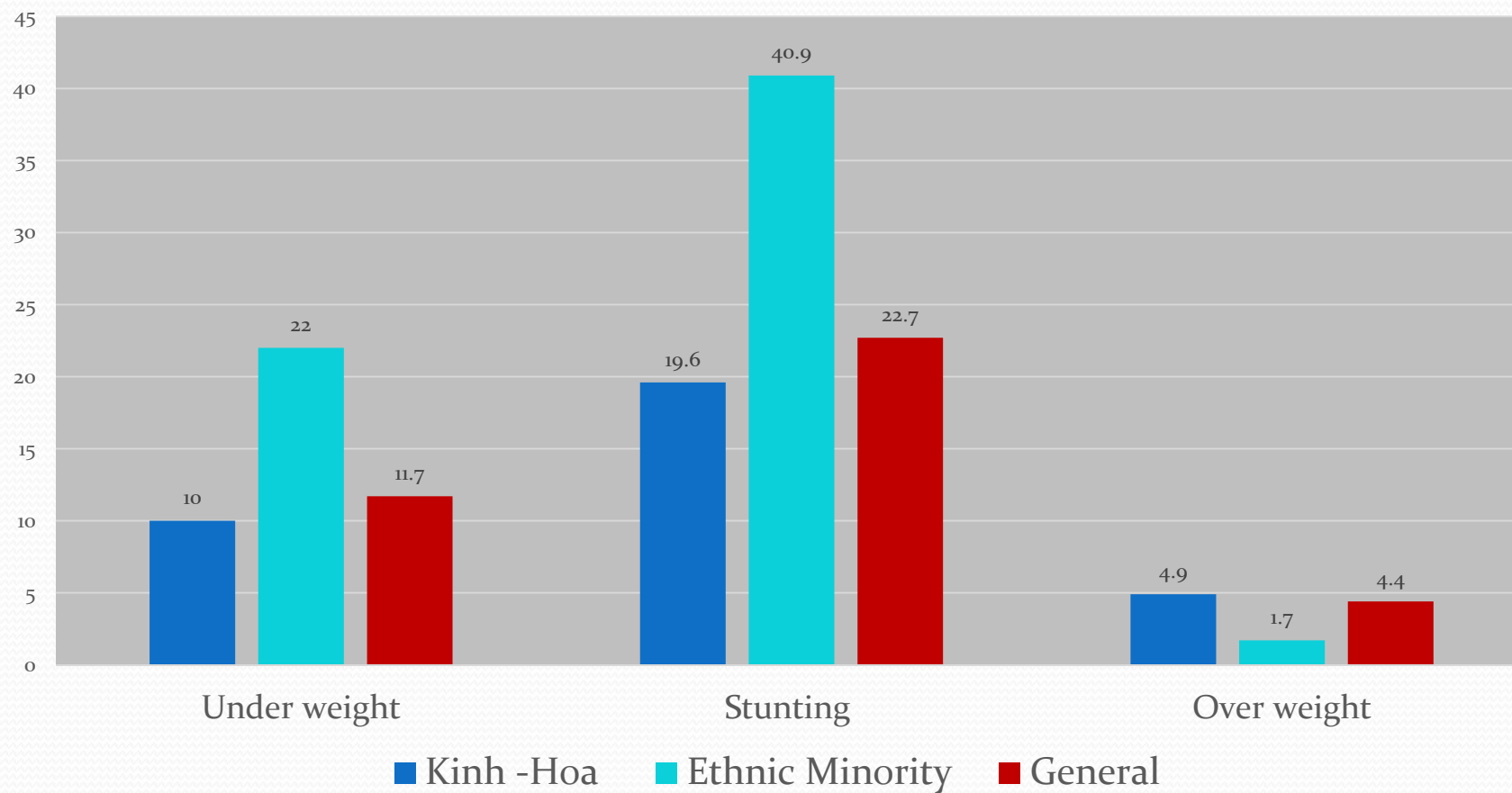
# Trend of malnutrition in Viet Nam



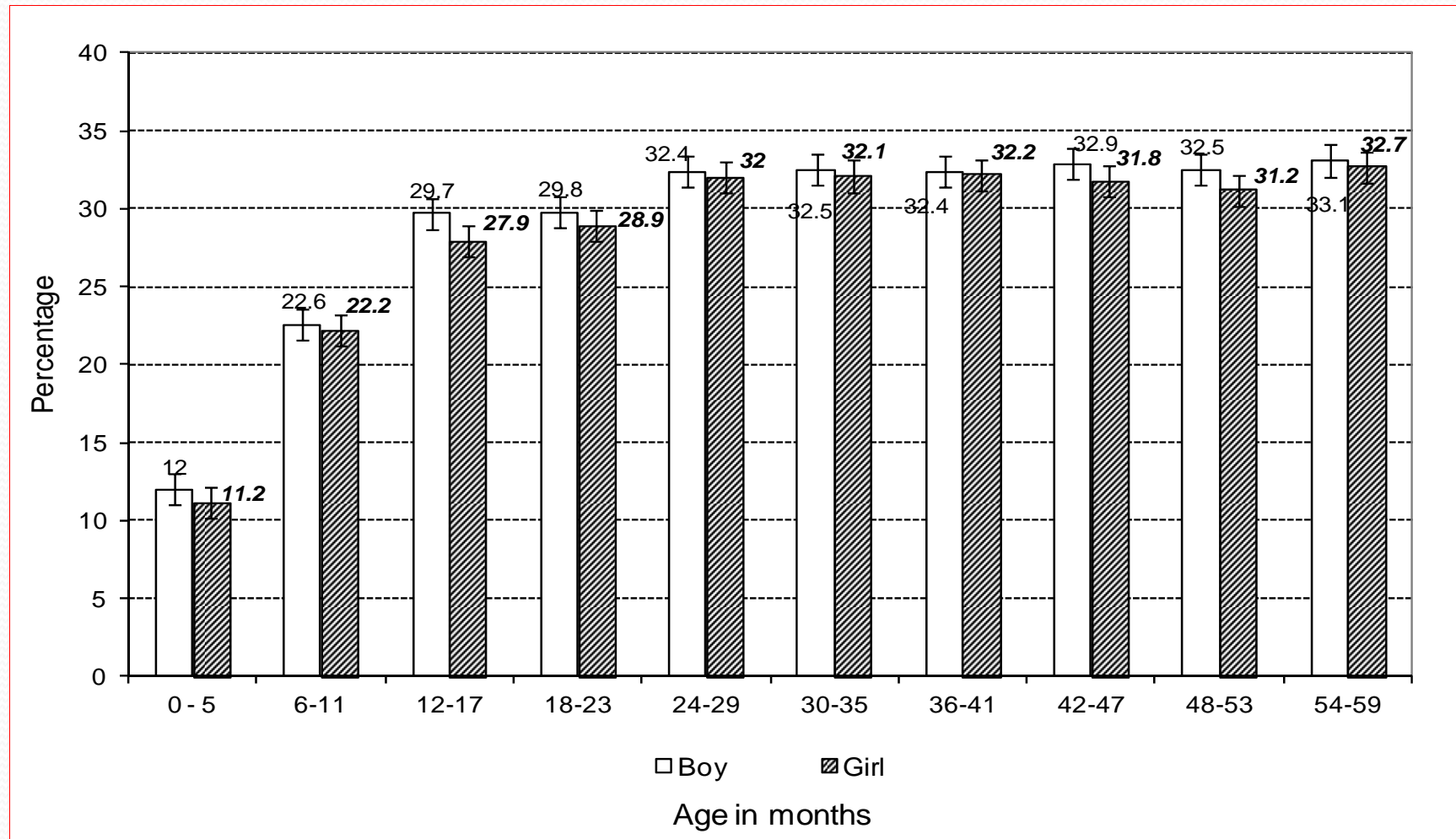
