



“Reducing malnutrition for children under 5 through integrated approach”

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- There is a disparity in malnutrition among regions
 - Food security is still a concern for some mountainous areas. The low income is a challenge for most of families with malnourished children.
 - Improper nutrition knowledge and practices are still common among mothers and family members,
 - The implementing network for nutrition activities has not been stable and synchronized. Attention in nutrition of local authorities is somehow still limited.
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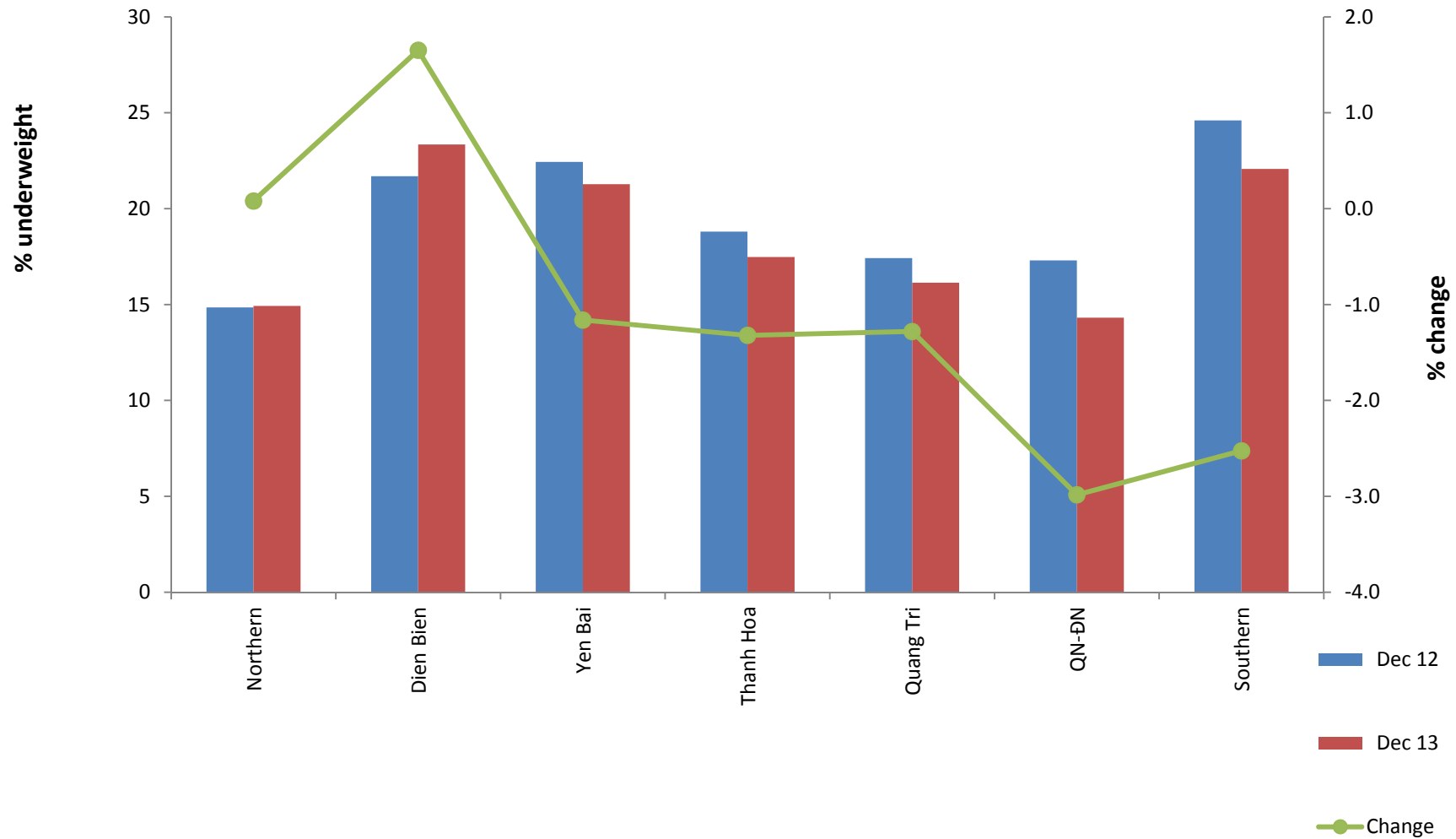
- Common diseases (ARI, diarrhea) and communicable diseases still contribute to malnutrition
 - Poor sanitation and hygiene practices have impacted on children's health and nutrition, especially in mountainous areas where WVV is working there
 - Although many policies are in place, policy implementation does not seem effective enough. Guidelines and standard documents for policy implementation are often issued in a delayed manner
