Goals, objectives or targets related to nutrition:

THE OVERALL OBJECTIVE

By the year 2010, this strategy aims to ensure the significant improvement of nutritional status of the country’s population; it will focus on nutrition and care improvement for all families, primarily children and mothers; it will also concentrate on giving access to all ethnic minority groups in the country to adequate dietary intake (quantitatively sufficient, qualitatively balanced, hygienic and safe). It will also attempt to minimize emerging nutrition-related health problems.

SPECIFIC OBJECTIVES

1. To improve the population’s appropriate nutrition knowledge and practices.
2. To reduce maternal and child malnutrition prevalence.
3. To reduce micro-nutrient deficiencies
4. To reduce proportion of household with low energy intake
5. To improve food quality and food safety

Strategies and activities related to nutrition:

I. FOOD AND NUTRITION INTERVENTIONS TO IMPROVE NUTRITIONAL STATUS, FOOD QUALITY, HYGIENE AND SAFETY

1. Universal nutrition education

1.1 Universal nutrition training

- Training of nutrition network staff (on nutrition knowledge, planning, management and communication skills) in order to help the local health workers in setting up and implementing their local nutrition plans.
- Appropriate nutrition training for different targeted groups (female adolescents, mothers, reproductive-age women, husbands, elderly, teachers, students,...).
Introduction of nutrition contents in school curricula in collaboration with the MOET. Counseling on proper nutrition for different targeted groups emphasizing in appropriate nutrition, food hygiene and food safety, clinical nutrition, maternal and child nutrition, nutrition and aging, etc. Organizing the nutrition activities (forum for exchange between nutritionist and public)

1.2 Nutrition education and communication

- Mass education: Nutrition messages are to be delivered through the mass Target groups an entire population (both for women and men). Leaders, members of mass organizations, teachers and students are additional important target groups.
- Movements to involve the participation of the whole society, such as Micro-nutrient Days, Nutrition and Development Week, Maternal Care and Malnutrition Control Days,
- Breast-feeding Promotion Week, Clubs of communes with malnutrition prevalence under 30%, Food Hygiene and Safety Month, Universal Salt Iodization Days..... are to be promoted.
- Through direct nutrition education, nutrition information is to be provided directly to families by local staff using standardized guidelines on contents and procedures.
- Organization of a proper family meal consisting of 4 dishes: staple food (rice), vegetables, protein rich foods (tofu, nuts, meat, fish and eggs...) and soup. Special attention should be paid to promotion of traditional nutritive dishes and diversified foods in the diet.
- Different targeted groups, occupation and age groups are to be given guidance on proper nutrition. More attention should be paid for those who eat in public or school canteens.
- A program so-called ?School Meal? should be established and implemented in order to improve students? physical health.
- Education materials and communication means for local (commune and hamlet) levels are to be designed and provided. The existing "Nutrition and Development Newsletter" and other information will also be regularly sent to communes.

1.3 Staff training and research

- There is a need for the training and re-training of nutritionists with appropriate patterns. In the coming years, the nutritionists at all levels will be trained on planning master, implementation, monitoring and evaluation of nutrition programs. The training in community nutrition for district level is also important to be considered. The national and international Masters and Ph.D. training in nutrition should be continued.
- Research on food and nutrition should be expanded, particularly on food quality and food safety during food processing, preservation and distribution; on functional foods, dietary therapy and preventive medicinal foods; on the relation between nutrition, diseases and health status; and on nutrition problems in the transition period.

2. Ensured household food security

This is a very important approach, mainly for the regions prone to food shortages, poor areas and low-income populations. Based on specific situation, VAC development should be introduced and promoted so that every family will have their own VAC system, providing an available food source. The production and consumption of nutritive foods such as beans, peanuts, sesame and soybeans should be promoted. Providing loans to poor households is also needed in order to create more jobs to improve their income. Agricultural services need to be improved, e.g. providing new seeds and seedlings with higher yield, minimizing the use of chemical fertilizers and increasing the use of organic or microbiological fertilizers, improving local food processing and preservation at community and household level, finding or creating new markets, etc. Ensuring equal access to food for every household members is also a key intervention.

