

**MINISTRY OF HEALTH**

**NATIONAL PLAN OF ACTION ON  
NUTRITION FOR 2012 – 2015**

For Implementation of the National  
Nutrition Strategy for 2011 – 2020

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FOR THE IMPLEMENTATION OF THE NATIONAL NUTRITION  
STRATEGY  
FOR 2011-2020**

*(Promulgated together with Decision No.1962 /QĐ-BYT dated 06 June 2012 by the Minister of Health)*

**INTRODUCTION**

To accelerate the achievement gained from implementation of the National Plan of Action on Nutrition for 1995-2000 and to further enhance the implementation of the set up objectives on improving nutrition status for the Vietnamese people, approval of the National Nutrition Strategy (NNS) for 2001-2010 was made by the Prime Minister on February 22, 2001. This Strategy demonstrates the State's strong commitment to nutrition area in the new period. By implementing the decision made by the Government on implementation of the NNS for 2001-2010, in the past 10 years, along with the socio-economic development and food security assurance, and with the guidance and investment of the Party and Government, great efforts of the health sector and active involvement of other ministries/sectors and the whole society, Viet Nam has obtained remarkable achievements in improving the nutrition status and health for the people. After 10 years of implementation, the majority of objectives and targets of the NNS for 2001 - 2010 have been met or surpassed. Nutrition knowledge and practices of the population have been significantly improved. The prevalence of malnutrition (underweight) of children under 5 years of age has been continuously and rapidly reduced. In the 35<sup>th</sup> annual session of the United Nations Standing Committee on Nutrition held in Ha Noi in March 2008, it was recognized by UNICEF/WHO that Viet Nam was one of the few countries reaching child malnutrition reduction rate which is close to the Millennium Development Goals (*MDGs*).

In spite of these remarkable achievements in recent years, Viet Nam continues to cope with significant challenges in nutrition. While the prevalence of chronic energy deficiency among reproductive age women, malnutrition, especially stunting (height for age) among children under 5 years old, pre-clinical vitamin A deficiency and anemia among pregnant women and children remains at a high level, overweight - obesity and nutrition-related chronic non-communicable diseases (NCDs) are on the increasing trend.

In order to resolve these existing problems, on February 22, 2012, the Prime Minister approved the National Nutrition Strategy for 2011- 2020 with a vision toward 2030. Achievement of the NNS's objectives requires a great effort for a synchronous implementation of a National Plan of Action on Nutrition (NPAN) with communication activities for awareness raising, proper nutrition behavior change, specific nutrition intervention programs which are appropriate for different target areas and groups, and priorities to be given to women and children. It also requires a mechanism for the program implementation in conformity with current social economic conditions toward proper nutrition and health promotion for the community, thus contributing to improved stature, physical and intellectual health of Vietnamese people in the coming decades. It is targeted that, the rate of stunting in

children under 5 years of age will be reduced to 26% by 2015, at a medium level in the world.

## **PART I**

### **CURRENT SITUATION OF NUTRITION IN VIETNAM**

#### **1. General review of 2006-2010 Plan of Action for implementation of the National Nutrition Strategy for 2001-2010**

- National Nutrition Strategy for 2001- 2010 was thoroughly implemented at all levels from the central to local levels including relevant ministries and sectors across the country. The aim of improving nutrition status was included in the Resolution of the 9th and 10th National Congress of the Party.
- The Steering Committee and the Executive Board have made efforts in providing guidance and development of an action plan for each sector. Monitoring and supervision of the NNS implementation, especially by ministries and sectors were regularly conducted. Annual planning and review of plan implementation have become a routine at all levels.
- Significant effectiveness has been achieved in reduction of malnutrition rate (weight/age), sustainable reduction of Vitamin A deficiency, iodine deficiency, and nutritional anemia (meeting the set objectives), timely surveillance of overweight and obesity. Majority of set objectives have been achieved. The nutrition program of Viet Nam has been highly appreciated by the international community over the past 5 years.
- Thanks to implementation of systematical, synchronical, objective and effective monitoring and evaluation, the annual nutrition monitoring data of Viet Nam has been highly appreciated by the World Health Organization (WHO).
- Resources have been strengthened through domestic and international cooperative projects. Social mobilization, especially with the aim of preventing child malnutrition has been highly efficient.
- Social mobilization for nutrition has been effectively conducted, specifically with active involvement of local authorities. Besides, ministries/ sectors have been playing their advisory role to the Government, leaders of ministries/ sectors to develop and enact a large number of guidelines and policies on nutrition support at all levels.

#### **2. Food and diets of the population**

The most important achievement over the last 10 years is that the hunger has been widely reduced. The Hunger elimination and Poverty reduction Program has obtained encouraging results. The proportion of poor households has been reduced to 11.3%. The energy intake per capita per day in 2009 was 1,925.4 Kcal. The proportion of households with energy intake per capita per day of less than 1,800 kcal has been reduced to < 10% in 2005 and < 5% in 2010. Although there was no case of food shortage, increase of food price has also affected diet adjustment ability of the population. In 2008, consumption price increased by 19%, while rice price increased by 59.4%, and food price increased by 21.8%. Although the proportion of hunger suffering households has fell down dramatically, diet patterns of the population have been on a complicated development trend, creating a complex phenomenon in the transition

stage. Meanwhile in some areas, especially in remote areas, the diet of the population has shown to be poor in quantity and unbalance in quality, the improper diets of some population strata in urban areas have become popular. These groups have tendencies to access diets which are rich in saturated fat, sugar, fibrousless and refined food which causes increase of nutrition related non-communicable chronic diseases.

Despite the fact that food security and diet of the population have been definitely improved, food insecurity has been seen to threaten the poor, disadvantaged and natural disaster - stricken areas. In areas which often face with droughts, the proportion of hunger households has increased to 33% with the duration suffering from hunger of between 3 and 5 months.

### **3- Undernutrition status in mothers and children**

Currently, nutrition deficiency in mothers has not only affected growth of fetus but also decrease energy accumulation for lactation causing reduction and early loss of breast milk. Differences of 1cm and 0.2 kg respectively in height and weight of a newborn of will lead to these of 3cm and 5kg respectively when becoming an adult. This shows that increased weight and height of an infant in fetus will help improve the stature of him/her when becoming an adult. According to recommendations of the WHO and UNICEF, improvement of nutrition status and health care for mothers and children are always one of top priorities, especially in developing countries.

In parallel with rapid economic development, the life of the population has been gradually improved. Public health care has been gradually paid more attention and concerns. Priority has been given to the implementation of a large number of national health care programs in general and nutrition related programs in particular with an aim of improving health status of the population. During the past 10 years, the prevalence of underweight malnutrition (weight for age) has been reduced from 33.8% in 2000 to 25.2% in 2005 and 17.5% in 2010. On average, this proportion has yearly decreased by 1.5%, exceeding the set goal of 20% by 2010. The prevalence of stunting (height for age) in children under 5 years old has been yearly reduced by 1.0%, but still remains at a high rate of 29.3% in 2010. There is a big disparity of stunting rate among areas, mostly in mountainous, rural and disadvantaged areas.

The prevalence of chronic energy deficiency intake in reproductive age women has been reduced from 28.5% in 2000 to 21.9 % in 2005 and 19.6% in 2009. This prevalence has been reduced nationally by 0.98% every year.

A part from of undernutrition status, the prevalence of overweight and obesity in children under 5 years old is on the increasing trend, mostly in big cities. The prevalence of overweight and obesity of children under 5 is 4.8% nationwide (in big cities: 5.7%; in rural areas: 4.2%) compared to the set goal of below 5%.

The proportion of low birth weight newborns (below 2,500 g) is one of important indicators affecting their nutrition status and stature. According to the statistics by nutrition surveillance network of the National Institute of Nutrition (NIN) in 2009, the rate reached 12.5%.

### **4- Micronutrient deficiency**

Micronutrient plays a critical role for human health and stature. Control of micronutrient

deficiency is an important intervention needed to improve nutrition and health status for women and children (especially stunting). Presently, deficiency of essential micronutrients such as vitamin A, iron, iodine and zinc is very common all over the world and considered as a public health problem in developing countries, including Viet Nam.

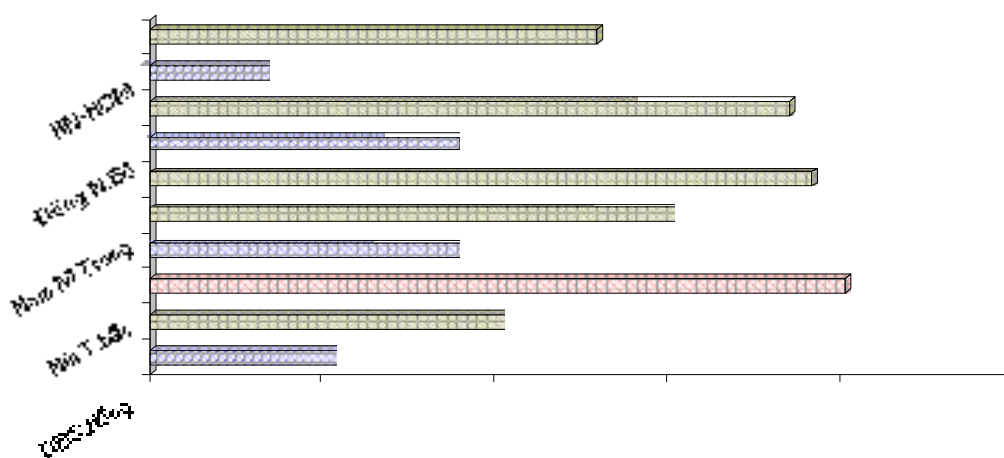
#### 4.1- Vitamin A deficiency

Program on vitamin A deficiency control has been widely implemented since 1989. After 5 years, by 1994, clinical manifestations of xerophthalmia caused by vitamin A deficiency were basically eliminated nationwide. However, the rate of pre-clinical vitamin A deficiency has remained high.

Results of a survey conducted in 2008 in provinces of 8 ecological areas revealed that the prevalence of pre-clinical vitamin A deficiency (serum vitamin A level  $<0.7$   $\mu\text{mol/L}$ ) tended to decrease in comparison to that of 2006, but remained high at an average rate of 14.2% nationally, with the highest rate of 32.7 % in children under 6 months, 2-4 times higher than that of other ages and fluctuation found by ecological areas (Figure 1). Vitamin A deficiency remains at the lowest rate of 3.9% in Ha Noi, 4.2% in Ho Chi Minh city, 6.2% in the Red River Delta, 9% in South Eastern area, 9.4% in North Central area, 10.7% in North Eastern mountainous area, 15.3% in South Central area, 18.6% in the Mekong River Delta, 19.2% in Central Highland area, and 20.2% in North Western area.

Low vitamin A concentration in breast milk which is a risk factor causing low serum Vitamin A in children reached a high rate of 49.4%. Children with wasting, respiratory tract infection in the month before the survey, and stunting are significantly correlated to low concentration of serum vitamin A.

**Figure 1:** Prevalence of low serum retinol ( $<0.7$   $\mu\text{mol/L}$ ) in children under 5 years old (2008)



#### ***4.2- Iron deficiency anemia***

Poor nutrition normally leads to shortage of multi-substances, including the most commonly iron deficiency anemia in women and children who are the highest risk groups. According to a survey conducted by the National Institute of Nutrition in 2009, the average prevalence of iron deficiency anemia remained 29.4% nationally in children under 5 years old, while that among children under 24 months of age reached the highest. The prevalence of anemia in pregnant women was 36.5%. Due to constrained resources, the program on control of nutritional anemia has mainly focused on nutrition information, communication and education (IEC): diet diversification, utilization of iron rich food and educating pregnant women and other vulnerable target groups to buy iron pills for themselves.

In order to effectively address iron deficiency anemia, apart from expanding coverage of iron pill intake by vulnerable groups (pregnant women, children under 5 years old, adolescent females), attention should be paid to such synchronous and long term measures as encouragement on diversification of diet, strengthening utilization of micronutrient fortified foods, improvement of environmental hygiene and control of parasitic worm.