 - Limited government resources is challenges for child health care programs
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S N	Indicator	Government data			WVV data (2013)	North Provinces (Yen Bai '13)
		Value	Year	Source		
1	Under 5 mortality rate (per 1,000)	23.2‰	2012	GSO	NA	
2	Infant mortality rate (per 1,000)	15‰	2012	GSO	NA	
3	Underweight in children under 5	15.3%	2013	NIN	16.8%	21.3%
4	Stunting in children under 5	25.9%	2013	NIN	30.3%	43.5%
5	Wasting in children under 5	6.6%	2013	NIN	5.8%	9.4%
6	Breast feeding for infants under 6 months of age	19.6%	2010	NIN	NA	
7	Ratio of births attended by skilled medical staff	96.7%	2011	MOH	NA	
8	Proportion of malaria-infected cases per 100,000 people	5.2	2011	MOH	NA	
9	Immunization coverage for children under one year of age	>90%	2011	NIHE	NA	
10	% of household using improved sources of drinking water	82,5%	2014	WATSAN NTP III	NA	
11	% of rural population using clean water of national quality standards (QC 02/2009 BYT)	38.7%	2014	WATSAN NTP III	NA	
12	% of household using improved sanitation facilities (hygienic latrine)	78.2%	2014	WATSAN NTP III	NA	