3. Control of protein energy malnutrition among children and mothers

- Control of PEM is one of the objectives of the health sector, financially supported by the Government; it needs to be implemented at a nation-wide scale.
- Access to child care at household level is also a key issue in the line of prevention of child malnutrition. Nutrition messages should be delivered teenage girls.
- Priority should be given to children from 0 to 24 months of age. The care strategy should include the following key actions: improvement of breast-feeding practices (especially exclusive breast-feeding in the first 4 months), appropriate complementary feeding practice, food processing and preparation at local and household levels, hygienic practices, increased time allocation for child care together with improvement of the nutritional status of mothers themselves during the prenatal and post natal period, as well as improvement of care practice for every household members. Child care and feeding practices plus regular growth monitoring and maternal care should be conducted effectively and consistently.
- It is critical to identify prioritized activities in different localities. As the food security status has been improved in most rural areas, activities should be focused on child care activities, feeding practices and prevention of infectious diseases. In the remote, disadvantaged areas, rehabilitation activities should be highlighted. Families will know how to rehabilitate their malnourished
children, based on their own resources by developing a nutrition square and family VAC system. These activities should be introduced to the household members so that the people themselves can properly practice them.

- To improve nutritional status of mothers, it is necessary to have better health services, to eliminate micro-nutrient deficiencies, to transfer nutritional and feeding skills to mothers, to release heavy workload for pregnant and lactating women, to develop and implement policies for protection of mothers, promotion of breastfeeding, better prenatal care, and women empowerment within their families and in their communities.

4. Control of micro-nutrient deficiencies

- Control of vitamin A deficiency: In long-term, Vitamin A deficiency should be resolved by diversifying diets to increase Vitamin A rich foods. Vitamin A capsules distribution for children from 6 to 24 months of age and for mothers right after delivery should be continued nationwide. From 2006 onward, mass vitamin A distribution will be focused in the most disadvantaged areas and to continue supplementation to the sick children. Research is to be continued in order to produce food fortified with Vitamin A, together with diet diversification (promoting production and consumption of in vitamin A rich food from the household VAC).
- Control of nutritional anemia: Supplementation of iron tablets and folic acid to prevent anemia in women aged 15 to 35, and in pregnant and lactating women should be expanded nation-wide. The aim is to produce an iron syrup for malnourished children. It is necessary to have practical guidelines and education for communities to approach different types of iron and folic acid sources in the market. More attention should be paid to iron fortification and diversification of the diet as long-term strategy. In rural areas, where the rate of hook worm infection is high, it is urgent to conduct regular deworming combined with improved environmental sanitation. Control of nutritional anemia should be implemented in the whole country.
- Control of IDD: This is an independent national program. Its implementation goes together with the solutions of mobilizing the population to consume iodized salt and of improving the monitoring/supervision activities of the salt production, distribution and consumption stage.

5. Prevention of non-communicable nutrition-related chronic diseases

- Development of a surveillance system for better assessment of the actual situation and trends of these diseases, including obesity, cardio-vascular disease, hypertension, diabetes, cancer, etc.
- Development of guidelines for proper nutrition for Vietnamese at all ages 2001-2010.
- Strengthening dietary therapy departments in the hospital system.
- Research in production and consumption of functional food.

6. Integration of nutrition activities into Primary Health Care

Along with the implementation of the Expanded Program of Immunization, the prevention of infectious diseases (ARI and diarrhea), the promotion of exclusive breastfeeding in the first 4 months and improved complementary feeding practices thereafter, the Integrated Management of Childhood Illnesses (IMCI) be strengthened. The implementation of Reproductive Health Care has to go hand in hand with nutrition and healthy lifestyle education, especially for vulnerable groups.