#### ***4.3- Iodine deficiency***

Disorders caused by iodine deficiency have been basically eliminated nationwide since 2005. At present, the NNS objective to reduce goiter prevalence in children of between 8 – 12 years old has been achieved. However, sustainability of maintaining mean urinary iodine level and iodized salt coverage has not yet met targets set for the NNS. In recent years, qualified iodized salt coverage was reduced from 91.9% in 2005 to 69.5% in 2009. The coverage of iodized salt has not been distributed evenly while its maintainability and sustainability remained low. Decreased investment in the program of goiter control has created a barrier for the retention of achieved successes.

### **5- Status of overweight, obesity and nutrition related non-communicable chronic diseases.**

#### ***5.1- Overweight and obesity***

In recent years, in addition to a high rate of malnutrition, overweight and obesity among certain proportions of urban population have been on the rapid rise and become a public health problem in Viet Nam. According to results of epidemiological surveys conducted widely in 2005 and in 2009, overweight and obesity in the age group of 25 - 64 years increased: 18.1% in women; 14.6% in men. Overweight and obesity are considered as the first phase of the chronic non- communicable diseases (diabetes and cardiovascular problems). Most recently, the International Diabetes Federation has introduced a new definition of metabolic syndrome, considering belly fat is a compulsory indicator of the syndrome. People with metabolic syndromes are at a double risk of suffering from cardiovascular problems than those without metabolic syndromes.

According to a survey conducted in the city by the Nutrition Center of Ho Chi Minh city, the prevalence of overweight in children under 5 years of age increased from 3.2% in 2000 to 11.5% in 2010 (nearly 4 times higher increase within 10 years). The prevalence of obesity in primary school pupils remained at 9.4% in 2012, increased by four times compared to that of

2009 (38.5%, including 21.4% of pupils with overweight and 17.1% of pupils with obesity); the prevalence of these in high school children reached 6.1% in 2012, increased by 3.7 times compared to that of 2009 (22.5%, including 15.7% of children with overweight and 6.8% of children with obesity). A survey conducted in 2008-2009 school-year in two semi-boarding primary schools in District 10 in Ho Chi Minh City reveals that the prevalence of underweight and stunting remained low at 1.4% and 0.9%, respectively. Meanwhile the prevalence of overweight and obesity reached 20.8% and 7.7%, respectively. Majority of overweight and obesity pupils are boys (accounting for 67.1% and 91.7%, respectively). As such, a concerned problem has been raised for both healthcare and education sectors in the coming time. The prevalence of overweight and obesity in reproductive age women (between 15 and 49 years old) in Ho Chi Minh City has also strongly increased by 3 times within 10 years, from 10.2% in 1999 to 30.1% in 2009.

#### **5.2- *Rapid increase of nutrition related non - communicable chronic diseases.***

Beside rapid increase of obesity, the metabolic disorders have been on the rise in different population groups in recent years. Metabolic syndrome consisted of some disorders in a close association with Belly fat, cardiovascular problems (high blood pressure, decreased HDL-cholesterol, increased blood triglyceride) and hyperglycemia.

Increasing nutrition related non-communicable chronic diseases have changed disease and mortality patterns in our country. Researches conducted recently among Vietnamese adults show that the proportion of adults with high blood pressure has increased from 1% in early 1960s to 27.4% in 2008. Metabolic syndrome remained at 13.1% in 2005 in Ha Noi. Diabetes type 2 in people over 15 years old in Ha Noi has increased from 1.6% in early 1990s to 4.9% at present and remained on a rapid increasing trend in big cities. The prevalence of blood sugar tolerance impairment remained at 5.9%. As for Ho Chi Minh City, the prevalence of diabetes type 2 adjusted by population structure was 3.7%.

According to results of a survey conducted in 2008, metabolic syndrome in adults in Ho Chi Minh City remained at 18% with a rising tendency, especially in inner city (the prevalence has increased by 1.5 times within 5 years (from 12% in 2003 to 18% in 2008). The metabolic syndrome has been gradually popularized in young people, with the proportion of 12% in target group of people under 50 years old and 4.6% in adolescents. The prevalence of high blood triglyceride of around 46% and high blood pressure of 40% in adolescents were risk factors to cardiovascular problems (2008). Belly fat in adults has been recognized at a substantial high rate of nearly 30% and half of obesity people ( $BMI \geq 27.5$ ) suffered from belly fat. Almost 35% of people in Ho Chi Minh City have suffered from sugar conversion disorder (including 7% infected with diabetes; 10.7% suffered from sugar tolerance disorder and 16.4% suffered from sugar disorder during hungry time). The prevalence of people with diabetes in Ho Chi Minh City has increased by nearly two times within 7 years (from 3.8% in 2001 to 7% in 2008).

The rapid increase of nutrition related chronic non- communicable diseases in the past years has closely related to improper nutrition status and unhealthy life style. Majority of people with diabetes are at the ages of 30-65 years. However, children between 9-10 years old have also been infected with diabetes, showing the trend of more generalization of this disease in Viet



Nam. According to data provided by the Vietnam Diabetes Association, the proportion of people with diabetes remained at 2.7% in 2002, increased to 5.7% of the population in 2008. People with diabetes in big cities have accounted for 7.2% of the population.

#### **6- Gaps and constraints that need to be addressed:**

- Although recorded achievements in reducing malnutrition rate in the past 10 years are highly acknowledged and appreciated by international organizations, the prevalence of malnutrition in our country has remained high; in particular, the prevalence of stunting (height/age) has reached 31.9%. The prevalence of underweight and stunting has remained at a very high level in the Northern mountainous, Central Highlands, and North Central areas.
- Meanwhile all efforts have been made to control of malnutrition, overweight and obesity among certain proportions of urban population have been on the rapid rise and become a public health problem in Viet Nam. The increasing trend of overweight and obesity has been seen both in adults and children. In some big cities, the prevalence of overweight and obesity in children has been at an equal level to, or even higher than that of the underweight. Overweight and obesity are the early phase of metabolic syndromes such as diabetes and cardiovascular problems emerging in the next generation. People with metabolic syndromes are at a double risk of suffering from cardiovascular problems compared to those without metabolic syndromes.
- Rapid increase of nutrition related non-communicable chronic diseases has changed disease and mortality patterns in our country. Researches conducted recently in Vietnamese adult shows that the proportion of adults with high blood pressure has increased from 1% in early 1960s to 27.4% in 2008. Diabetes type 2 in adults over 15 years old in Ha Noi has increased from 1.6% in early 1990s to 4.9% at present and is still on the rapidly increasing trend in big cities.
- Malnutrition caused by chronic energy deficiency among reproductive age women remained at the rate of 20.6% nationally in 2007. This partly resulted in a high prevalence of low birth weight newborns in Viet Nam and other developing countries. Many researches conducted in Viet Nam and in the world shows that low birth weight children are at a high risk of being infected with such chronic diseases as diabetes, high blood pressures, coronary thrombosis, stroke, and obesity in the future.
- Diet patterns of the population have developed in a complicated trend, creating a complex phenomenon in the transition stage. In some areas, especially in remote areas, the diet has been seen to be poor in quantity and unbalanced in quality. Meanwhile, improper diets have been becoming common for some population strata in big cities and urban areas. These people have tended to have access to diets which are rich in saturated fat, sugar, fibrousless and refined food that cause increase of nutrition related chronic non-communicable diseases.
- Food security: The proportion of households with energy intake per capita per day < 1800 kcal remains at 34.2% (compared to the target of less than 5% for 2010). Many regions

and areas have been threatened by risk of food and foodstuff shortage as a result of natural disasters such as flood and droughts. Environmental pollution and climate change have been recognized as other threats for food security.

- Control of food hygiene and safety is still a big challenge.
- The importance of nutrition related issues has not been adequately recognized. Reduction of underweight (weight/age) has been paid more attention than reduction of stunting (height/age) and improper nutrition leading to emerging nutrition related problems, especially diabetes and cardiovascular problems is apparent.
- Micronutrient deficiency status still needs to be further invested: the prevalence of pre-clinical Vitamin A deficiency in children under 5 remained nationally high (14.2%), and very high in some areas: 15.3% in the Southern Central; 18.6% in the Mekong River delta; 19.2% in the Central Highlands; 20.2% in the Northwestern. The prevalence of pre-clinical vitamin A deficiency in pregnant women remained at 36.6%. The prevalence of low vitamin A in breast milk reached 49.4%. The prevalence of iron deficiency anemia remained at 36.2% in children under 5; 37.6% in pregnant women; and 9.4% in men. The prevalence of urinary iodine deficiency remained at 11.3%.
- Attention paid by the Party committees and authorities at different levels to nutrition related issues is still limited. Awareness of proper nutrition of populations is low. Many provinces have not invested with funding for nutrition programs and even used a part of budget allocated by the central level for other objectives. Nutrition staff working for Nutrition and Food Safety Department are often rotated and not timely replaced.

#### ***Causes for successes and limitations:***

Causes for successes:

- Leadership and guidance of Party committees and authorities at all levels:

The Party, the National Assembly, the Government, relevant ministries and sectors have enacted numerous guidelines and instructions to implement NNS and nutrition related issues. In the 35th session of the UN Standing Committee in Nutrition held in March 2008 in Ha Noi, it was confirmed by the Deputy Prime Minister Nguyen Sinh Hung that the Government of Viet Nam committed to continue to address issue of malnutrition, with a goal to reduce malnutrition rate to less than 20% by 2010 and less than 15% by 2015.

Reduction of malnutrition has become a national indicator in the Resolution of the National Party Congress, annual resolutions of the National Assembly and People's Councils at all levels.

Central and local government is increasing investment in nutrition related issues every year. At the central level, funding for nutrition program has increased gradually from 30 billion VND in 2001 to 122 billion VND in 2010. Similarly, local funding has also increased by provinces/ cities from more than 8 billion VND in 2001 to 20 billion VND in 2010.

- Active involvement of relevant sectors and mass organizations at all levels:

During the course of implementation of the NNS, many relevant ministries, sectors and mass organizations have developed formats and models directed to target groups and specific tasks, with increased involvement of the population as a result. In addition, some organizations such as Vietnam Women's Union, Vietnam Farmer Association, Vietnam Confederation of Labor, etc. have developed their own plan of action for implementing NNS within their entity.

- Policy to implement comprehensively nutrition activities from central to local levels:

Nutrition activities have been conducted widely and comprehensively from the central to commune levels nationwide with active involvement of sectors, mass organizations and communities. Awareness of proper nutrition in general and malnutrition control in particular amongst government officials, agency staff and local communities has been raised as a result of nutrition activities implementation. In addition, relevant ministries and sectors have played their advisory roles to the Government and ministry leaders regarding the promulgation of nutrition support policies and guidelines at all levels.

- Strong socio-economic, science and technology development is creating a favorable environment:

During the past 10 years, the economy has grown rapidly. The proportion of poor households has been continuously reduced. Education, information and communication systems have developed rapidly. International integration has increased in a wide and in-depth scope to provide population with more information and knowledge.

- Effective support from international organizations, local and international non-governmental organizations (LNGOs - INGOs).

International organizations, governments of different countries, and NGOs have provided technical and financial support for the implementation of many activities within the NNS, including research, staff training, education, and communication and intervention projects. Resources have been enhanced through domestic and international cooperation projects. Social mobilization, especially in the child malnutrition control program, has achieved a high level of efficiency.

Causes to limitations:

- In some localities, Party committees and authorities have neither given adequate attention or concerns to nutrition issues nor recognized their importance.

In some provinces, the Steering Committees for NNS implementation and malnutrition control program have been established in compliance with the direction given by the upper level, but they have failed to thoroughly execute their functions and tasks.

- Resource investment has not yet met actual needs:

Resources invested to address nutrition issues have not yet met actual needs for comprehensive and synchronized implementation of the NNS nationally. The majority of

budget has been allocated for activities to control under 5-year child malnutrition, focusing much on reduction of underweight. Other important nutrition issues such as prevention and control of stunting and micronutrient deficiencies have not yet received due attention.

- Management and operation constraints.

In many localities, implementation of the NNS has remained in theory more than in practice. Monitoring and oversight of activity implementation has not been performed in a gradual and comprehensive manner. The process of planning, assigning targets and budget allocation has not adequately taken local needs and situations into consideration.