Nutrition Indicators in Yen Bai and Dien Bien – As of December 2012 - 2013



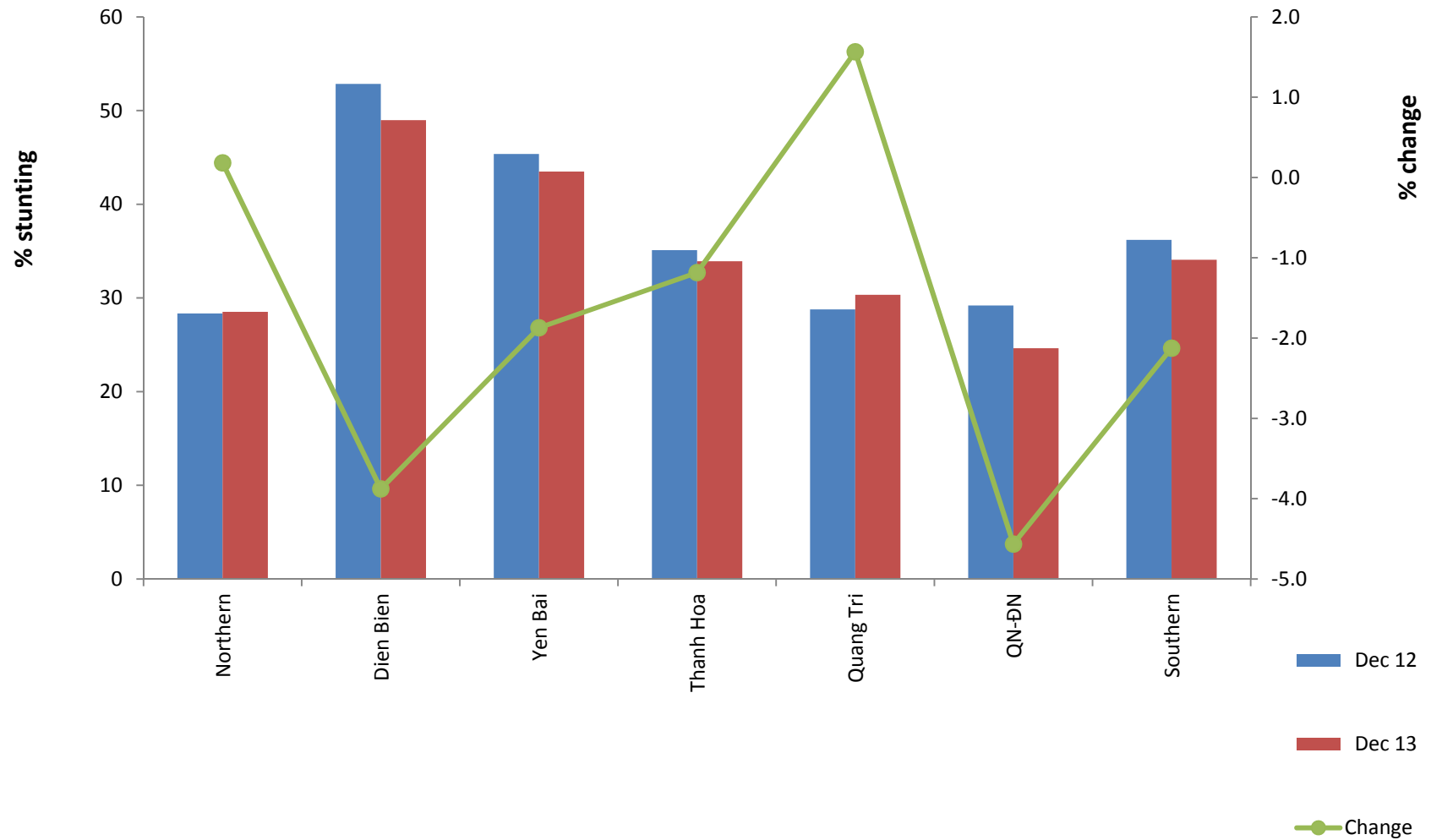
Underweight rate by zone, comparing between Dec 13 and Dec 12