# Child stunting by regions



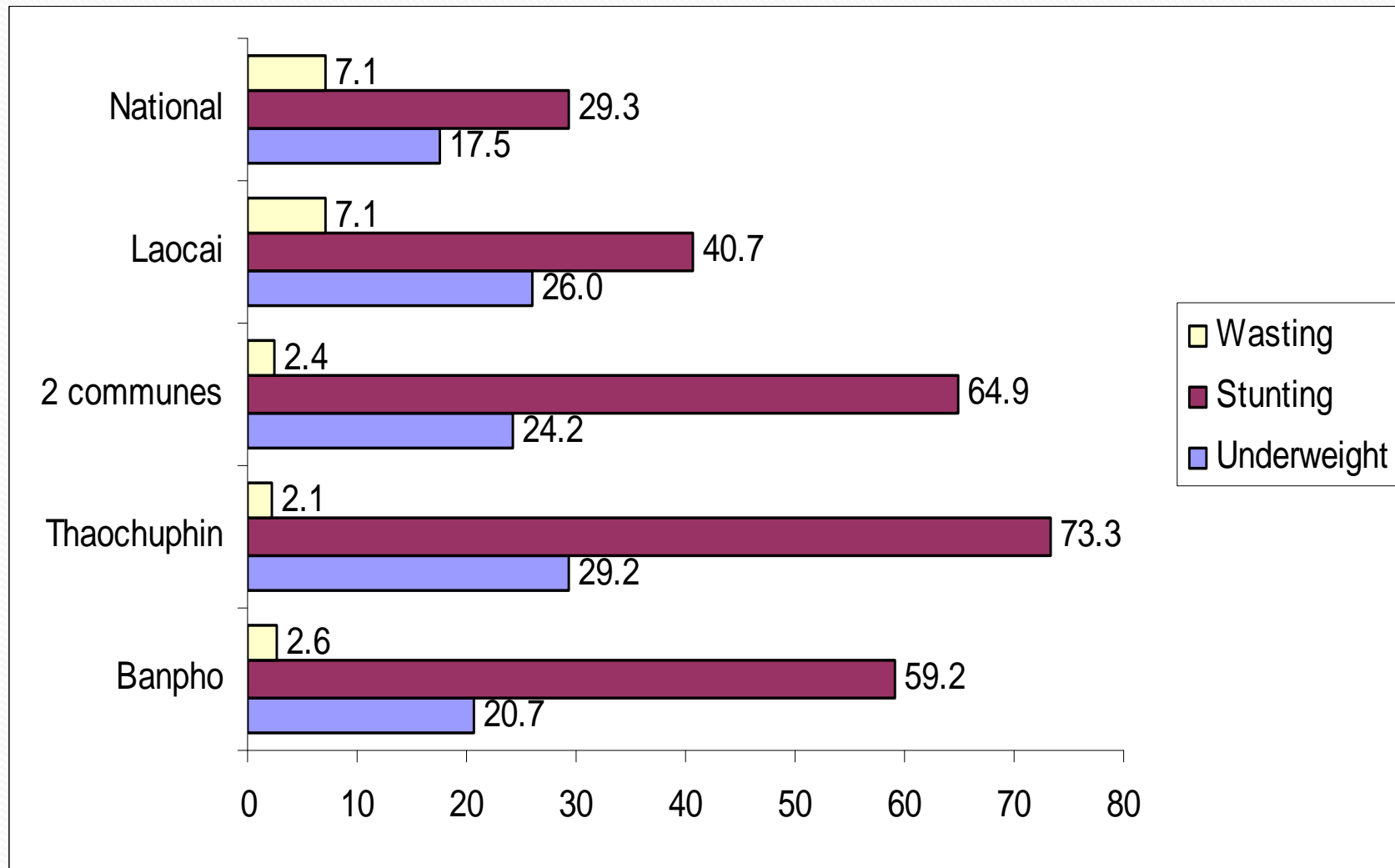
## Nutrition status of children under 5 by ethnic groups