#### **7- Lessons learnt for NPAN 2011 - 2015:**

- Strong commitment of the Party committees and authorities at all levels is an essential and prerequisite factor to ensure the success of nutrition activities.
- Advocacy to sectors at all levels needs to be maintained. Objectives of malnutrition control should be incorporated into the resolution of the Party's Congress and annual resolutions of the National Assembly and local People's Councils.
- Education and communication to raise awareness of proper nutrition and behavior change are key interventions that should be maintained. Malnutrition is not only caused by hunger but also by ignorance.
- Nutrition activities implementation requires more creative approaches based on analysis of each locality's need. Local initiatives, proposals should be developed, collected and reviewed in order to provide effective guidance and orientation for implementation.
- Multi-sectoral cooperation should be promoted at all levels. The success in reduction of child malnutrition in many cities and provinces have provided an example of the important role played by multi-sectoral continued cooperation and active involvement of mass organizations at all levels.
- Monitoring and evaluation of nutrition status should be systematically performed. At the same time, new researches should be proposed and conducted in order to identify and assess emerging nutrition problems, thus making recommendations in a timely and rapid response with appropriate interventions.
- International cooperation should be strengthened with mobilization of additional resources in order to increase funding for nutrition activities.

## **PART II**

### **PLAN OF ACTION ON NUTRITION FOR 2012– 2015**

#### **I/ LEGAL BASIS FOR PLAN OF ACTION DEVELOPMENT**

- Resolution No. 37/CP dated 20/6/1996 of the Government on strategic orientation of the people's health care and protection indicating basic targets of the population health till 2020;
- The National Socio – Economic Development Strategy and Sustainable Development Orientation of Viet Nam, phase 2011- 2020;
- Decision No. 226/QĐ-TTg dated 22/02/2012 by the Prime Minister approving the National Nutrition Strategy for 2011-2020 with a vision toward 2030.

#### **II/ VIEWPOINTS, INTERNATIONAL AND NATIONAL CONTEXTS RELATING TO PLAN OF ACTION DEVELOPMENT**

##### **1- International context:**

- Economic globalization is an objective trend, and economic integration is inevitable which either creates development opportunities or brings challenges for countries. Improvement of nutrition status and stature of Vietnamese people, reduction of nutrition related non-communicable chronic diseases will play an important role in preparation of healthy intellectual and physical human resources for the cause of industrialization and modernization of the country in the coming decades.
- Science and technology, especially information technology has continued making great strides, impulsing development of intellectual economy that has multi-faceted impacts and deeply changed all walks of social life in many countries.

##### **2- National context**

- After 20 years of Doi Moi (Renovation) (1986 - 2010), Viet Nam has obtained numerous achievements in socio-economic development. Average GDP has achieved 7.5% per year. Viet Nam's economy has been ranked as the fastest growth in Asia in recent years. Economic development in recent years has helped the country to gradually escape from poverty. It is expected that Viet Nam will become a modern oriented industrial country. In spite of that, the country has still led a low-income economy with lower indicators of infrastructure and human development in comparison with those of other countries in the world. The gap between the rich and the poor has been raised in the society.
- Many policies and laws have been issued or amended to be more in line with market mechanism and global integration, gradually creating appropriate, safe and favorable legal environment for production, business as well as public health care and nutrition improvement.
- Resolution No. 37/CP dated 20/6/1996 on Strategic orientation of the people's health care and protection specifying basic targets of the population health till 2020: "The proportion of under 5 years of age malnourished children will be decreased by 15 % by 2020 and the

average height of Vietnamese youths will reach 1.65 meter by 2020".

### **3- Opportunities and challenges:**

#### ***Opportunities:***

- a) By the year 2020, the population of Viet Nam will reach the figure of 100 million, of whom around 65 million people are in the productive age of 15-59 years. This will be an opportunity for development and will create challenges for improvement of health care and nutrition, vocational training and job creation for dozens of millions of laborers.
- b) After 20 years of Doi Moi, achievements in socio-economic development and political stability have made the country to be enhanced in term of being in a high position and power. Population's income has been increased, and their lives have been increasingly improved. Contribution of resources to nutrition programs by the Government has been increasingly strengthened.

#### ***Challenges:***

- a) The proportion of elderly population has increased from 7.15% in 1979 to 9.19% in 2008 and likely 11.2% by 2020. Social cost for an elderly person is 8 times higher than that for a child. The elderly will have to face with many problems of diseases and nutrition. As such, it has become a big challenge to improvement of health care and nutrition status in the target group and especially response to nutrition related non-communicable chronic diseases.
- b) Urbanization will be a motivation for long-term development. However, it will result in reduction of agricultural production. Increased population in parallel with urbanization and higher income will make impacts on diets, lifestyle, nutrition status and emerging nutrition related diseases in coming decades.
- c) Being strongly affected by global climate changes, the country will encounter with such natural disasters as typhoon, flood, drought, risen sea surface threatening national/household food and foodstuff security.
- d) Globalization brings about new challenges relating to foodstuff and food hygiene and safety control.
- e) The lower the malnutrition prevalence is, the slower the pace of reduction is. There is a big disparity in prevalence of malnutrition among children under 5 years old in different areas. Beside existing improper nutrition and micronutrient deficiency, nutrition related non-communicable chronic diseases are increasingly emerging.
- f) Investment in nutrition improvement has not been correspondingly responded to requirement for rapid and sustainable reduction of malnutrition rate. Network of nutrition activity implementation has not been consistent while number of nutrition staff in communities and hospitals is in short and the quality is poor.

### **4- Viewpoints for development of the action plan:**

- a) To implement nutrition interventions by human life cycle from being a fetus to an adult,

in which priority will be given to pregnant women, children under 5 years old, juveniles prior to mother- and father-to-be, and immigrants in industrial zones.

- b) To implement nutrition interventions throughout the country, especially to pay more attention to geographically disadvantaged areas and areas of high malnutrition rate in an effort to decrease disparity of nutrition status amongst different areas of the country.
- c) To integrate nutrition programs into other programs of health sector as well as programs of hunger elimination and poverty reduction, clean water, food security, natural disaster relief and many other socio - economic development programs.
- d) Implementation of the nutrition program requires involvement of not only the health sector but also authorities of all levels including relevant ministries/sectors, social organizations, the mass media and the whole population.
- e) Nutrition activity implementation will be associated with researches to evaluate recorded successes and make orientations for follow-up interventions.
- f) To diversify financial sources: funding to support nutrition and food safety should be mobilized through National Target Programs and recurrent state budget allocation for health sector in a close cooperation with local budget and funds from social mobilizations of relevant organizations and individuals and other grant programs on foods.

## **5- Issues need to be prioritized in the coming time**

### ***Regarding the areas of:***

- Implementation of stunting control activities to improve stature and physical health of different Vietnamese generations in the coming decades.
- Effective control of overweight/ obesity and nutrition related non-communicable chronic diseases, firstly focusing on diabetes, high blood pressure, cardiovascular problems, etc.
- Strengthened capacity of nutrition staff in communities and hospitals

### ***Regarding the scope of:***

- Intervention measures should be targeted to poor and remote areas, ethnic minority groups, provinces with a high malnutrition rate, especially a high rate of stunting.
- Intervention measures should also be targeted to industrial zones with a large number of immigrants.

## **OBJECTIVES**

### **1- General Objectives**

By the year 2015, the diet of Vietnamese people in all areas will be improved in terms of quantity and balanced in quality; child malnutrition, in particular the prevalence of stunting will be strongly decreased contributing to improved stature, physical and intellectual health of Vietnamese people; and overweight and obesity will be effectively controlled, contributing to the prevention of nutrition related non-communicable chronic diseases.

### **2- Specific objectives**

***Objective 1: To continue to improve the diet of the population, in terms of both quantity and quality***

***Indicators:***

- The proportion of households with low energy intake (*below 1800Kcal*) will be reduced to 10% by 2015.
- The proportion of households with a balanced diet (Protein: Lipid: Carbohydrate ratio- 14:18:68) will reach 50% by 2015.

***Objective 2: To improve the nutrition status of mothers and children***

***Indicators:***

- The prevalence of chronic energy deficiency of reproductive age women will be reduced to 15% by 2015.
- The rate of low birth weight (infant born less than 2,500 g) will be reduced to less than 10% by 2015.
- The rate of stunting in children under 5 years old will be reduced to 26% by 2015.
- The prevalence of underweight among children under 5 years old will be reduced to 15% by 2015.
- By 2015, the average height of children under 5 years old will increase by between 0.7cm and 1cm in both boys and girls; and height in adolescents by sex will increase by 0.4cm – 0.5cm compared with the averages from 2010.
- The prevalence of obesity in children under 5 years old will be less than 5% in rural areas and less than 10% in big cities by 2015.

***Objective 3: To improve micronutrient status***

*To reduce prevalence of pre-clinical vitamin A deficiency, iron deficiency anemia in children under 5 years old and pregnant women; to eliminate metabolic disorders caused by iodine deficiency.*

***Indicators:***

- The prevalence of children under 5 years old with low serum vitamin A (<0.7  $\mu$  mol/L) will be reduced to less than 10% by 2015.



- The prevalence of pregnant women suffering from anemia will be reduced to 28% by 2015.
- The prevalence of children under 5 suffering from anemia will be reduced to 20% by 2015.
- By 2015, the proportion of households eating qualified iodized salt ( $\geq 20$  ppm) will reach more than 90%; Mean urinary iodine levels in mothers with children under 5 years old will be between 10 - 20  $\mu\text{g/dl}$ .

***Objective 4: To effectively control overweight and obesity and risk factors of nutrition related non – communicable chronic diseases in adults***

***Indicators:***

- The prevalence of obesity in adults will be controlled to a rate of less than 8% by 2015.
- The proportion of adults with elevated serum cholesterol (over 5.2 mmol/L) will be less than 28% by 2015.

***Objective 5: To improve knowledge and practices of proper nutrition***

***Indicators:***

- The rate of exclusive breastfeeding (EBF) for the first 6 months will reach 27% by 2015.
- The proportion of mothers with proper nutrition knowledge and practices when caring for a sick child will reach 75% by 2015.
- The proportion of adolescent females receiving maternal and nutrition education will reach 65% by 2015.

***Objective 6: To reinforce capacity and effectiveness of the network of nutrition services in both community and health care facilities***

***Indicators:***

- By 2015, 75% of nutrition staff at provincial level and 50% of those at district level will be trained in community nutrition from 1 to 3 months.
- By 2015, 100% of commune nutrition staff and nutrition collaborators will be trained and updated knowledge on nutrition care practices.
- By 2015, the proportion of hospitals with dieticians will reach 90% at central level, 70% at provincial level and 30% at district level.
- The proportion of hospitals providing nutrition counseling services and applying diets for proper nutrition for targeted diseases and group members including aging people, HIV/AIDS and TB will reach 90% at central level, 70% at provincial level, and 20% at district level by 2015.
- By 2015, the proportion of provinces with qualified nutrition surveillance units will reach 50%. A set of nutrition indicators on implementation of objectives will be appropriately and adequately developed. Monitoring and supervision of nutrition in emergencies will be conducted in disaster – stricken provinces.

### III/ MAIN CONTENTS OF THE PLAN

#### 1- IMPROVE DIET OF THE POPULATION IN TERMS OF BOTH QUANTITY AND QUALITY.

**Expected outcome 1:** Nutrition demand table recommended for Vietnamese people and proper nutrition advices is redeveloped.

**Output 1.1:** A nutrition demand table recommended for Vietnamese people is developed

*Activity 1.1.1:* Update, supplement and finalize the nutrition demand table recommended for Vietnamese people

In 2012:

- + Collect and make reference to nutrition demand tables recommended for some countries in the world and in the region.
- + Update information and data of foodstuff consumption of the Vietnamese people in recent years.
- + Develop a nutrition demand table recommended for Vietnamese people in the coming period.

*Activity 1.1.2:* Analyze composition of nutrition in foods so as to have that of Viet Nam to be updated and supplemented accordingly.

In 2013- 2015: Implement annually

- + Analyze composition of nutrition in foods so as to have that of Viet Nam to be updated and supplemented accordingly.