Nutrition Indicators in Yen Bai and Dien Bien – As of December 2012 - 2013



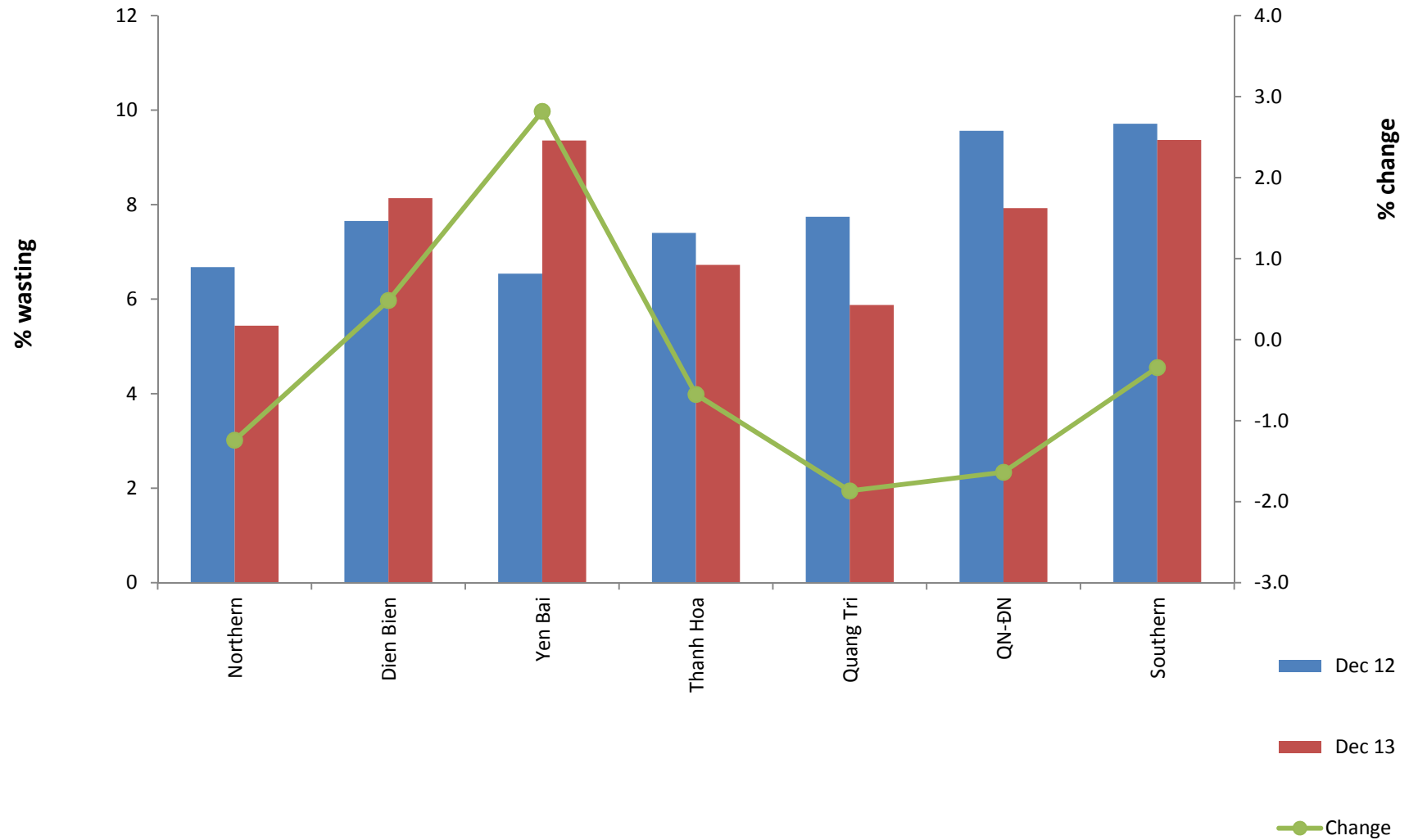
Stunting rate by zone, comparing between Dec 13 and Dec 12