# Stunting by boy and girls



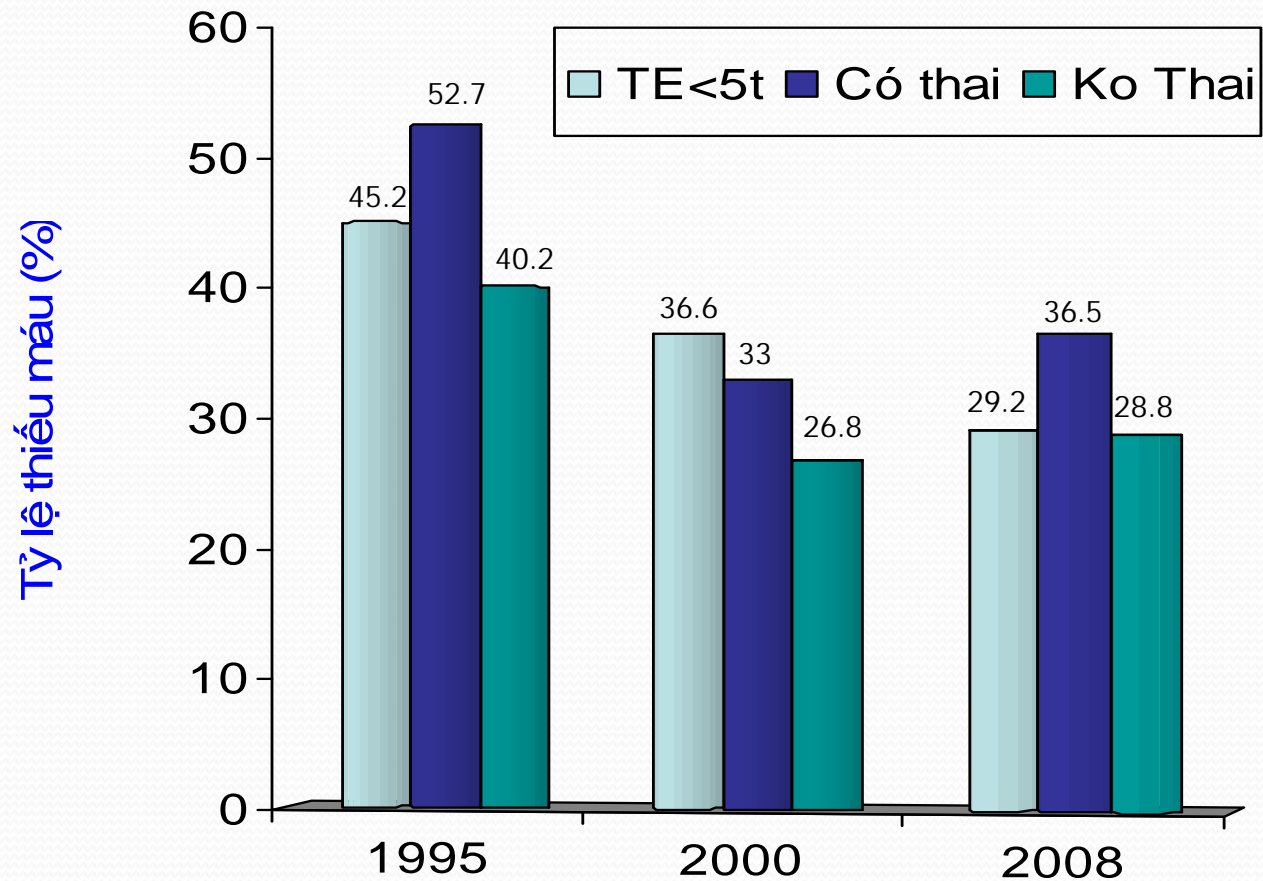
# Nutrition status of children in Ban Pho and Thao Chu Phin communes, Lao Cai 2014