*Activity 1.1.3:* Organize conferences and workshops to disseminate and guide use of nutrition demand table recommended for Vietnamese people for ministries/ sectors and 63 provinces/ cities.

In 2013:

- + Organize 01 conference to disseminate and guide use of nutrition demand table recommended for Vietnamese people for ministries/sectors and agencies of 63 provinces/ cities in the North, Central, and South of Viet Nam (2 participants/ province, 63 provinces and cities).

*Activity 1.1.4:* Publish and distribute the nutrition demand table recommended for Vietnamese people in the coming period.

In 2013:

- + Distribute 20 copies/province with the nutrition demand table recommended for Vietnamese people to 63 provinces/cities.
- + Distribute 5 copies/province with the nutrition demand table recommended for Vietnamese people to 698 districts across the country.

- + Distribute 500 copies to relevant ministries, sectors and institutes.

**Output 1.2:** Advices of proper nutrition for the coming period are re-compiled

*Activity 1.2.1:* Collect and make reference with advices of proper nutrition from certain countries in the region and in the world; update data and information of food consumption and diet habit of Vietnamese people during the past five years.

In 2012:

- + Collect and make reference with advices of proper nutrition from certain countries in the region and in the world;
- + Conduct studies in 6 ecological areas to collect data and information of food consumption and diet habit of Vietnamese people during the past five years

*Activity 1.2.2:* Compose advices of proper nutrition for the coming period.

In 2012:

- + Compose advices of proper nutrition for the coming period

*Activity 1.2.3:* Develop guidelines for implementation of “advices of proper nutrition”

In 2013:

- + Develop 01 guideline for implementation of “advices of proper nutrition”

*Activity 1.2.4:* Organize workshops to introduce “advices of proper nutrition” for the coming period

In 2012:

- + Organize 01 workshop to introduce “advices of proper nutrition” for the coming period for 30 participants from central level and 30 participants from provincial level (2 participants/ province x 15 provinces).

*Activity 1.2.5:* Organize a workshop to introduce the Guidebook for implementation of “advices of proper nutrition”.

In 2013:

- + Organize 01 workshop on dissemination of “advices of proper nutrition” and the guidebook with participation of leaders, nutrition staff and officials from relevant sectors/ agencies in 02 regions (04 participants/ province; 63 provinces and cities)

*Activity 1.2.6:* Publish and distribute leaflets and guidebooks of "advices of proper nutrition" to 63 provinces and cities.

In 2013:

- + Distribute 50 copies of guidebooks and 200 leaflets/ province regarding "advices of proper nutrition" to 63 provinces and cities across the country.
- + Distribute 5 copies of guidebooks and 100 leaflets/ province regarding "advices of proper nutrition" to 698 districts;

- + Distribute 2 copies of guidebooks and 10 leaflets/province regarding "advices of proper nutrition" to 11,118 communes
- + Distribute 500 copies of guidebooks and 1,000 leaflets to relevant ministries, sectors and institutes.

**Expected outcome 2:** Knowledge of proper nutrition (diets of sufficient quantity and balanced quality) of the population is improved.

**Output 2.1:** Communication and education materials based on contents of newly updated "advices of proper nutrition" are developed and distributed

*Activity 2.1.1:* Develop information, communication and education (IEC) materials for guidance of diet diversification.

In 2013:

- + Develop 2 leaflets on diet diversification
- + Develop 01 guidebook of diet diversification

In 2014:

- + Develop 02 reportages on diet diversification
- + Develop a flip picture book on diet diversification to be used by nutrition collaborators

In 2015:

- + Design 3 posters on diet diversification
- + Produce 02 reportages on diet diversification

*Activity 2.1.2:* Publish and distribute communication and education materials of different kinds.

In 2013:

- + Publish and distribute 02 leaflet types on diet diversification to commune nutrition staff (05 copies/ commune; 11,118 communes)
- + Publish and distribute 02 leaflet types on diet diversification to district nutrition staff (50 copies/ district, 698 districts)
- + Publish and distribute 02 Guidebooks on diet diversification to 11,816 communes, districts (3 copies/ commune)

In 2014:

- + Produce and distribute CDs on diet diversification to 11,816 communes, districts.

In 2015:

- + Publish and distribute 01 flip picture book on diet diversification to nutrition collaborators in 11,816 communes and districts (25 copies/ commune).
- + Publish and distribute 03 poster types on diet diversification to 11,816 communes,

districts (02 copies /each type/ commune)

*Activity 2.1.3: Develop and distribute models of proper nutrition pyramid.*

In 2013:

- + Develop 03 models of proper nutrition pyramid for adults; pre-school and nursery school children.

In 2014: Print and distribute 03 models of proper nutrition pyramid to different levels

- + Publish and distribute 03 models of proper nutrition pyramid for adults; pre-school and nursery school children to staff at commune level (05 copies/ commune; 11,118 communes).
- + Publish and distribute 03 models of proper nutrition pyramid for adults; pre-school and nursery school children to staff at district level (05 copies/ district; 698 districts).
- + Publish and distribute 03 models of proper nutrition pyramid for adults; pre-school and nursery school children to Preventive Medicine Centers (PMCs), Reproductive Health Care Centers (RHCs), Health Education and Communication Centers (HECs) of 63 provinces and cities (200 copies/ model/ province) to be further distributed to pre-school facilities and nursery schools.

*Activity 2.1.4: Disseminate documents of diet diversification and proper nutrition on the mass media channels*

In 2013 - 2015: Implement annually

- + Integrate activities for developing 03 reportages to disseminate communication and education materials on Micronutrient day, Nutrition and Development Week and Breastfeeding Week.

**Output 2.2:** Capacity building for nutrition staff is enhanced.

*Activity 2.2.1: Yearly organize ToT courses and counseling for nutrition staff at provincial level on basic knowledge of nutrition, processing and selection of foods for proper diets, processing of complementary foods for children, etc.*

In 2013 - 2015: Implement annually

- + Integrate contents into ToT training courses and counseling for nutrition staff at provincial level in basic knowledge of nutrition, processing and selection of foods for proper diets, processing of complementary foods for children, etc.

*Activity 2.2.2: Yearly organize ToT courses and counseling for nutrition staff of relevant sectors/ agencies in basic knowledge of nutrition, processing and selection of foods for proper diets, processing of complementary foods for children, etc.*

In 2013 - 2015: Implement annually

- + Integrate contents into ToT training courses and counseling for nutrition staff of relevant sectors/ agencies.

**Output 2.3:** Communication activities on the mass media in nutrition communication

campaigns (Micronutrient Day, Nutrition and Development Week) are implemented.

*Activity 2.3.1:* Organize communication campaigns of proper and balanced nutrition at national level.

In 2013 - 2015: Implement annually

- + Organize 02 communication campaigns of proper and balanced nutrition at national level.

*Activity 2.3.2:* Develop a communication schedule (broadcast of reportages, news and articles) on the mass media such as newspaper, radio and television at provincial level.

In 2013 - 2015: Implement annually

- + Develop contents and communication schedule (broadcast of reportages, news and articles) on the mass media such as newspaper, radio and television at provincial level (twice a year).

**Expected outcome 3:** Local cultivation and animal husbandry to produce nutritious foods for household diets are promoted.

**Output 3.1:** Model of local cultivation and animal husbandry to produce nutritious foods for household diets is encouraged to develop.

*Activity 3.1.1:* Provide instructions of cultivation, vegetation, animal husbandry and aquaculture, especially focusing on poultry breeding.

In 2013 - 2015: Implement annually.

- + Develop models in 06 ecological areas (household-based models of animal husbandry, poultry breeding, aquaculture, and seafood production).

*Activity 3.1.2:* Encourage to produce plant protein sources of high nutrition value (sesame, peanut, beans).

In 2013 - 2015: Implement annually

- + Develop in each ecological area (6 areas) 03 models of production of plant protein sources of high nutrition value (sesame, peanut, beans)

*Activity 3.1.3:* Develop household nutrition plots (vegetable and fruit gardens)

In 2013 - 2015: Implement annually

- + Develop in each ecological area (6 areas) 05 models of household vegetable and fruit garden

**Output 3.2:** Models of household animal raising and cultivation and other nutrition education and communication activities are integrated and nationwide popularized

*Activity 3.2.1:* Organize training courses on techniques of animal raising and cultivation for households in coordination with the Vietnam Farmers' Union and Gardener's Union

In 2013 - 2015: Implement annually

- + Conduct 05 training courses in techniques of animal raising and cultivation for

households which participate in implementation of pilot models in ecological areas in coordination with the Vietnam Farmers' Union and Gardener's Union.

*Activity 3.2.2:* Provide households with technology of post-harvest food and foodstuff storage

In 2013 - 2015: Implement annually

- + Conduct training courses on technology of post-harvest food and foodstuff storage for households (100 households/ province x 2 courses x 15 provinces).

*Activity 3.2.3:* Provide integrated communication on implementation of nutrition activities, development of household-based animal husbandry and cultivation models in periodical communication campaigns with support of nutrition collaborators.

In 2013 - 2015: Implement annually

- + Conduct integrated communication on implementation of nutrition activities, development of household-based animal husbandry and cultivation models in periodical communication campaigns with support of nutrition collaborators (2 courses x 15 provinces)

**Output 3.3:** Pilot models of improved diets based on local food sources are developed and scaled up.

*Activity 3.3.1:* Provide techniques of animal husbandry and cultivation to produce foods, which are rich in protein and lipid in accordance with cultivating conditions of localities.

In 2013:

- + Establish and maintain operational activities of clubs of farmers who are good at animal raising and cultivation to improve diet quality (2 clubs/ province in 10 provinces/ cities)

In 2014 - 2015:

- + Retain operational activities of clubs of good farmers to improve diet quality (2 clubs/ province in 10 provinces/ cities)
- + Organize contests among clubs of good farmers of animal raising and cultivation (01 contest/ province in 10 provinces/ cities)
- + Convene 01 workshop/year to share experience for two provinces

*Activity 3.3.2:* Provide seeds and breeds for provinces which implement pilot models

In 2013:

- + Provide 10 provinces participating in implementation of pilot models with seeds and breeds, which are suitable with real conditions of each province.

In 2014-2015:

- + Maintain and develop seeds and breeds

*Activity 3.3.3:* Establish clubs of good animal raising and cultivation farmers and organize contests

In 2013- 2015:

- + Establish 20 clubs of good animal raising and cultivation farmers in 10 provinces.

In 2015:

- + Organize 10 contests for good farmers of cultivation and animal husbandry in 10 provinces.
- + Organize 01 contest for good farmers of cultivation and animal husbandry among 10 provinces

*Activity 3.3.4:* Organize workshops, conferences to disseminate and share experience.

In 2015:

- + Conduct 01 workshop on exchange of experience in the North, Central and South of Viet Nam (one workshop/ region)

*Activity 3.3.5:* Conduct studies on development of nutritious and micronutrient rich foods in localities.

In 2012 - 2015: Implement annually

- + Conduct 03 studies on development of nutritious and micronutrient rich foods in localities.

## **2- IMPROVEMENT OF NUTRITION STATUS OF MOTHERS AND CHILDREN**

***Expected outcome 1:*** Network of nutrition activity implementation is reinforced, and training courses for staff involved in malnutrition prevention and control are organized.

**Output 1.1:** Network of nutrition activity implementation is reinforced.

*Activity 1.1.1:* Reorganize the Steering Committees for Malnutrition Prevention and Control at all levels, ensuring establishment of Steering Committees for Malnutrition Prevention and Control in all (100%) provinces, districts and communes.

In 2012 - 2015: Implement annually

- + Convene meetings of Steering Committees for Malnutrition Prevention and Control at provincial level (01 meeting/ province).

*Activity 1.1.2:* Reinforce and employ further nutrition staff to ensure that there is 01 nutrition worker/ secretary each at provincial, district and commune levels.

In 2013 – 2015: Implement annually

- + Integrate guidance to re-organize Steering Committees of Malnutrition Prevention and Control at district and commune levels (once every 6 months)

*Activity 1.1.3:* Review and employ personnel to ensure that each village/ hamlet has at least 01 nutrition collaborator.

