### Goals

**Goals, objectives or targets related to nutrition:**

**General objectives:**

By the year 2020, the average diet of Vietnamese people will be improved in quantity, balanced in quality, hygienic and safe; Child malnutrition will be further reduced, especially the prevalence of stunting, contributing to improved nutrition status and stature of Vietnamese people; and obesity/overweight will be managed, contributing to the control of nutrition-related chronic diseases.

**Specific objectives:**

1. To continue to improve the diet of Vietnamese people, in terms of quantity and quality
2. To improve the nutrition status of mothers and children
3. To improve micro-nutrient status
4. To effectively control overweight and obesity and risk factors of nutrition related non-communicable chronic disease in adults
5. To improve knowledge and practices regarding proper nutrition in the general population
6. To reinforce capacity and effectiveness of the network of nutrition services in both community and health care facilities

### Strategies

**Strategies and activities related to nutrition:**

**PROJECTS AND PROGRAMS TO IMPLEMENT THE NNS:**

1. Project for Nutrition education, communication and capacity building
2. Project for maternal and child malnutrition control, focused on reduction of stunting, improvement of height, and proper health and nutrition for pregnant women
3. Project for micronutrient deficiency control
4. Program for School Nutrition
5. Project for overweight and obesity and nutrition-related, non-communicable, chronic disease control

6. Program for food and nutrition security and nutrition in emergencies

7. Nutrition surveillance

**M&E Indicators**

**M&E Indicators related to nutrition:**

- The proportion of households with low energy intake (below 1800 Kcal) will be reduced to 10% by 2015 and 5% by 2020.
- The proportion of households with a balanced diet (Protein:Lipid:Carbohydrate ratio 14:18:68) will reach 50% by 2015 and 75% by 2020.
- The prevalence of chronic energy deficiency in reproductive-aged women will be reduced to 15% by 2010 and less than 12% by 2020.
- The rate of low birth weight (infants born less than 2,500g) will be reduced to under 10% prevalence by 2015 and less than 8% by 2020.
- The rate of stunting in children under 5 years old will be reduced to 26% by 2015, and to 23% by 2020.
- The prevalence of underweight among children under 5 years old will be reduced to 15% by 2015 and to 12.5% by 2020.
- By 2020, the average height of children under 5 will increase by 1.5 ± 2cm in both boys and girls; and height in adolescents by sex will increase by 1-1.5 cm compared with the averages from 2010.
- The prevalence of overweight in children under 5 will be less than 5% in rural areas and less than 10% among urban populations by 2015, and will be maintained at the same rate by 2020.
- The prevalence of children under five with low serum vitamin A (<0.7 ?mol/L) will be reduced to 10% by 2010 and below 8% by 2020.
- The prevalence of anaemia in pregnant women will be reduced to 28% by 2015 and to 23% by 2020.
- The prevalence of anaemia among children will be reduced to 20% by 2015 and 15% by 2020.
- By 2015, standardised iodized salt (?20 ppm) will be regularly available throughout the country, with coverage of more than 90% of households. Mean urinary iodine levels in mothers with children under 5 will be between 10-20 mcg/dl, and these concentrations will be maintained by 2020.
- The prevalence of overweight and obesity in adults will be controlled to a rate of less than 8% by 2010 and will increase to no more than 12% by 2020.
- The proportion of adults with elevated serum cholesterol (over 5.2 mmol/L) will be less than 28% in 2015 and will remain relatively controlled with less than 30% prevalence in 2020.
- The rate of exclusive breastfeeding (EBF) for the first 6 months will reach 27% by 2015 and 35% by 2020.
- The proportion of mothers with proper nutrition knowledge and practices when caring for a sick child will reach 75% by 2015 and 85% by 2020.
- The proportion of adolescent females receiving maternal and nutrition education will reach 60% by 2015 and 75% by 2020.
By 2015, the proportion of nutrition coordinators receiving training in community nutrition (from 1 to 3 months) will reach 75% among provincial level employees and 50% of those at the district level. By 2020, this proportion will be 100% and 75%, respectively.

By 2015, 100% of communal nutrition coordinators and nutrition collaborators will be trained and updated on nutrition care practices. Training of all nutrition staff will be maintained in 2020.

The proportion of central and provincial hospitals with dieticians will reach 90% at central level, 70% at provincial level and 30% at district level by 2015. By 2020, this proportion will be 100%, 95%, and 50% respectively.

The proportion of hospitals applying nutrition counseling and therapeutic treatment for conditions such as aging health, HIV/AIDS and TB, will reach 90% among central, 70% among provincial, and 20% among district hospitals by 2015. By 2020, the coverage will be 100%, 95% and 50%, respectively.

The proportion of provinces qualified for performing nutrition surveillance will reach 50% by 2015 and 75% by 2020. Nutrition data will be monitored with particular focus in vulnerable provinces, in emergency situations, and in provinces with high prevalence of malnutrition.
Partners in policy implementation

- Government
  - Education and research
  - Finance, budget and planning
  - Food and agriculture
  - Health
  - Industry
  - Information
  - Nutrition council
  - Other
  - Social welfare
  - Details:

- National NGO(s)
  - Details:
    - more
    - National NGOs: Vietnam Women?s Union; Vietnam Fatherland Front; Vietnam Farmer?s Association; Association for Elderly People

- Other
  - Details:
    - more
    - Other: Vietnam Television

Links