7. Ensuring Food quality and food safety

Food safety is an important aspect supported by the Government in a separated program. There is a close relation between food hygiene and safety, and nutrition. The main proposed approaches focus on the following points:

- Food legislation and regulations system should be set up and followed. Food quality and safety standards should be developed based on regulations of the Codex Alimentarius adjusted to Vietnam’s conditions. Ad-hoc Laboratories will be set up to monitor the food quality and safety at the central and provincial Preventive Health Centers. Control of quality and hygiene of imported foods, as well as street foods should be carried out. Guidance in the application of Hazard Analysis of Critical Control Point (HACCP) and Good Manufacturing Practices (GMP) should be given to food producers, processors and handlers.
- Implementing safe food production, keeping sanitary environment and clean water are very important issues. Control of the trade, distribution and utilization of chemicals used in agriculture production must be carried out in cooperation with the MARD. Control of quality and hygiene of products in food shops and markets should also be strengthened.
- Giving basic knowledge on food hygiene and food safety to the consumers and food handlers, as well as training of food inspectors will also required.

8. Monitoring, evaluation and surveillance of nutrition

- The system of nutrition surveillance, monitoring of activities and evaluation of the nutritional status of the population has to be
A nutrition data bank needs to be set up in cooperation with the GSO. The provinces themselves will have to carry out annual surveys in order to have up-to-date data on the nutritional status of their people.

- National nutrition surveys will be carried out in 2005 and in 2010. Data in poor rural areas are needed for the proposal of specific approaches. A national food balance sheet should be set up in cooperation with MARD and the GSO.

9. Piloting of Nutrition Models

- A model of “sustainable nutrition improvement” will be developed, with a comprehensive intervention approach called “life security”. It will be a combination of relevant security determinants, such as health, nutrition, economy, culture, family, education, society, environment and infrastructure. This model will be implemented at several pilot districts.
- Models of nutritional improvement for some special occupational groups, high-risk groups, manufacturing establishments, hospitals and disadvantaged localities will be demonstrated.

II. NUTRITION-RELATED AREAS

1. Ensuring National Food Security: The Government needs to have appropriate policies and solutions to diversify agriculture production, increase productivity and decrease manufacturing price. Proper farming patterns should adjust to actual situations of different areas to meet their food demand. Production plans need to be based on actual requirements to ensure food security in parallel with the regulation given by the market and reasonable price policies. Investments in processing and storage of agricultural products and the promotion of safe food production should be paid more attention.

2. Promotion of Hunger Eradication and Poverty Alleviation: This is one of the important policies of the party and government affecting nutrition. It is considered necessary to give prioritized support to the infrastructure of food production in the areas at risk of food insecurity, with high prevalence of malnutrition. For urban areas, support is given to employment in order to increase income, which will result in increased food accessibility for the poor and high-risk groups. Nutrition objectives should be incorporated into the program’s objectives.

3. Improved infrastructure and basic service for maternal and child care.

- Safe water supply and environmental sanitation. They are essential determinants related to nutrition care. Making access to safe water for extended population and to good sanitation in key areas is the important issue.
- Kindergartens system. Proper and feasible solutions need to be worked out to maintain and to improve the quantity and quality of kindergarten and day care system in rural areas with the support of both the Government and the community.
- Improvement of CHC in disadvantaged communes will be the core factor for the effective integration between PHC and nutrition care in community.

III. SUPPORTIVE POLICIES TO NUTRITION

1. Incorporation of nutritional objectives into socio-economic development plans
2. Policies to support better nutrition outcomes
3. Community participation nutrition activities

M&E Indicators related to nutrition:
Based on the national objectives of this strategy, each of the different sectors, social agencies and mass organizations needs to develop practical and specific implementation plans to achieve both their own specific objectives as well as the objectives of this nutrition strategy. Quarterly review meetings will be called by the MOH to review the implementation of this strategy with the participation of related ministries/branches. Semi-annual reports from all provinces/major cities must be sent to the MOH, who will be responsible for reporting the progress to the Prime Minister. A multidisciplinary approach should be strengthened at all levels. Local and central steering committees need to closely communicate.

1. To improve the population’s appropriate nutrition knowledge and practices.
   - The rate of mothers having appropriate nutrition knowledge and applying desirable practices in care of sick children to increase from 20.2% (2000) to 40% by 2005 and 60% by 2010.
   - The prevalence of exclusively breast-feeding in the first 4 months to increase from 31.1% (2000) to 45% by 2005 and 60% by 2010.
   - The prevalence of reproductive-age women trained on nutrition and to be mother knowledge to increase to 25% by year 2005 and to 40% by 2010.