Nutrition Indicators in Yen Bai and Dien Bien – As of December 2012 - 2013



Wasting rate by zone, comparing between Dec 13 and Dec 12





Objective

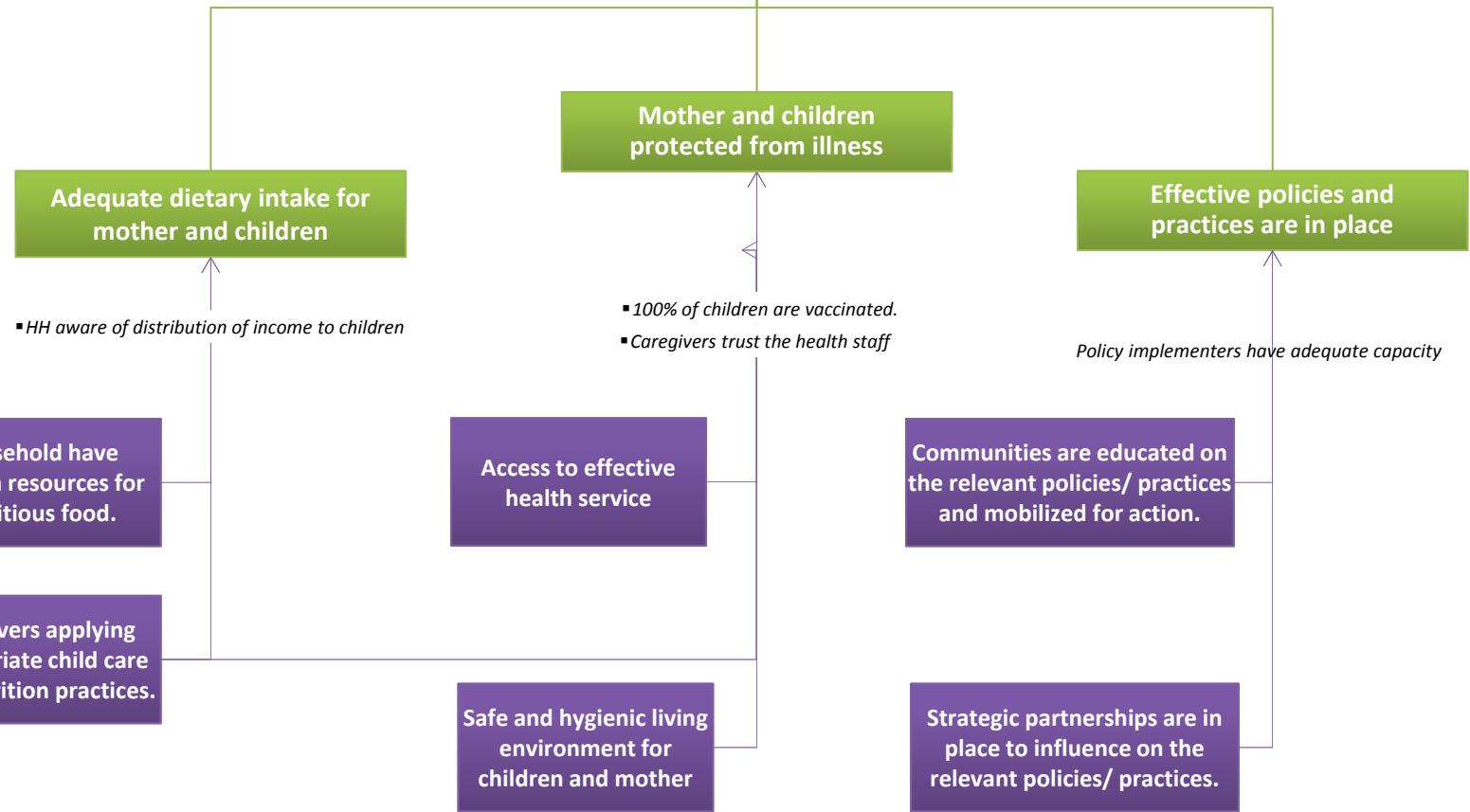
What Pathway of Change

Reduce malnutrition in children U5 through integrated approach

Outcome

- Relevant policies implemented effectively from the central to local levels..
- High community resilience to shocks (disasters, economic crisis, epidemic)
- Community people 's willingness to accept medical and nutritional advice.
- Sufficient budget allocation/ human resources..