In 2013 – 2015: Implement annually

- + Integrated guidance and review to ensure sufficient number of nutrition collaborators



for each village/ hamlet (every 6 months).

**Output 1.2:** Capacity of implementation and supervision for nutrition activities of nutrition workers in the community is improved.

*Activity 1.2.1:* Organize training courses for nutrition staff at provincial level

In 2013 – 2015: Implement annually:

- + Conduct training courses for provincial nutrition staff (8 participants/ province, 63 provinces/ cities), (participants are leaders and staff from Medical professional division – Provincial Department of Health, leaders and nutrition workers/ secretaries from Provincial Preventive Medicine Centers, Provincial Reproductive Health Centers and Provincial Health Education and Communication Centers).

*Activity 1.2.2:* Organize training courses for nutrition staff at district level

In 2013 – 2015: Implement annually:

- + Conduct training courses for nutrition workers at district level (one course/ year; 698 districts), (participants are leaders and nutrition workers of District Health Centers - DHC, heads and nutrition workers of hospital's department of Nutrition and Food Safety, Mother and Child Health teams).
- + Support training for nutrition workers of 03 disadvantaged provinces (once per year)

*Activity 1.2.3:* Organize training courses for nutrition workers at commune level and village / hamlet nutrition collaborators.

In 2013 – 2015: Implement annually

- + Conduct training courses combined with regular meetings for heads and nutrition workers of Commune Health Centers once a year; and organize training courses for village/ hamlet nutrition collaborators and new collaborators (once per year).

*Activity 1.2.4:* Organize discipline-based nutrition training (post graduate, bachelor, nutrition technician, and dietician programs)

In 2013 – 2015: Implement annually

- + Organize discipline-based nutrition training courses based on training needs of all levels and need for enhanced professional skills/ knowledge of nutrition workers.

**Expected outcome 2:** Knowledge of pregnant women, mothers, and child caregivers is improved through nutrition communication and education activities

**Output 2.1:** Nutrition IEC is conducted through communication events and campaigns.

*Activity 2.1.1:* Organize Micronutrient Day on June 1 – 2 every year for integrated nutrition IEC and malnutrition prevention and control activities during Micronutrient Day from central to provincial, district and commune levels.

In 2013 – 2015: Implement annually

- + Conduct 01 Micronutrient Day launch on the 1<sup>st</sup> - 2<sup>nd</sup> of June in one province.

- + Convene oral administration of Vitamin A during Micronutrient Day on the 1<sup>st</sup> - 2<sup>nd</sup> of December.
- + Broadcast reportages and news about nutrition on 05 channels of VTV.
- + Conduct communication activities on TV and newspapers of 63 provinces/ cities.
- + Broadcast 20 communication sessions on loud - speakers system of districts and communes in 63 provinces/ cities.
- + Print and post 20 articles in national newspapers.
- + Broadcast 20 communication sessions a year on VOV.

*Activity 2.1.2:* Organize Nutrition and Development Week in October every year for integrated nutrition IEC and malnutrition prevention and control activities from central to provincial, district and commune levels.

In 2013 – 2015: Implement annually

- + Broadcast reportages and news about nutrition on 03 channels of VTV.
- + Conduct communication activities on TV and newspapers of 63 provinces/ cities.
- + Broadcast 20 communication sessions on loud - speakers system of districts and communes in 63 provinces/ cities.

*Activity 2.1.3:* Organize Breastfeeding Week in August every year for integrated nutrition IEC and malnutrition prevention and control activities from central to provincial, district and commune levels.

In 2013 – 2015: Implement annually (integrated with activity 1.1.3 of Objective 5).

- + Broadcast reportages and news about nutrition on 02 channels of VTV.
- + Conduct communication activities on TV and newspapers of 63 provinces/ cities
- + Broadcast 20 communication sessions/ year on loud - speakers system of districts and communes in 63 provinces/ cities.

*Activity 2.1.4:* Organize competitions of talent nutrition staff and nutrition collaborators in 63 provinces/cities.

In 2015:

- + Conduct competitions of talent nutrition staff and nutrition collaborators at provincial level in 63 provinces/ cities (one competition/ province) and organize one competition at national level.

*Activity 2.1.5:* Organize workshops on nutrition for health workers and staff of sectors/ agencies at central level with participation of units under the Steering Committee for Child Malnutrition prevention, and coordinating units implementing Child Malnutrition prevention.

In 2014 - 2015:

- + Convene workshops on nutrition for health workers and staff of sectors/ agencies at central level (once a year).

**Output 2.2:** Education and communication activities of nutrition on the mass media are strengthened

*Activity 2.2.1:* Develop reportages and messages on topics of malnutrition prevention and control to be broadcasted on VTV.

In 2013 – 2015: Implement annually

- + Broadcast reportages/ messages on 05 channels of VTV (2 reportages/ messages per year)

*Activity 2.2.2:* Compose news and articles for dissemination of proper nutrition knowledge to be posted in newspapers, magazines, internet and special websites, etc.

In 2013 – 2015: Implement annually

- + Compose news and articles for dissemination of proper nutrition knowledge (10 topics/ year)

*Activity 2.2.3:* Compose news and articles on nutrition topics to be broadcasted on VOV and local loud – speaker system.

In 2013 – 2015: Implement annually

- + Compose news and articles for dissemination of proper nutrition knowledge (to be broadcasted on 05 programs per year)

*Activity 2.2.3:* Compose news and articles on topics of nutrition and development to be monthly broadcasted on local loud – speaker system

In 2013 – 2015: Implement annually

- + Compose 12 news reports and articles a year to disseminate knowledge of proper nutrition (to be broadcasted on local radios of 63 provinces/cities)

**Output 2.3:** Direct nutrition communication and education activities implementation is enhanced

*Activity 2.3.1:* Implement communication and education activities on prevention and control of malnutrition, micronutrient deficiencies, overweight - obesity and nutrition related chronic diseases for pregnant women, lactating mothers, child caregivers and other family members.

In 2013 – 2015: Implement annually

- + Conduct 01 training course at provincial level for nutrition staff of DHCs in 698 districts (2 persons /district; 2 - day course)
- + Integrate activities at district level for heads and Ob/ Ped assistant doctors of CHCs in 11,118 communes.
- + Integrate regular meetings with village/ hamlet nutrition collaborators to disseminate information and knowledge on prevention and control of malnutrition, micronutrient deficiencies, overweight -obesity and nutrition related chronic diseases.
- + Integrate communication activities for pregnant women, lactating mothers, child caregivers and other family members with information and knowledge on prevention

and control of malnutrition, micronutrient deficiencies, overweight-obesity and nutrition related chronic diseases.

*Activity 2.3.2:* Organize communication and education classes together with nutrition practices in villages/ hamlets for mothers and child caregivers in all villages/ hamlets. The nutrition practices should be closely in line with real situation of localities and integrated with community communication activities.

In 2013 – 2015: Implement annually

- + Organize communication and education classes together with nutrition practices in villages/ hamlets for mothers and child caregivers (once a year, 5 villages/ commune of all communes in the whole country (it is estimated that there are 650 children/ commune participating in the activity).

*Activity 2.3.3:* Establish and maintain operation of nutrition counseling and rehabilitation centers in 63 provinces/ cities.

In 2013

- + Establish nutrition counseling and rehabilitation centers in 63 provinces/ cities.

*Activity 2.3.4:* Provide direct nutrition counseling for lactating mothers, mothers with severe and mild malnourished children in 63 provinces/ cities through system of nutrition counseling clinics.

In 2013 – 2015: Implement annually

- + Maintain operation of counseling and rehabilitation centers in 63 provinces/ cities

*Activity 2.3.5:* Establish and maintain operation of 3 clubs/ province/ year where experience of nutrition treatment and practices for babies could be shared.

In 2013

- + Establish 03 clubs per province to share experience of nutrition treatment and practices for babies in 35 disadvantaged provinces.

*Activity 2.3.6:* Organize competitions on topics relating to prevention of malnutrition, micronutrient deficiencies, and improvement of nutrition status of children.

In 2015:

- + Integrate organization of competition on topics relating to prevention of malnutrition, micronutrient deficiencies, and improvement of nutrition status of children in 63 provinces/cities (once a year; 1 competition/ province)

**Output 2.4:** IEC documents and materials of nutrition are developed.

*Activity 2.4.1:* Develop technical training documents to be used by lecturers of medical universities/ schools, pedagogical universities/ schools and nursery training colleges.

In 2013- 2015:

- + Develop 03 sets of training documents for trainers/ lecturers of medical universities/ schools, pedagogical universities/ schools and nursery training colleges (01 set/

school).

*Activity 2.4.2:* Develop technical documents and training documents for staff who directly participate in implementation of nutrition activities at different levels.

In 2013- 2014:

- + Develop 02 sets of technical documents and training documents for staff who directly participate in implementation of nutrition activities in districts/communes.

*Activity 2.4.3:* Develop 01 set of technical document for village /hamlet nutrition collaborators

In 2014- 2015:

- + Develop 01 set of technical document for village /hamlet nutrition collaborators in communes.

*Activity 2.4.4:* Develop 02 monitoring books to be used by nutrition staff and nutrition collaborators.

In 2014- 2015:

- + Develop 02 monitoring books to be used by nutrition staff and nutrition collaborators.

*Activity 2.4.5:* Develop nutrition communication and education documents and materials

In 2013- 2015:

- + Develop 02 sets of guiding documents for care of pregnant women and children of 0-5 years of age;
- + Develop banners, slogans and leaflets, etc. on malnutrition prevention and control.

*Activity 2.4.6:* Develop specific nutrition IEC documents in the language of ethnic minorities to be broadcasted on VTV, regional televisions and local radios in provinces with high prevalence of stunting.

In 2013 - 2015:

- + Develop 03 sets of specific nutrition IEC documents in the language of ethnic minorities to be broadcasted on VTV, regional televisions;

***Expected outcome 3:*** Severe nutrition rehabilitation and emergency nutrition intervention activities are implemented.

**Output 3.1:** Guidelines on nutrition rehabilitation treatment for severely malnourished children in hospital and community are developed.

*Activity 3.1.1:* Develop 01 set of guidelines on nutrition rehabilitation treatment for severely malnourished children in hospital and community.

In 2012: Completed

- + Drafted 01 set of guidelines on nutrition rehabilitation treatment for severely malnourished children in hospital and community;

*Activity 3.1.2:* Organize consultative workshops to collect comments from professional

agencies on the draft guideline.

In 2012:

- + Collected comments on the draft guideline by professional agencies.

*Activity 3.1.3: Pilot and assess the guideline*

In 2012:

- + Completed piloting and evaluation of the guideline

*Activity 3.1.4: Finalize and submit the guideline to leaders of the Ministry of Health for approval.*

In 2012:

- + On going

**Output 3.2:** Children with severe malnutrition receive nutrition rehabilitation support.

*Activity 3.2.1: Print out and distribute management and recording files of severely malnourished children in hospitals and the community.*

In 2013 - 2015:

- + Provide management and recording files of children with severe malnutrition in hospitals and the community (63 provinces, 225 disadvantaged districts, and 3,375 communes).

*Activity 3.2.2: Support specific nutrition products (food rich in energy and complementary micronutrients) for 30% of severely malnourished children in communities and health facilities.*

In 2013 - 2015: Implement annually

- + Distribute free of charge specific nutrition products to severely malnourished children under 2 years old (30 products/ child, 25 children/ commune, in 5 communes/ district of 225 disadvantaged districts).
- + Transport specific nutrition products to 36 PPMCs in provinces with 225 disadvantaged districts.

*Activity 3.2.3: Organize training courses on treatment of severely malnourished children for health staff of pediatric department of provincial and district hospitals, and heads and nutrition workers of CHCs.*

In 2013:

- + Organize 01 training course for health staff of hospitals, PPMCs and RHCs in 63 provinces/ cities (2-day course, 2 participants/ unit)
- + Organize 01 two-day training course at provincial level for health staff of district hospitals, DHCs of 698 districts (10 participants/ district)
- + Integrate training at district level for heads and Ob/ Ped assistant doctors of CHCs of 11,118 communes.