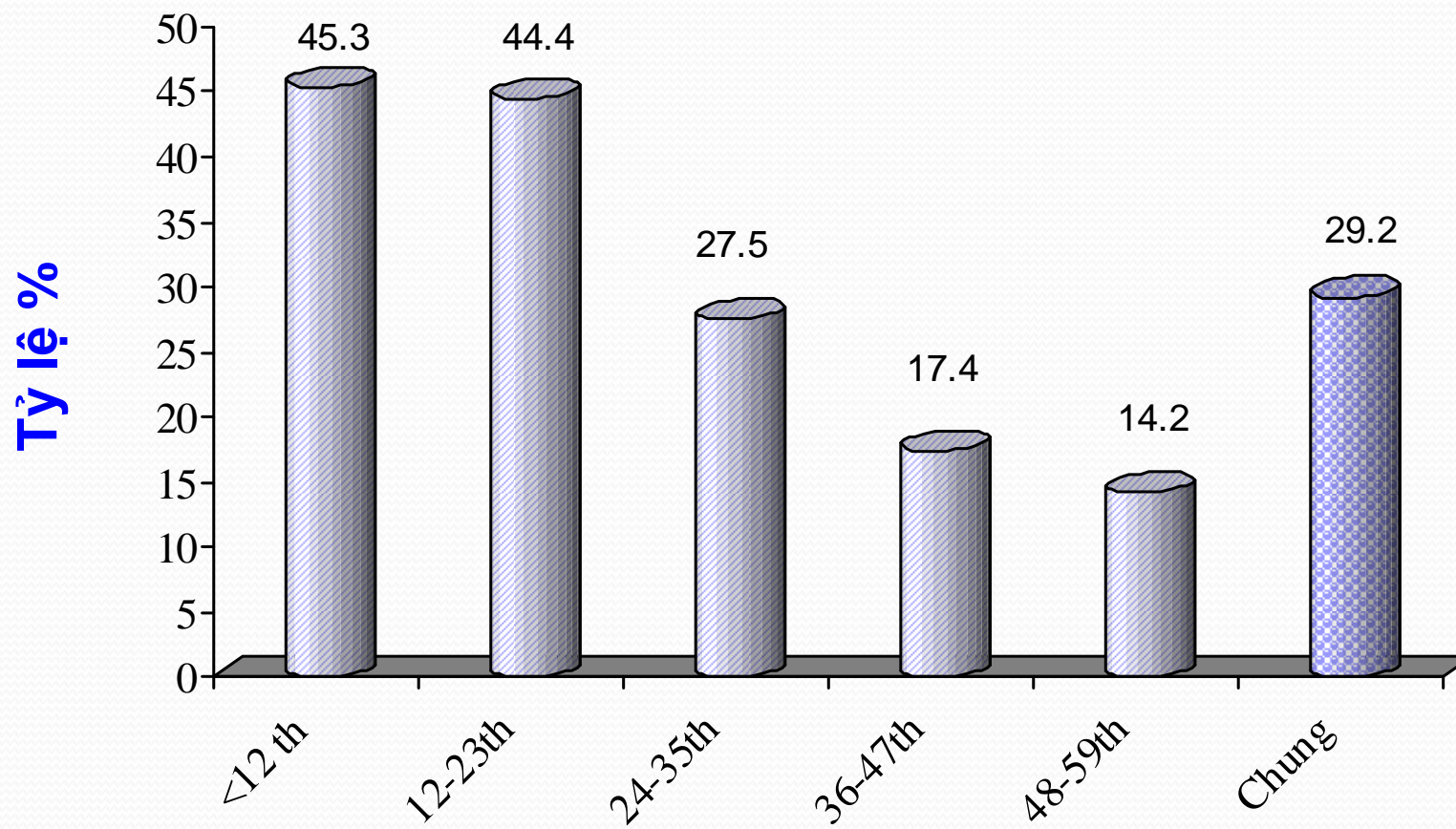
# Severe Acute Malnutrition (SAM)