Intermediate/ Short-term Outcomes

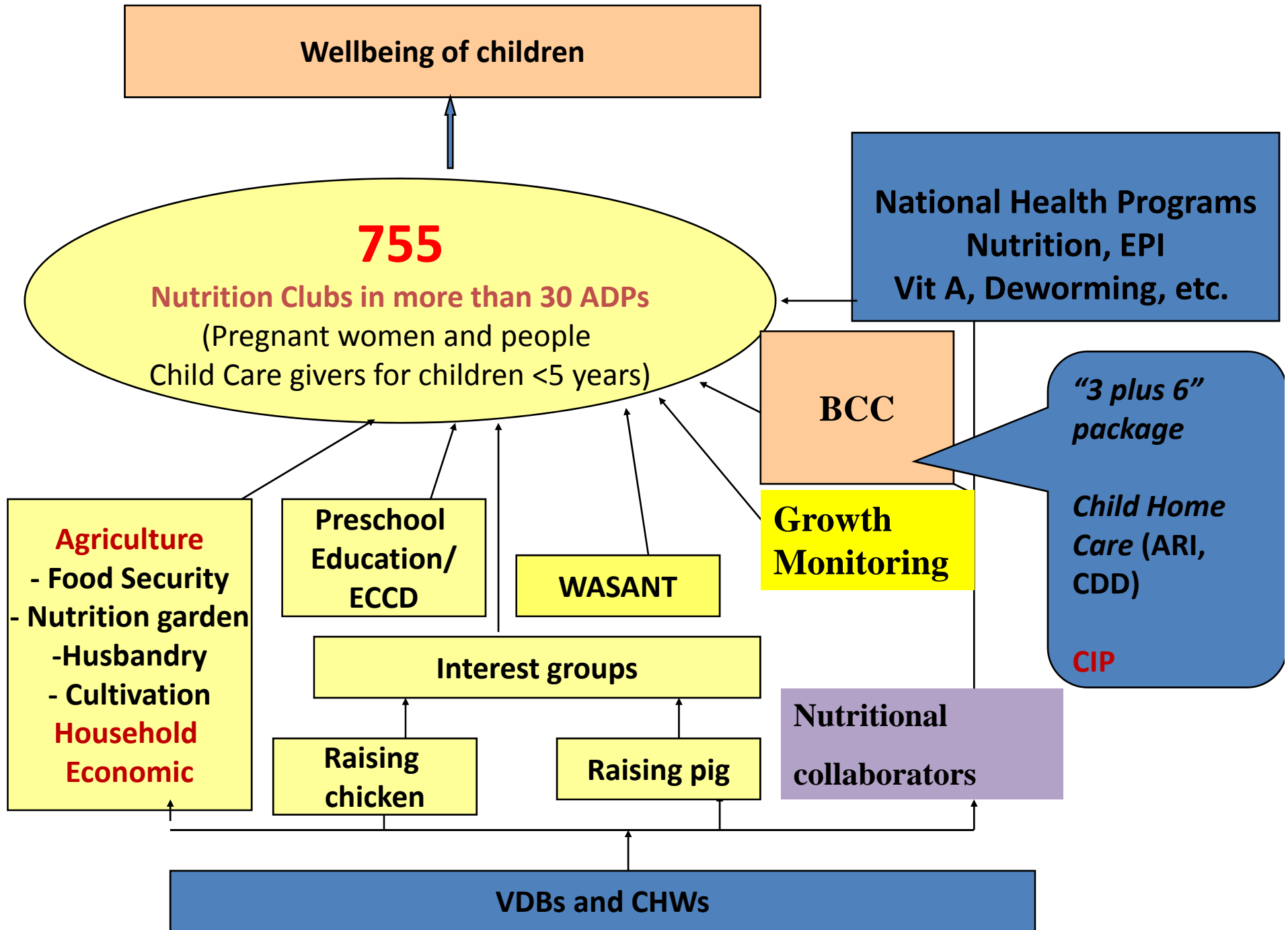


Interventions Project Models



- **Nutrition Club:**

- An integrated, community based and community led behaviour change initiative which involves monthly meetings of caregivers of children under five years old.
- Series of community meetings are facilitated by community members and involve group discussions and interactive games about child care, hygiene, nutrition, infant and young child feeding practices.
- Regular child growth monitoring is conducted and also home visits to households with malnourished children. Nutrition club members also access community interest groups such as saving groups and livelihoods.
- Community ownership and sustainability of the approach is promoted by mobilizing and utilizing existing resources
- An agreement is made between the community development board and World Vision that support for running costs will gradually be reduced and discontinued after several years.
- Monitoring and supportive supervision is conducted by a team of government district and health centre staff



Positive Deviance/Hearth:

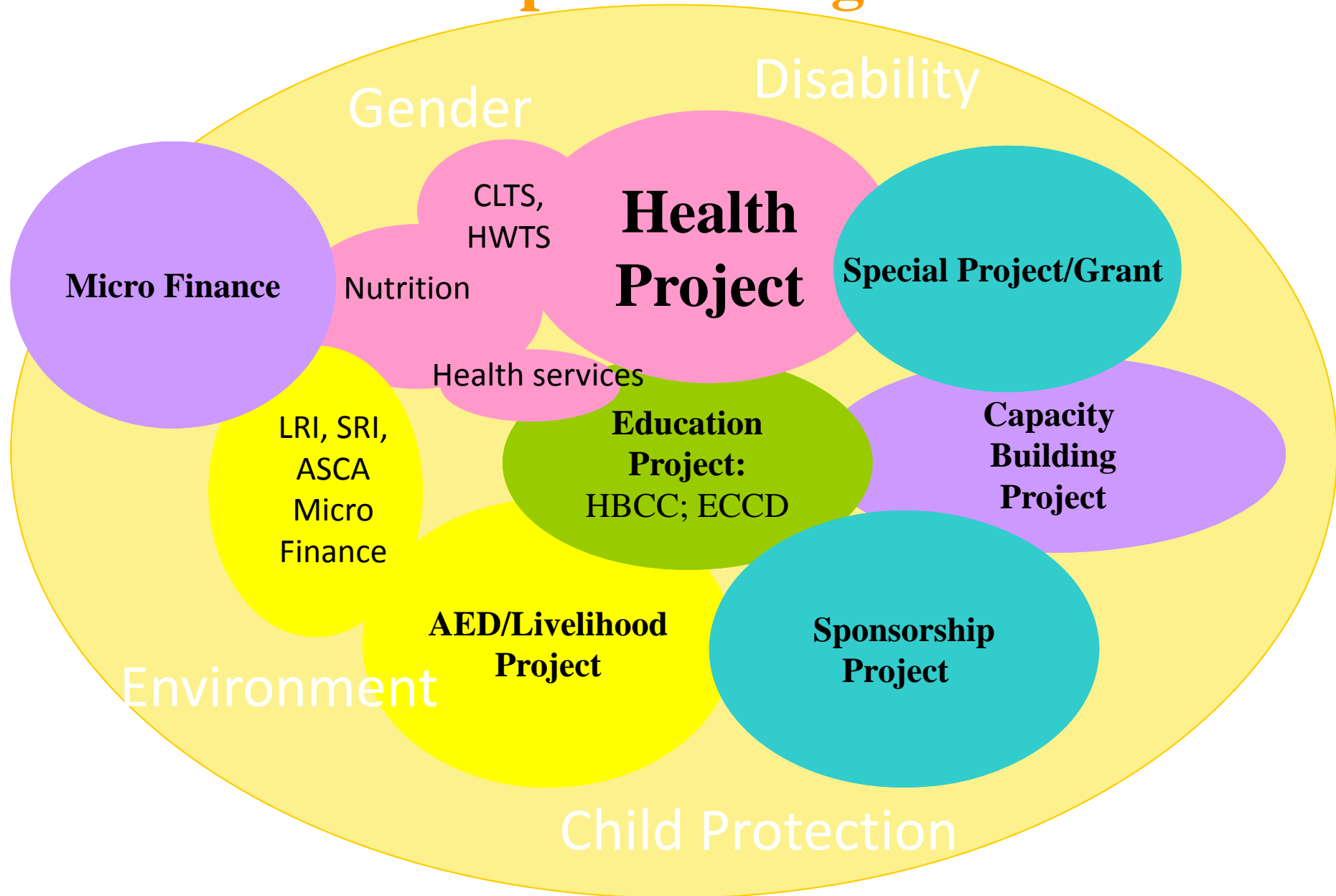
Positive Deviance/Hearth is a community-based approach to address malnutrition with three inextricably linked goals:

- Rehabilitate malnourished children.
- Enable families to sustain the rehabilitation of these children at home on their own.
- Prevent malnutrition among the community's other children, current and future.

The Positive Deviance (PD) process identifies affordable, acceptable, effective and sustainable practices that are already used by at-risk people and that do not conflict with local culture. Through learning what their neighbours with equally limited resources are doing to prevent malnutrition, families are empowered to adopt better practices even with very limited access to health services.

The Hearth part of PD/Hearth is an intensive behaviour change intervention targeting families of children with moderate to severe malnutrition to introduce the locally-discovered positive deviant practices as well as promote other practices essential to child health.

Area Development Program Model



Key Indicators

Hierarchy	Priorities	Standard Indicators
Strategic Objective	Reduce malnutrition for children under 5 through integrated approach.	Prevalence of stunting in children under five years of age Prevalence of underweight in children under five years of age Prevalence of wasting in children under five years of age
Long term Outcome 1	Adequate dietary intake for mothers and children	Proportion of households with sufficient diet diversity.
Long term Outcome 2	Mother and children protected from illness	Prevalence of ARI in children under 5 within the past 2 weeks.
		Prevalence of diarrhea in children under 5 within the past 2 weeks.
Long term Outcome 3	Effective policies and practices are in place	# of technical guidelines issued by central level agencies on child malnutrition (e.g. deworming practice, Infant and Young Child Feeding) as the result of WV's advocacy efforts # of improve practices recommended by WV being adopted by government to address malnutrition issue