*Activity 3.2.4:* Establish a team of experts who support localities to implement rehabilitation for severely malnourished children.

In 2013 - 2015:

- + Establish 01 team of experts who support localities to implement rehabilitation for severely malnourished children.

*Activity 3.2.5:* Monitoring and evaluation of the process of nutrition rehabilitation for severely malnourished children are conducted.

In 2013 - 2015:

- + Establish 01 team of experts at central level to pay supervisory visits to provinces for monitoring and evaluating the process of nutrition rehabilitation for severely malnourished children (3 experts /team; 4 days; 1 visit/ province, in 63 provinces and cities).
- + Establish 01 team of experts at provincial level to pay supervisory visits to localities for monitoring and evaluating the process of nutrition rehabilitation of severely malnourished children (3 experts/ team; 3-day visit, 6 visits/ year, in 63 provinces and cities).
- + Establish 01 team of experts at district level to pay supervisory visits to localities for monitoring and evaluating the process of nutrition rehabilitation of severely malnourished children (2 experts/ team; 2-day visit, 6 visits/ year, in 225 districts).

**Output 3.3:** Children in natural disaster affected areas and other vulnerable children groups (such as the ones with HIV) receive nutrition support.

*Activity 3.3.1:* Provide nutritious products to children under 5 years old who are at risk of being mild and severely malnourished in natural disaster affected areas.

In 2013 - 2015: Implement annually

- + Distribute free of charge specific nutrition foods to malnourished children in natural disaster hit areas (30 products/ child, 100 malnourished children/ commune, 20 communes/ disaster affected province).
- + Transport specific nutrition foods to provinces with natural disaster hit communes.

*Activity 3.3.2:* Improve communication skills and organize training courses on prevention and control of malnutrition for health workers, child caregivers in 18 provinces in the Central area and storms & floods stricken provinces.

In 2013:

- + Conduct 01 training course in communication skills for health staff from PPMCs and RHCs in 18 provinces (4-day course; 4 trainees/ unit)
- + Conduct 01 training course at provincial level on malnutrition prevention and control for health staff of district hospitals, DHCs of 200 districts (5 trainees/ district; 2 day course)

- + Integrate training courses at district level for heads and Ob/ Ped assistant doctors of CHCs in these 18 provinces.

*Activity 3.3.3:* Provide instructions of food safety and hygiene during the time of natural disaster: organize training courses on food safety and hygiene during natural disaster with participation of nutrition and food safety staff in 18 provinces in the Central area and natural disaster hit provinces.

In 2013: Integrate implementation with *Activity 3.3.2*

**Expected outcome 4:** Studies and specific nutrition models are conducted and developed.

**Output 4.1:** Studies on measures and techniques are proposed and conducted

*Activity 4.1.1:* Conduct studies on development of nutrition evaluation techniques and indicators.

In 2013 - 2015: Implement annually

- + Conduct 01 research per year on development of nutrition evaluation techniques and indicators.

*Activity 4.1.2:* Conduct studies on development of nutritious products and micronutrient rich products.

In 2013 - 2015: Implement annually

- + Conduct 02 researches per year on development of nutritious products and micronutrient rich products.

**Output 4.2:** Studies on influencing factors on nutrition status of mothers and children in the community are conducted.

*Activity 4. 2.1* Conduct studies on influencing factors of nutrition knowledge and practice on nutrition status of mothers and children.

In 2013 - 2015: Implement annually

- + Conduct 05 researches per year on impact of nutrition knowledge and practice on nutrition status of mothers and children.

*Activity 4.2.2:* Conduct researches on influencing factors of attitude and behavior on nutrition status of mothers and children.

In 2013 - 2015: Implement annually

- + Conduct 05 researches per year on influencing factors of attitude and behavior on nutrition status of mothers and children

*Activity 4.2.3:* Conduct studies on impact of policy environment to prevention and control of mother and child malnutrition.

In 2013 - 2015: Implement annually

- + Conduct 02 researches on impact of policy environment to prevention and control of mother and child malnutrition.

*Activity 4.2.4:* Conduct researches on nutrition and micronutrient demand for physical and



intellectual development through phases of development of children in different areas.

In 2013 - 2015: Implement annually

- + Conduct 03 researches on nutrition and micronutrient demand.

*Activity 4.2.5:* Conduct researches on feeding habits in different areas and various ethnic groups to be used for program of stunting prevention and control.

In 2013 - 2015: Implement annually

- + Conduct 05 researches per year on feeding habits of different areas and various ethnic groups.

**Output 4.3:** Nutrition models are studied and developed

*Activity 4.3.1:* Conduct researches and apply specific nutrition models in ethnic minorities and remote areas.

In 2013 - 2015: Implement annually

- + Conduct 02 researches/ year and develop specific nutrition models in ethnic minorities and remote areas.

In 2015:

- + Pilot those models in the community.

*Activity 4.3.2:* Conduct researches and apply specific nutrition models in midland areas.

In 2013 - 2014: Implement annually

- + Conduct 02 researches per year on development of specific nutrition models for midland area.

In 2015:

- + Pilot models in the community.

*Activity 4.3.3:* Conduct researches on development of specific nutrition models to be applied in coastal and lowland areas

In 2013 - 2014: Implement annually

- + Conduct 02 researches per year on development of specific nutrition models for coastal lowland areas.

In 2015:

- + Pilot models in the community

*Activity 4.3.4:* Conduct researches on and apply specific nutrition models for industry zones.

In 2013 - 2014: Implement annually

- + Conduct 02 researches per year on development of specific nutrition models for industry zones.

**Expected outcome 5:** Nutrition status of school age children is improved

**Output 5.1:** Nutrition related issues are identified

*Activity 5.1.1:* Develop 01 set of guidelines on identification of nutrition related issues of school age children.

In 2014:

- + Develop 01 set of guidelines on identification of nutrition related issues of school age children.

*Activity 5.1.2:* Yearly organize training courses on evaluation techniques of nutrition related issues for health staff of schools at provincial, district and commune levels.

In 2014:

- + Organize 01 training course on evaluation techniques of nutrition related issues for health staff of PPMCs and RHCs in 63 provinces/ cities (3-day course with participation of 4 persons/ unit)
- + Organize 01 training course at provincial level in evaluation techniques of nutrition related issues for health staff of district hospitals and DHCs of 698 districts (2-day course with participation of 4 persons per district)
- + Integrate at district level training courses on evaluation techniques of nutrition related issues for heads and Ob/ Ped assistant doctors of CHCs.

*Activity 5.1.3:* Provide equipment to support evaluation of nutrition status of school age children

In 2014:

- + Provide 03 sets of scales and measuring tapes/ province to 63 provinces/ cities

*Activity 5.1.4:* Conduct surveys to identify nutrition related diseases (malnutrition, obesity) and provide counseling services for parents of school pupils in big cities.

In 2014:

- + Conduct yearly medical examination to identify nutrition related diseases in schools of 3 big cities (10 schools/ city, 3 big cities/year).

**Output 5.2:** “School meal” and complementary micronutrient for school pupils are developed

*Activity 5.2.1:* Conduct surveys on real situation of meals and proper nutrition demand response for daily diets of school pupils

In 2013:

- + Conduct 3 surveys on real situation of meals and proper nutrition demand response for daily diets of school pupils

*Activity 5.2.2:* Organize training courses in development of proper menu, supervision and management of "school meals" in order to ensure sufficient nutrition demand response and food safety for nutrition staff of schools in big cities.

In 2013 - 2015:

- + Organize 03 training courses for nutrition staff of schools in big cities on development

of proper menu, supervision and management of "school meals" (once a year)

*Activity 5.2.3:* Set up proper menus and cook daily meals for school pupils in Ha Noi

In 2013:

- + Develop 01 set of menus and process daily meals for school pupils in Ha Noi.

*Activity 5.2.4:* Pilot and finalize menus of school meals

In 2014:

- + Pilot menus for "school meal" in 03 schools and finalize them

*Activity 5.2.5:* Develop a school meal management software

In 2013 - 2014:

- + Develop a school meal management software

*Activity 5.2.6:* Implement pilot models of school milk for pre-school children and primary school pupils.

In 2013:

- + Develop pilot models of school milk for pre-school children and primary school pupils.

In 2014- 2005:

- + Implement pilot models of school milk for pre-school children and primary school pupils in 5 provinces with high prevalence of stunting children.

**Output 5.3:** Implementation of nutrition communication and education activities in school is strengthened

*Activity 5.3.1:* Develop and pilot IEC materials on improvement of nutrition status, prevention and control of some nutrition related problems (malnutrition, micronutrient deficiency, overweight and obesity) of school children

In 2014:

- + Develop and pilot 05 sets of IEC materials

*Activity 5.3.2:* Introduce some contents of the IEC materials to extracurricular activities in schools.

In 2015:

- + Introduce some contents of the IEC materials in extracurricular activities in 02 schools.

*Activity 5.3.3:* Organize training courses on IEC skills on prevention and control of nutrition related diseases, improvement of nutrition status for health staff and teachers of schools in big cities.

In 2015:

- + Organize 04 training courses in 4 schools in big cities

*Activity 5.3.4:* Organize propaganda for pupils' parents in prevention and control of nutrition

related problems (malnutrition, micronutrient deficiency, overweight and obesity of school children)

In 2015:

- + Organize 04 propaganda rounds in 4 schools in big cities

*Activity 5.3.5:* Develop propaganda programs and columns of nutrition related diseases prevention and control (malnutrition, micronutrient deficiency, overweight and obesity) on newspapers and televisions,

In 2015:

- + Develop 10 propaganda programs in prevention and control of such related diseases on newspapers and television.

**Expected outcome 6:** Obesity of school children is prevented and controlled

**Output 6.1:** The people's awareness of increasingly number of children with obesity and its relation to metabolic disorders and non-communicable chronic diseases are enhanced through IEC on nutrition.

*Activity 6.1.1:* Yearly develop and broadcast reportages, news and articles of prevention and control of overweight and obesity, especially focusing on harm of fast food and soft drinks.

In 2013 - 2015: Implement annually

- + Compose 05 reportages, news and articles, etc...

*Activity 6.1.2:* Organize 02 mass media campaigns integrated with communication and advocacy of prevention and control of overweight and obesity in Nutrition and Development Week and Micronutrient Day.

In 2013 - 2015: Implement annually

- + Integrate IEC and advocacy on prevention and control of overweight and obesity

*Activity 6.1.3:* Develop, pilot and distribute IEC materials (disks, instruction books, posters, leaflets, banners, etc.) on prevention and control of overweight and obesity.

In 2013:

- + Develop and distribute 03 kinds of IEC materials

In 2013-2014:

- + Provide PPMCs of 63 provinces/ cities with IEC leaflets and posters of three kinds (50 sets/province).
- + Provide 698 districts with IEC leaflets and posters of three kinds (20 sets/ district).
- + Provide 11.118 communes of 698 disadvantaged districts with IEC leaflets and posters of three kinds (5 sets/ commune)
- + Provide 01 CD of reportages and news on prevention and control of overweight and obesity to all districts and communes nationwide (01 disk/ province, 3 centers of 63 provinces/cities and 698 districts).

*Activity 6.1.4:* Organize meetings and talks on prevention and control of overweight and obesity in all communes in the whole country, and conduct IEC in prevention and control of overweight and obesity through nutrition education and practices in the community.

In 2013 - 2015: Implement annually

- + Organize meetings and talks once a year in 11.118 communes in the whole country.

*Activity 6.1.5:* Disseminate information on prevention and control of overweight, obesity and nutrition related chronic diseases through medical examination and nutrition counseling services in the whole country.

In 2013 - 2015: Implement annually

- + Disseminate information of prevention and control of overweight, obesity and nutrition related chronic diseases will be disseminated through medical examination and nutrition counseling system in 63 provinces/ cities across the country.

**Output 6.2:** Diets for children in pre-school systems are developed and disseminated (in collaboration with MOET).

*Activity 6.2.1:* Develop regulations on semi-boarding diets for children.

In 2013:

- + Develop regulations on semi-boarding diets.

*Activity 6.2.2:* Develop proper semi-boarding diets to meet children's demand for nutrition at their ages so as to ensure their good nutrition status and prevention of overweight and obesity.