# Status of anemia in Viet Nam

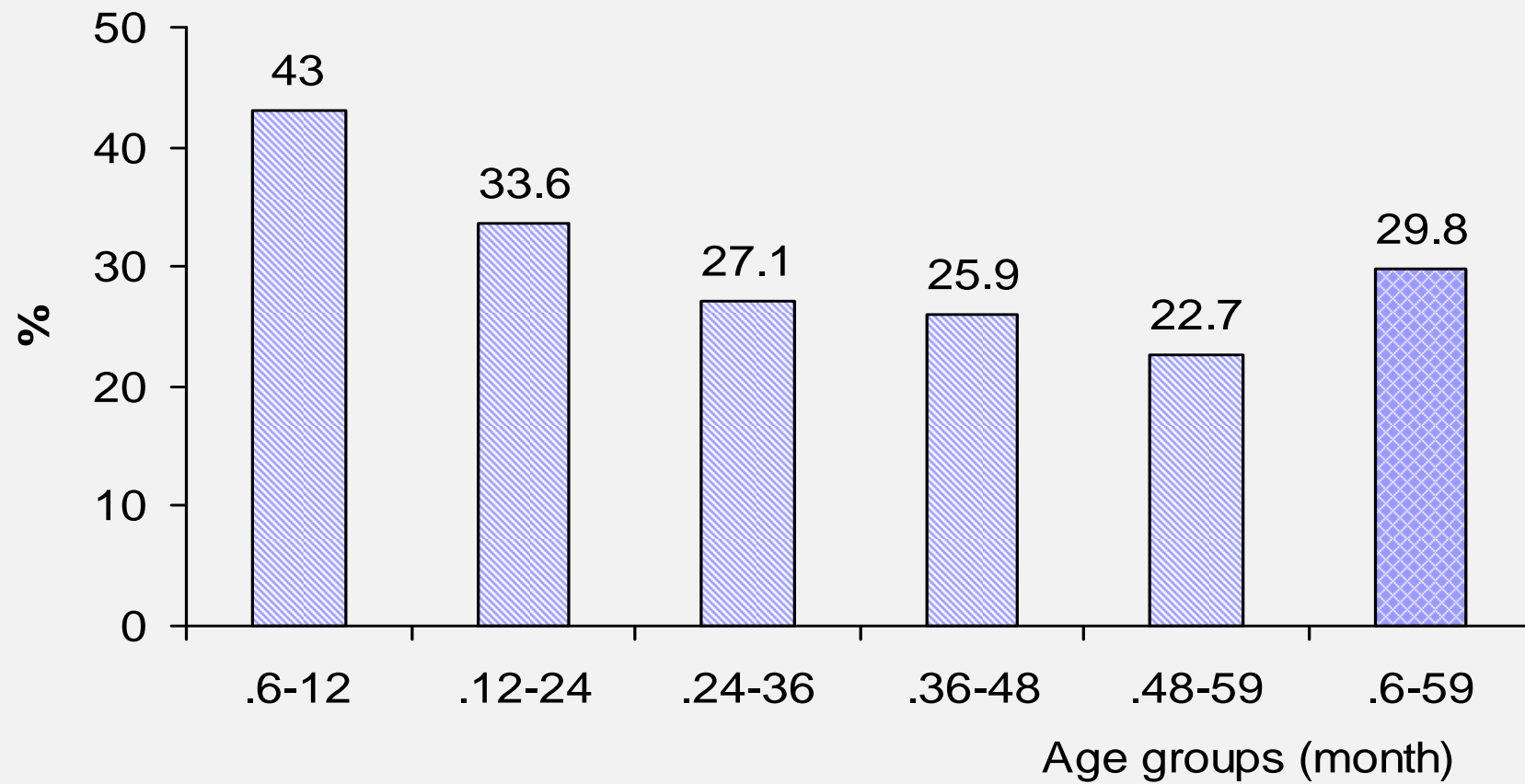


## Anemia among under 5 children - - 2008

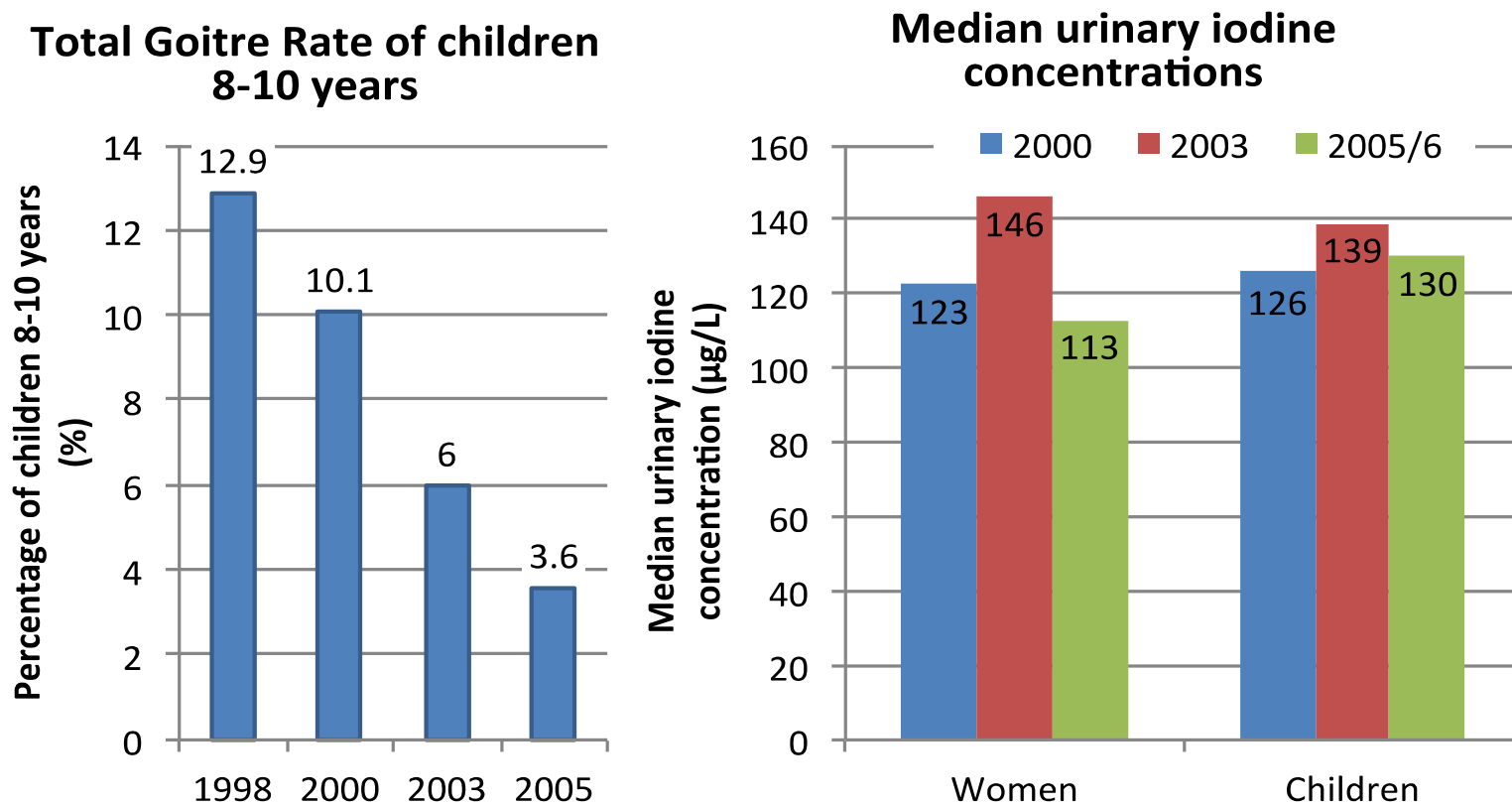




**Fig.3.8: Prevalence of low serum vitamin A in children by age groups**

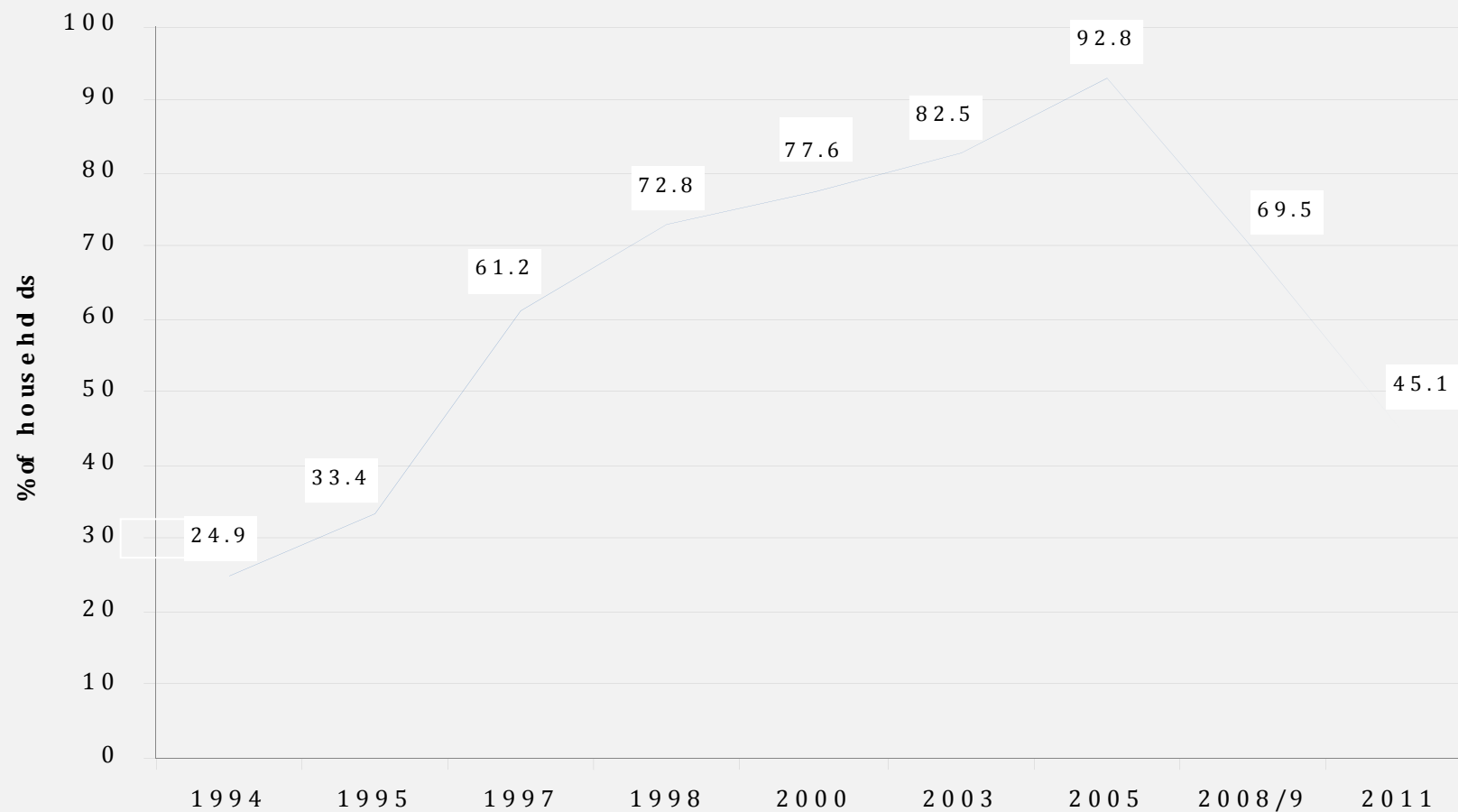


## Figure 2: NIDDC Programme Achievements 1993-2005: Health impact



Ref: Report on Iodine Deficiency Disorder Preventative Activities in Viet Nam, HoE July 2012. NB. Optimal urinary iodine concentration for reproductive age women and children is shown in the grey area of the second graph.

## Percentage of household using adequate iodised salt



Ref: National IDD Surveys and Multiple Cluster Indicator Survey in 2011



# Child feeding practices

	Indicators	MICS 2011 (%)	Mics 2014 (%)
1	Children ever breastfed	98.0	96.9
2	Early initiation of breastfeeding	39.7	26.5
3	Exclusive breastfeeding under 6 months	17	24.3
4	Predominant breastfeeding under 6 months	43.3	49.0
5	Continued breastfeeding at 1 year	73.9	65.6
6	Continued breastfeeding at 2 years	19.4	21.8
7	Median duration of breastfeeding	16.7	15.8
8	Introduction of solid, semisolid or soft foods	50.4	90.7
9	Minimum meal frequency	58.5	90.5
10	Minimum dietary diversity	x	76.9
11	Minimum acceptable diet	33.5	62.4
12	Bottle feeding Percentage of children age 0-23 months	38.7	44.1

# Complementary feeding practices

*Sources: National Nutrition survey 2010 and others*

- Early complementary feeding (70-80 % before the month 6<sup>th</sup>), especially serious in mountainous areas
- Just 30-40% receive meats daily
- Just 20-50 % receive 3-5 times a week
- Just 10-15% has not been fed meat
- 2% child care givers washing hand before preparing food for children

# Dietary intakes among young children (average data)

*National nutrition survey 2010*

## Foods intakes:

- Vegetable: (0.6g/child/day): very low
- Animal protein: (10-15gr/child/day): still low, especially in the mountainous and mid-land and central high lands

## Nutrient intakes:

- Calorie: 1143 Kcal, = 98 % RDA (in average)
- Iron =6.5 mcg/child/day (a haft of demand)
- Retinol (135-252 mcg) with lowest in mountainous )

# Bottleneck analysis

## Enabling Environment

- Social norm not supportive optimal feeding
  - Belief of “Insufficient milk”
  - Belief of water needed –
  - Belief that a child need introduce rice, solid food early
- Health insurance Law not cover essential nutrition services
- Labor code not allow 6 months maternity leave
- Availability of formula – advertising – poor law enforcement
- Decree on USI is not a mandatory
- General poor knowledge of child care givers in certain group of population
- Lack financial support of government for health network at grass –root level to maintain commitment of village health workers