Key partners:

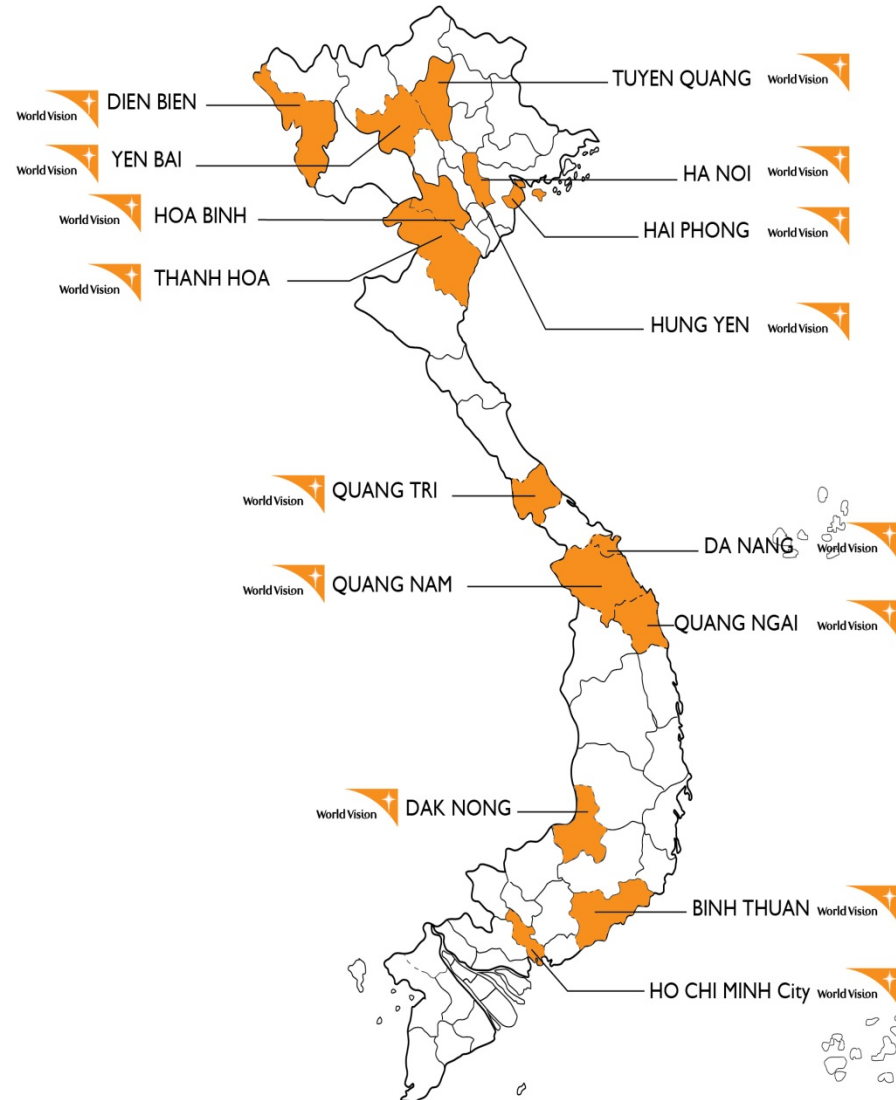
- Government health system:VHW; CHC; DHC; PHD; NIN; MOH
- Government education system: Kindergarten
- Mass organizations:WU;YU
- CBO:Village Development Board (VDB)

MVC targeting and inclusion:

- Malnourished children and other MVC, such as disable children of children in extremely difficult families, etc. are managed by VHW through monthly GMP sessions and they get support from VDB and VHW if needed.

Where

- TA is carried out in 12 provinces of Vietnam include **mountainous** and **rural** areas
Dien Bien, Tuyen Quang,
Yen Bai, Hung Yen,
Hoa Binh, Thanh Hoa, Quang
Tri, Da Nang,
Quang Nam, Quang Ngai, Dak
Nong and Binh Thuan



Thank you!