In 2013:

- + Develop proper semi-boarding diets for children

*Activity 6.2.3:* Prepare semi-boarding diets to control overweight and obesity of affected children.

In 2013:

- + Develop semi-boarding diets to control overweight and obesity of affected children.

*Activity 6.2.4:* Organize training courses on prevention and control of children overweight and obesity for officials of Provincial DOET, District ET office, teachers of nursery schools, health staff of PMCs and Commune/Ward Health centers.

In 2013 - 2015:

- + Support to run training courses for teachers in 63 provinces and cities.

**Output 6.3:** Nutrition interventions in addition to proper physical exercise to prevent and control overweight and obesity are developed.

*Activity 6.3.1:* Provide direct counseling in big cities in order to encourage parents and child caregivers' active cooperation and involvement in prevention and control of children overweight and obesity. Provide instructions of monitoring weight and height of children, and provide instructions of educating children how to lead healthy habits and lifestyle.

In 2013 - 2015:

- + Conduct direct counseling service in 05 big cities (once a year) .

*Activity 6.3.2:* Develop a plan of introduction of overweight and obesity prevention and control into training curricula.

In 2013:

- + Develop a plan of introduction of overweight and obesity prevention and control into training curricula.

*Activity 6.3.3:* Set up kitchen and train staff who are responsible for cooking meals in schools in provinces representing different ecological areas.

In 2014-2015:

- + Set up kitchen and train staff who are responsible for cooking meals in schools in 14 provinces representing 07 different ecological areas

*Activity 6.3.4:* Organize competitions for sport, traditional games in order to strengthen physical exercises; establish physical exercise clubs in the morning and after school time, etc. in provinces representing various ecological areas.

In 2015:

- + Organize 07 competitions in 7 provinces representing 7 ecological areas.

*Activity 6.3.5:* Organize talk shows/ seminars and competitions for knowledge and practices of overweight and obesity prevention and control.

In 2014-2015:

- + Organize talk shows/ seminars and competitions for knowledge and practices of overweight and obesity prevention and control in 63 provinces/ cities.

*Activity 6.3.6:* Set up clubs for overweight and obesity prevention and control with participation of families with overweight and obesity children or families who are concerned about prevention and control of overweight and obesity once a year in 63 provinces/ cities.

In 2014-2015:

- + Organize talk shows/ seminars and competitions for knowledge of overweight and obesity prevention and control in 63 provinces/cities.

*Activity 6.3.7:* Develop and disseminate screening process of overweight and obesity children; develop guidelines for treatment of overweight and obesity children.

In 2013:

- + Develop and introduce 01 set of screening process of overweight and obesity children, and develop guidelines to treatment for overweight and obesity children.

**Output 6.4:** Materials or guidelines for prevention and control of overweight and obesity are developed; and training courses in prevention and control of overweight and obesity are organized.

*Activity 6.4.1:* Develop, pilot and finalize materials on dietetics for overweight and obesity children.

In 2013:

- + Develop, pilot, and finalize 01 set of materials on dietetics for overweight and obesity children

*Activity 6.4.2:* Organize training courses in dietetics and prevention and control of child overweight and obesity for nutrition staff of schools

In 2014:

- + Organize training courses on dietetics in schools in 63 provinces and cities in the whole country.

*Activity 6.4.3:* Provide technical assistance and practical tools and evaluation of overweight and obesity situation in schools and communities.

In 2014:

- + Provide technical assistance and practical tools and evaluation to all 63 provinces and cities.

*Activity 6.4.4:* Organize training courses for officials of provincial and district training and education offices, and teachers of nursery schools

In 2014:

- + Conduct training courses on prevention and control of pre-school child overweight and obesity in all 63 provinces and cities.

*Activity 6.4.5:* Organize training courses in prevention and control of pre-school child overweight and obesity for staff of PMCs and Ward Health Centers.

In 2014:

- + Conduct training courses in prevention and control of pre-school child overweight and obesity in all 63 provinces and cities.

**Expected outcome 7:** Multi-sectoral collaboration in malnutrition prevention and control is conducted.

**Output 7.1:** Training courses on technical assistance for implementation of the network are organized in collaboration with other relevant sectors.

*Activity 7.1.1:* Collaborate with MOET to develop a plan and organize training courses for child caregivers in pre – school facilities /nursery schools.

In 2013 - 2015: Implement annually

- + Develop a training plan and organize training courses for child caregivers in pre – school facilities /nursery schools.

*Activity 7.1.2:* Develop plans and organize training courses for youth males and females, pregnant women, lactating mothers in collaboration with the Youth Union and Women's

Union.

In 2013 - 2015: Implement annually

- + Develop plans and organize training courses for the youth, pregnant women and lactating mothers.

**Output 7.2:** Nutrition interventions are implemented

*Activity 7.2.1:* Develop nutrition intervention plans to be implemented in pre – school facilities /nursery schools.

In 2013 - 2015: Implement annually

- + Develop nutrition intervention plans and implement it in pre – school facilities /nursery schools.

*Activity 7.2.2:* Develop and implement nutrition intervention plans for disadvantaged malnourished children in collaboration with MOLISA.

In 2013 - 2015: Implement annually

- + Develop and implement nutrition intervention plans for disadvantaged malnourished children in collaboration with MOLISA

*Activity 7.2.3:* Strengthen nutrition status for mothers and children through VAC model in collaboration with the Vietnam farmers' Union (VNFU).

In 2013 - 2015: Implement annually

- + Strengthen nutrition status for mothers and children through VAC model in cooperation with VNFU.

**Output 7.3:** Researches/ studies on nutrition are conducted.

*Activity 7.3.1:* Conduct researches on nutrition status and specific nutrition interventions for children being treated in Pediatric department of hospitals.

In 2013 - 2015: Implement annually

- + Conduct 01 research /year

*Activity 7.3.2:* Conduct researches on nutrition evaluation for pre-term, low birth weight infants and influencing factors in Ob departments and OB/GYN hospitals.

In 2013 - 2015: Implement annually

- + Conduct 01 research /year

*Activity 7.3.3:* Conduct researches on nutrition status of children and nutrition diets for pre – school facilities /nursery school children.

In 2013 - 2015: Implement annually

- + Conduct 01 research /year

**Output 7.4:** Multi-sectoral collaboration in examination, supervision and evaluation of nutrition status is strengthened.



*Activity 7.4.1:* Develop multi-sectoral supervision plans for Micronutrient Day, Nutrition and Development Week, and Breastfeeding Week.

In 2013 - 2015: Implement annually

- + Develop and implement multi-sectoral supervision/ monitoring plans during 03 campaigns for regulatory agencies at central level.
- + Develop and implement multi-sectoral supervision/ monitoring plans during 03 campaigns for regulatory agencies at provincial level.

*Activity 7.4.2:* Develop multi-sectoral monitoring and evaluation plans for nutrition status of children being treated in pediatric departments of provincial and central hospitals.

In 2013 - 2015: Implement annually

- + Develop and implement multi-sectoral monitoring and evaluation plans for regulatory agencies in 63 provinces and cities.

*Activity 7.4.3:* Develop and implement multi-sectoral monitoring and evaluation plans for nutrition status of infants in Ob departments and Ob hospitals at provincial and central levels.

In 2013 - 2015: Implement annually

- + Develop and implement multi-sectoral monitoring and evaluation plans for regulatory agencies in 63 provinces and cities.

*Activity 7.4.4:* Develop and implement monitoring and evaluation plans for nutrition status of children in some nursery schools.

In 2013 - 2015: Implement annually

- + Develop and implement a multi-sectoral monitoring and evaluation plan for regulatory agencies in 10 provinces and cities.

**Expected outcome 8:** Monitoring and evaluation (M&E) activities are strengthened

**Output 8.1:** Monitoring and Evaluation activities for campaigns are strengthened.

*Activity 8.1.1:* Develop and implement a monitoring plan of vitamin A supplementary and de-worming for children in phase 1 and implement communication and education activities on micronutrient deficiency prevention in Micronutrient day (the 1<sup>st</sup> - 2<sup>nd</sup> of June) in 63 provinces and cities.

In 2013 - 2015: Implement annually

- + Integrate implementation of monitoring and evaluation activities

*Activity 8.1.2:* Develop and implement monitoring plans for the Nutrition and Development Week in all 63 provinces and cities.

In 2013 - 2015: Implement annually

- + Integrate implementation of monitoring and evaluation activities

*Activity 8.1.3:* Develop and implement monitoring plans for the Breastfeeding Week in all 63 provinces and cities.

In 2013 - 2015: Implement annually

- + Integrate implementation of monitoring and evaluation activities

*Activity 8.1.4:* Develop and implement monitoring plans of vitamin A supplementary and deworming for children in phase 2 in all 63 provinces and cities.

In 2013 - 2015: Implement annually

- + Integrate implementation of monitoring and evaluation activities

**Output 8.2:** Monitoring and supervision by the Project Steering Committees, Project Secretariat and other multi - sectoral agencies are strengthened.

*Activity 8.2.1:* Strengthen monitoring and evaluation activities of Project Steering Committees, Project Management Units and Project Secretariat.

In 2013 - 2015: Implement annually

- + Implement frequent, periodical and unscheduled monitoring activities

*Activity 8.2.2:* Implement monitoring activities by Regional Institutes.

In 2013 - 2015: Implement annually

- + Implement frequently, periodically and unscheduled monitoring activities in 03 Regional Institutes

*Activity 8.2.3:* Implement multisectoral monitoring

In 2013 - 2015: Implement annually

- + Implement frequently, periodically and unscheduled multisectoral monitoring activities.

**Output 8.3:** Monitoring, investigation and evaluation of nutrition status are implemented.

*Activity 8.3.1:* Organize weighing, measuring and evaluating nutrition status of children, monitoring the growth chart of children.

In 2013 - 2015: Implement annually

- + Organize weighing, measuring and evaluating nutrition status of children, monitoring the growth chart of children in all 63 provinces and cities.

*Activity 8.3.2:* Evaluate nutrition status of children and newborn weight situation in pediatric departments.

In 2013 - 2015: Implement annually

- + Conduct evaluation of nutrition status of children and newborn weight situation in pediatric departments in all 63 provinces/ cities.

### **3. IMPROVEMENT OF MICRONUTRIENT STATUS**

**Expected outcome 1:** The National Guideline on micronutrient deficiency prevention is developed, approved, disseminated and implemented.

**Output 1.1.** The National Guideline on micronutrient deficiency prevention is approved

*Activity 1.1.1:* Develop national guidelines on micronutrient deficiency prevention

In 2012: Complete 01 guideline

*Activity 1.1.2:* Pilot and review the guideline

In 2012: Pilot implementation and assessment of 01 guideline

*Activity 1.1.3:* The national guideline on micronutrient deficiency prevention is approved and issued by Ministry of Health (MOH)

In 2012: MOH approved and granted permission for issuance of 01 guideline

In 2013: Print the national guideline on micronutrient deficiency prevention for distribution to all communes, wards and townships across the country.

**Output 1.2.** Awareness and resources for prevention of anemia and micronutrient deficiency (iodine, iron, zinc, vitamin A, folic acid, vitamin D, selen, etc.) are raised and mobilized.

*Activity 1.2.1.* Organize conferences, workshops with ministries, sectors, domestic and international organizations to advocate support, mobilization of resources for prevention of micronutrient deficiency.

During 2013 – 2015: Implement annually

+ Organize 1 workshop at national level

*Activity 1.2.2.* Advocate domestic and international organizations to support and implement micronutrient deficiency prevention program.

In 2013:

+ Organize two advocacy workshops

*Activity 1.2.3.* Provide training to nutrition staff in provinces, districts, communes on utilization of guideline on micronutrient deficiency prevention.

In 2013:

+ Organize 01 training workshop for nutrition staff of PPMC and RHC in 63 provinces from 3 regions: North, Central, and South

+ Organize 01 training workshop at provincial level for nutrition staff of district health centers in 698 districts

+ Organize 01 training workshop at district level for heads and Ob/Ped assistant doctors of CHCs in 11,118 communes

+ Integrate meeting of village/hamlet collaborators with training on utilization of guideline on micronutrient deficiency prevention for all village/hamlet collaborators across the country.