# Supply

- Limit availability of essential commodities for complementary feeding programme (MMN, RUFT for SAM and MAM, IFS, Zincs)
- Limit of local services to support optimal local food processing for child meals for child care giver to use (counseling, services of processing local food for young child..)
- Limit of agriculture services to promote home gardening and food supply at household levels for family and children
- Limit access to adequately staffed services, facilities and information related to Infant and young child feeding

## Quality

- Poor quality of ANC services at commune health centers and essential services related to nutrition (delayed Code clamping\*; supports in initial breastfeeding within 1 hour after birth)
- Poor health nutrition counseling,
- Low compliance of with recommendation for maternal nutrition and infant and young child feeding.
- Limited knowledge & skills of health providers at commune and village levels

## Demands

- Limited general knowledge of child care givers and poor demand of local care giver to child health status
- Poor household incomes and hard work limits time spending for child feeding and expectation
- Animal food, vegetable believed unsuitable for children under 1 year
- Washing hand with soup believed not to be favorable before preparing food for young child



## Main objectives of National Nutrition Strategy, 2011-2020

- Reduce stunting rate among under five children to 26% by 2015 and 23% by 2020
- Reduce underweight among under five children to 15% by 2015 and 12,5% by 2020
- Increase Exclusive Breastfeeding rate for six months to 27% by 2015 and 35% by 2020

*Window of opportunity for interventions:*

*1000 days from conception, through pregnancy until the child is 24 months old.*



# Essential Nutrition Interventions for Viet Nam

## Evidence-based interventions, Lancet Nutrition series

### Maternal and birth outcomes

- Iron folate supplementation
- Multiple micronutrient supplementation
- Maternal iodine through iodized salt
- Interventions to reduce tobacco consumption
- Maternal deworming in pregnancy

### Newborn babies

- Promotion of breastfeeding
- Delayed cord clamping

### Agriculture sensitive intervention

### Infants and children

- Promotion of breastfeeding
- BCC for improved complementary feeding
- Zinc in management of diarrhoea
- Vitamin A supplementation
- Universal salt iodization
- Handwashing or hygiene interventions
- Treatment of severe acute malnutrition
- Deworming
- Iron fortification and supplementation programmes

# National and sub-national implementation

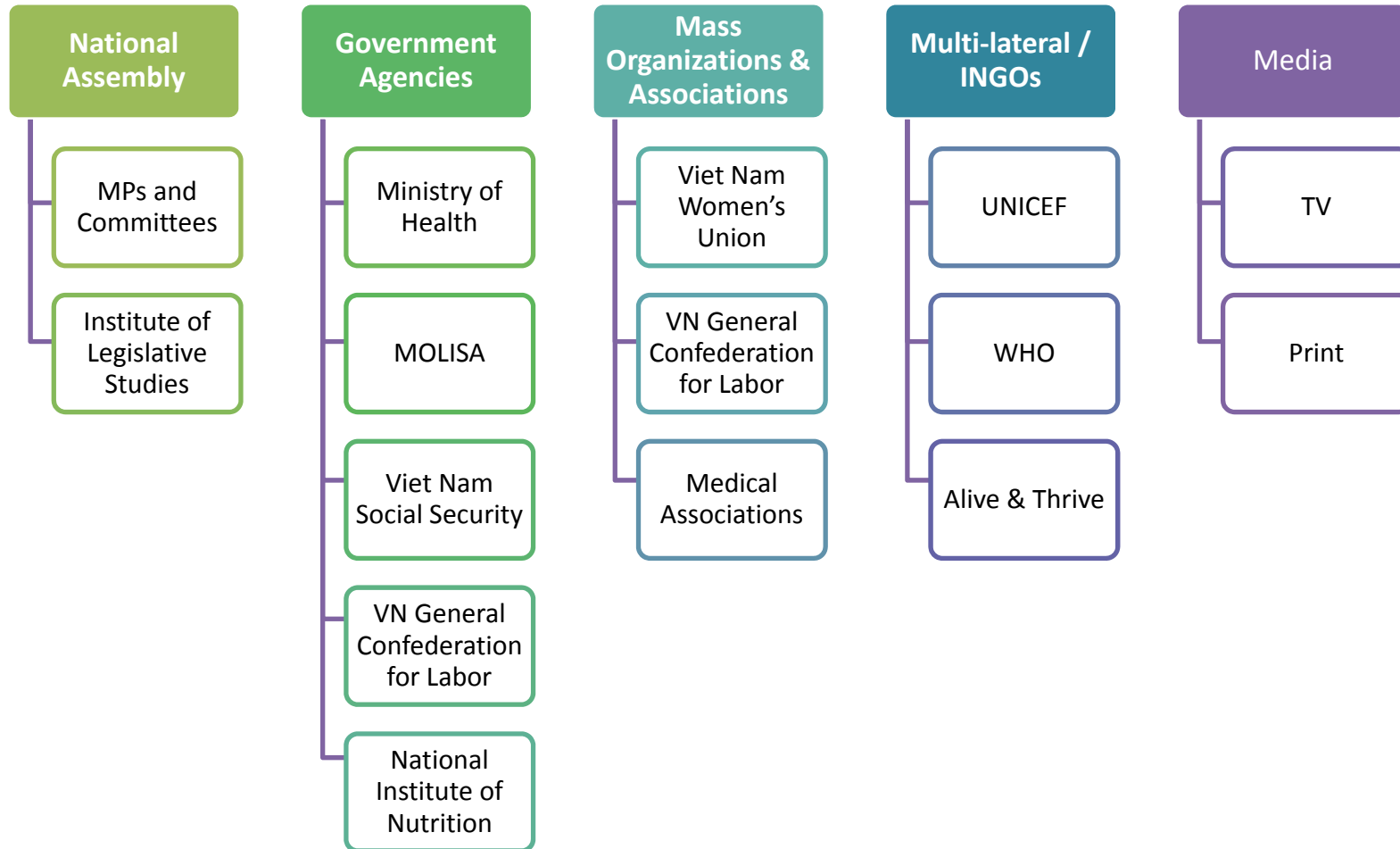
## National:

- Policy advice and advocacy
- Capacity development
- Knowledge generation

- **Sub-national:**

- Capacity development and systems strengthening to address bottlenecks and apply innovative models for stunting reduction
- Scientific evidence and documentation for scaling up.
- Communication for development for behavioral and social change

# Key Actors



# Experience on Joint Programme: food security and nutrition, 2011-2013 (FAO/UNICEF/WHO)

## Results:

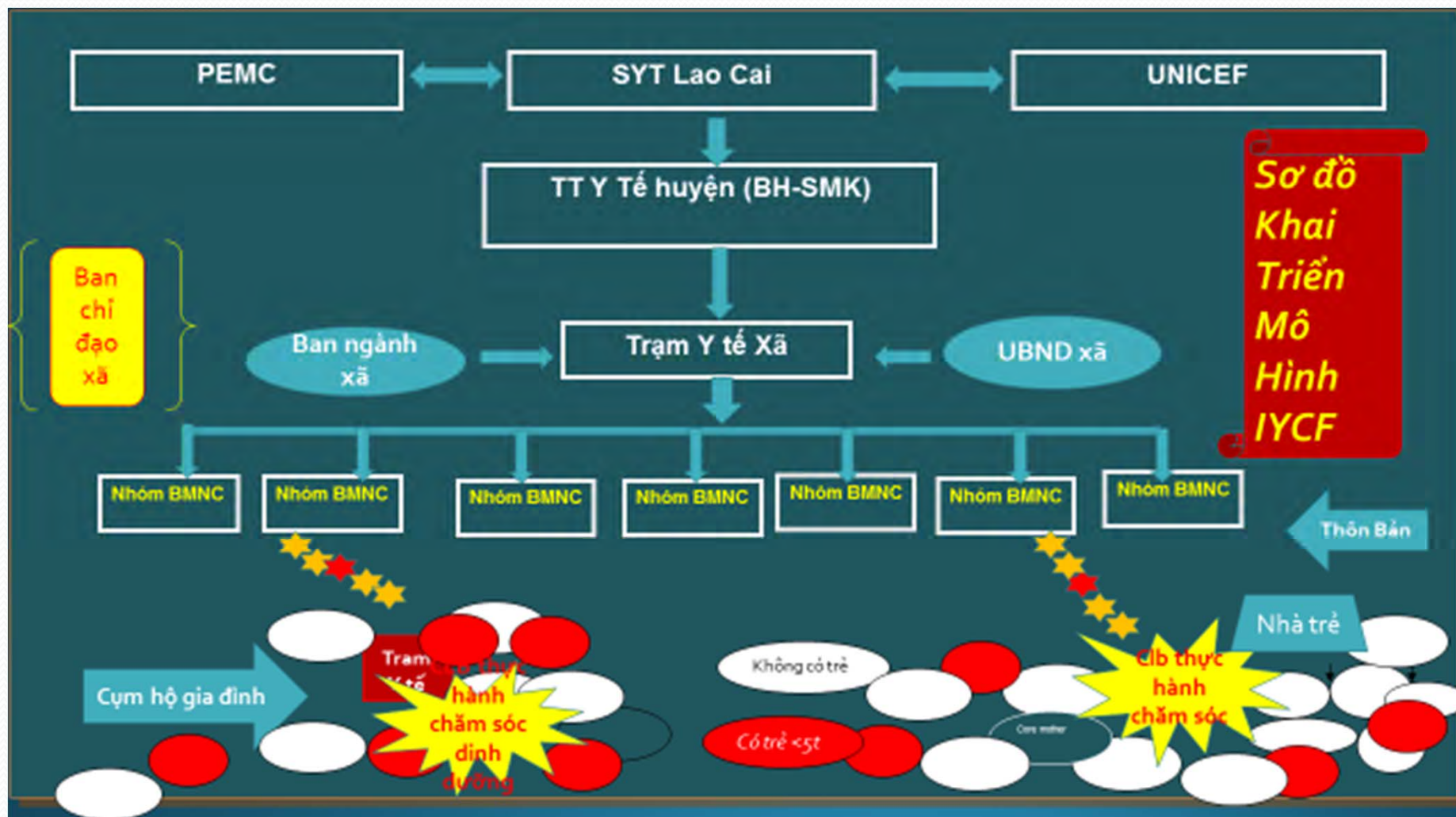
- Successful advocacy for policy changes: extension of Maternity leave to 6 months in Labor Code; Ban of Advertisement of Breastmilk Substitutes for children in the Law on Advertisement  
➡ key for IYCF practices
- Modelling of new and high impact interventions ➡ for scaling up by national nutrition programme (IYCF, IMAM, SMA)
- National Surveillance System & Nutrition profiles ➡ to monitor programme outputs and planning

## Gaps: Agriculture –Health cooperation:

- Combination but not yet integration: poor joint planning (different project locations, lack of linkage /mainstreaming of the interventions for results delivery in a location)



# Integration of home gardening and improvement of child feeding practices at house hold and community in Lao Cai (SMDG-JP)











# Foods in local markets



# Utensils for food processing







***Thank you for attention!***