2. To reduce maternal and child malnutrition prevalence
   - The prevalence of underweight among children under five to be reduced to 25% by 2005 and 20% by 2010, with a yearly reduction rate of 1.5%.
   - The prevalence of stunting at children under five to be reduced by 1.5% per year.
   - The prevalence of low birth weight (<2500 gr.) to be reduced to 7% by 2005 and to 6% by 2010.
   - The prevalence of chronic energy deficiency in reproductive-age women to be reduced by 1% per year nationwide.
   - The prevalence of overweight in children under 5 to be at 5% or lower.

3. To reduce micro-nutrient deficiencies
   - The prevalence of active corneal lesions due to Vitamin A deficiency to be maintained below the level of public health significance.
   - Reduction of sub-clinical Vitamin A deficiency prevalence: The prevalence of under five years old children with low serum vitamin A to be reduced below 8% by 2005 and below 5% by 2010.
   - Elimination of IDD: The prevalence of goiter among children at aged 8-12 to be reduced to below 5% by 2005. Universal salt iodization salt is stabilized with more than 90% of households using iodized salt; urinary iodine level is between 10-20 mcg/dl.
   - The prevalence of IDA in pregnant women to be reduced to 30% by 2005 and to 25% by 2010 (in areas covered by the programs).

4. To reduce proportion of household with low energy intake
   - The percentage of households with low energy intake (below 1800 Kcal) to be reduced from 15% in 2000 to less than 10% by 2005 and under 5% by 2010.

5. To improve food quality and food safety
   - Reported number of out-breaks of food poisoning (with more than 30 patients/episode) to be reduced by 25% by 2005 and by 35% by 2010 (compared to 1999’s data).
   - Mortality cases due to food poison to be reduced by 10% by 2005 and by 30% by 2010 (compared to 1999’s data).
   - Biological contaminants of street food and ready-to eat food to be reduced.

M&E Indicator types:
Outcome indicators

URL link:

File upload:
VNM 2001 National nutrition strategy 2001-2010.pdf

Reference:
WHO Global Nutrition Policy Review 2009-2010
Policy topics:

- Stunting in children 0-5 yrs
- Wasting in children 0-5 years
- Underweight in children 0-5 years
- Low birth weight
- Underweight in women
- Overweight and obesity in school age children and adolescents
- Diet-related NCDs
- Growth monitoring and promotion
- Nutrition counselling on healthy diets
- Breastfeeding
- Complementary feeding
- Food fortification
- Iodine
- Iron and folic acid
- Food grade salt
- Vitamin A
- Deworming
- Diarrhoea or ORS
- Improved hygiene / handwashing
- Nutrition & infectious disease
- Vaccination
- Water and sanitation
- Food safety
- Food security and agriculture
- Home, school or community gardens
- Household food security
- Provision of school meals / School feeding programme
- Maternity protection
- School-based health and nutrition programmes
- Vulnerable groups

Partners in policy implementation

- Government
  - Food and agriculture
  - Education and research
  - Environment
  - Finance, budget and planning
  - Health
  - Information
  - Other
  - Social welfare
  - Sub-national
  - Trade
  - Women, children, families
  - Details: more
    Ministry of Education and Training, Ministry of Science, Technology and Environment, Ministry of Planning and Investment, Ministry of Finance, Ministry of Agriculture and Rural Development, MOH, National Institute of Nutrition, Ministry of Culture and Information, Ministry of Justice, Ministry of Labor, Invalids and Social Affairs, local authorities, Ministry of Trade, Committee for Protection and Care of Children, National Committee for Population and Family Planning

- National NGO(s)
  - Details: more
    The Women’s Union and other social agencies and mass organizations

Links
[1] https://extranet.who.int/nutrition/gina/sites/default/files/VNM%202001%20National%20nutrition%20strategy%202001-2010.pdf