*Activity 1.2.4.* Convene the Micronutrient Day in combination with communication on prevention of micronutrient deficiency at provincial and national levels.

+ Integrate into activities of the objective for prevention of child malnutrition to implement communication activities on prevention of micronutrient deficiency.

**Expected outcome 2:** Activities on prevention of nutritional anemia are effectively implemented.

**Output 2.1.:** Supplementary iron/folic acid pills for pregnant women in prioritized areas, reproductive age women in industrial zones, adolescent females in schools are provided. Supplementary polymicronutrient powder (sprinkle) is given to 6-24 months old children.

*Activity 2.1.1.* Supplement iron/folic acid pills for reproductive age women, pregnant women, female students in secondary and high schools; youth females of different occupations: - Free distribution for groups in 6 prioritized provinces and 225 disadvantaged districts; - Communication for the remaining district so that group members could have self purchase of iron/folic acid and micronutrient pills

In 2013 – 2015: Implement annually

+ Free distribution of iron/folic acid pills to about 100 pregnant women for 3 months of trimester in all communes of 225 disadvantaged districts (estimated 16 communes/ district)

+ Support transportation of iron/folic acid pills to 36 PPMCs in provinces with 225 disadvantaged districts.

*Activity 2.1.2.* Support packs of sprinkle for <2 years of age children in 225 disadvantaged districts

In 2013 – 2015: Implement annually

+ Support 60 packs of sprinkle/child to 25 children <2 years of age with severe malnutrition/commune in 5 communes/ 225 disadvantaged districts

+ Integrate transportation of packs of sprinkle to 36 PPMCs in provinces with 225 disadvantaged districts (Activity 2.1.2).

*Activity 2.1.3.* Training for nutrition staff in disadvantaged provinces, districts on utilization and management of iron/folic acid pills for women and polymicronutrient powder for <2 years of age children

In 2013: Organize training on utilization and management of iron/folic acid pills for women and polymicronutrient powder for <2 years of age children

+ Organize 01 training course for nutrition staff of PPMC and RHC from 36 provinces in 3 regions: North, Central, and South.

+ Organize 01 training course for nutrition staff of district health centers in 225 districts

+ Integrate activities at district level for CHC heads and Ob/Ped assistant doctors in 225 districts.

*Activity 2.1.4.* Nutrition collaborators integrate IEC activities on iron pills and iron deficiency anemia in routine IEC activities

In 2014: Integrate IEC activities on iron pills and iron deficiency anemia in routine IEC

activities

- + Integrate contents into training course curriculum for nutrition staff of PPMC and RHC from 63 provinces

- + Integrate contents into training course curriculum for nutrition staff of district health centers in 698 districts

- + Integrate contents of communication at district level in meetings with CHC heads and Ob/Ped assistant doctors in 11,118 communes

- + Integrate contents of communication in meetings with village/hamlet collaborators for all village/hamlet collaborators across the country.

*Activity 2.1.5. Procurement of iron/folic acid pills for distribution to reproductive age women in industrial zones and adolescent females in schools in 6 prioritized provinces and 225 disadvantaged districts, with special attention paid to pre-pregnant women.*

In 2013 – 2015: Implement annually

- + Provide free distribution of iron/folic acid pills to pregnant women within 3 months of trimester in 6 industrial zones/6 provinces/ 36 disadvantaged provinces for 3 years

- + Provide free distribution of iron/folic acid pills to students for 3 months in 25 districts/225 disadvantaged districts for 3 years

- + Support transportation of iron/folic acid pills to 6 PPMCs and 25 disadvantaged districts.

*Activity 2.1.6. Training for school teachers and health staff in industrial zones on distribution and management of iron pills*

In 2013: Organize training for school teachers and health staff in industrial zones on distribution and management of iron pills

- + Organize 01 training course for nutrition staff of PPMC and RHC from 6 provinces

- + Organize 01 training course at provincial level for 10 teachers/ district in 25 districts and 10 health workers/industrial zone/province of 6 provinces/36 disadvantaged provinces

*Activity 2.1.7. M&E for implementation of anemia prevention in the community*

In 2013 – 2015:

- + Organize 01 supervisory team at national level to oversee implementation of anemia prevention in the community

- + Organize 01 supervisory team at provincial level to oversee implementation of anemia prevention in the community

- + Organize 01 supervisory team at district level to oversee implementation of anemia prevention in the community.

**Output 2.2.:** Social marketing communication on iron/ folic acid pills for pregnant women and reproductive age women in non-prioritized areas is effectively implemented

*Activity 2.2.1: Design and print social marketing communication materials on iron/folic acid pills*

In 2013:

- + Develop 01 leaflet for social marketing communication on iron/folic acid pills
- + Develop 01 brochure containing knowledge on prevention of anemia and social marketing communication on iron/folic acid pills
- + Print leaflets for social marketing communication on iron/folic acid pills to be distributed to 3,375 communes
- + Print brochures containing knowledge on prevention of anemia and social marketing communication on iron/folic acid pills to be distributed to 225 districts

*Activity 2.2.2: Training for nutrition staff in provinces, districts, communes on implementation of social marketing communication for community – based anemia prevention for 36 disadvantaged provinces*

In 2013:

- + Organize 01 training workshop for nutrition staff from PPMC and MCHC of 36 provinces
- + Organize 01 training workshop at provincial level for nutrition staff from DHC in 225 districts
- + Organize 01 training workshop at district level for CHC heads and Ob/Ped assistant doctors from 3,375 communes
- + Integrate meetings with village/hamlet collaborators into implementation of social marketing communication for community – based anemia prevention

In 2014 – 2015:

- + Integrate annual training to repeat contents of social marketing communication for community – based anemia prevention

*Activity 2.2.3: Market assessment (sale, production) of iron/folic acid pills situation*

In 2013:

- + Assess situation (sale, production) of iron/folic acid pills on the market in 30 pharmacies/ province in 9 provinces of 3 regions

*Activity 2.2.4: Conduct communication through the mass media channels on anemia prevention at national and local levels, using the social marketing approach in 36 disadvantaged provinces*

In 2014:

- + Develop 01 reportage and 01 social marketing communication of iron/folic acid pills in prevention of iron deficiency anemia
- + Broadcast 02 times of reportage, propaganda spot on VTV
- + Broadcast 05 communication sessions on TV of 36 disadvantaged provinces

- + Conduct 07 communication sessions on the loud-speaker system of districts, communes in 36 provinces

In 2005:

- + Broadcast 01 time of reportage, propaganda spot on VTV
- + Integrate propaganda 01 time on TV of 36 provinces/cities
- + Integrate communication with 07 times on the loud-speaker system of districts, communes in 36 provinces/cities

*Activity 2.2.5: Conduct M&E for community-based implementation of activities*

In 2014 – 2015:

- + Organize 01 supervisory team at national level to conduct M&E for community-based implementation of activities on prevention of anemia
- + Organize 01 supervisory team at provincial level to conduct M&E for community-based implementation of activities on prevention of anemia (36 provinces).

**Output 2.3.:** Children between 2-5 years of age and non-pregnant reproductive age women in prioritized areas are given periodical deworming in compliance with MOH guidelines

*Activity 2.3.1: Conduct periodical deworming for children between 2-5 years of age and reproductive age women in compliance with MOH guidelines on examination and treatment. For 225 disadvantaged district and areas with intestinal parasite infection high-risk, group members are given a free dose only of mebendazole 500 mg from 1-2 times/year.*

In 2014 – 2015: Implement annually

- + Provide free distribution of deworming medicine to reproductive age women in 3,375 communes in 36 disadvantaged provinces for 2 years
- + Provide free distribution of deworming medicine to children aged between 2 – 5 years in 3,375 communes in 36 disadvantaged provinces for 2 years

*Activity 2.3.2: Distribute deworming medicine and conduct periodical deworming for risk groups in areas with intestinal parasite infection high-risk in compliance with MOH guidelines*

In 2014 – 2015: Implement annually

- + Transport deworming medicine to 36 disadvantaged provinces in order to ensure distribution for 3,375 communes of 225 disadvantaged districts

*Activity 2.3.3: Conduct M&E for implementation of activities at the community*

In 2014 – 2015: Integrate activities

- + Integrate M&E at national level for supervision of activity implementation
- + Integrate M&E at provincial level for supervision of activity implementation
- + Integrate M&E at district level for supervision of activity implementation

**Expected outcome 3:** Activities for prevention of Vitamin A deficiency are effectively

implemented.

**Output 3.1.:** Children between 6-36 months, and 6-60 months of age for provinces with high stunting prevalence; children <6 months of age without breastfeeding, children < 5 years of age with malnutrition, diarrhea, measles, acute respiratory tract infections, and women within 1 postpartum month are supplemented with Vitamin A capsules in line with the guideline.

*Activity 3.1.1:* Provide vitamin A capsules for Children between 6-36 months, and 6-60 months for provinces with high stunting prevalence; children <6 months without breastfeeding, children < 5 years with malnutrition, diarrhea, measles, acute respiratory tract infections, and women within 1 postpartum month in 6 prioritized provinces and 225 disadvantaged districts.

In 2013 – 2015: Implement annually

+ Provide free distribution of Vitamin A capsules for children in 3,375 communes of 225 disadvantaged districts

*Activity 3.1.2:* Distribute Vitamin A capsules from NIN to provinces

In 2013 – 2015: Implement annually

+ Transport Vitamin A capsules to 36 disadvantaged provinces for distribution as planned with Activity 3.1.2

*Activity 3.2.3:* Conduct M&E for implementation of activities at the community

**Expected outcome 4:** Activities for prevention of zinc deficiency are effectively implemented

**Output 4.1.:** Supplementary zinc for children with diarrhea in compliance with MOH approved regimen is provided.

*Activity 4.1.1:* Make reference to Integrated Management of Childhood Illness (IMCI) program – section for national guideline on clinical management of diarrhea.

In 2015:

+ Develop Integrated Management of Childhood Illness (IMCI) program – section for national guideline on clinical management of diarrhea

**Expected outcome 5:** Models for prevention of micronutrient deficiency are studied, developed and piloted

**Output 5.1:** Nutrition models in schools (at different school levels) in urban, disadvantaged areas (mountainous), plain areas are studied, developed and piloted.

*Activity 5.1.1:* Convene workshops with MOET to discuss development of models for prevention of school micronutrient deficiency

In 2013 – 2014:

+ Convene 05 workshops with MOET to discuss development of models for prevention of school micronutrient deficiency at different school levels

*Activity 5.1.2:* Develop and finalize models for prevention of school micronutrient deficiency at different school levels



In 2014 – 2015:

- + Develop and finalize 03 models for prevention of school micronutrient deficiency at different school levels

*Activity 5.1.3:* Pilot different models for prevention of school micronutrient deficiency

In 2015:

- + Pilot 03 models for prevention of school micronutrient deficiency at 03 school levels (primary, secondary and high schools)

*Activity 5.1.4:* Apply different models for prevention of school micronutrient deficiency at various school levels

In 2015:

- + Apply implementation of 01 model for prevention of school micronutrient deficiency at various school levels (primary, secondary and high schools) (5 provinces/ model)

**Output 5.2.:** Models for prevention of anemia and micronutrient deficiency for different risk target groups in urban, disadvantaged areas (mountainous), plain areas are effectively studied, developed and implemented.

*Activity 5.2.1:* Study, develop and finalize models for prevention of micronutrient deficiency for risk target groups in the community

In 2013 – 2104:

- + Study, develop and finalize 02 models for prevention of micronutrient deficiency for risk target groups in the community

*Activity 5.2.2:* Pilot models for prevention of micronutrient deficiency in the community

In 2104:

- + Pilot 02 models for prevention of micronutrient deficiency in the community

*Activity 5.2.3:* Effectively apply models for prevention of micronutrient deficiency in the community

In 2105:

- + Effectively apply 02 models for prevention of micronutrient deficiency in the community (5 provinces/ model)

**Expected outcome 6:** Studies and development of products for prevention of anemia, micronutrient deficiency are effectively conducted

**Output 6.1.:** Studies of products for prevention of micronutrient deficiency (micronutrient supplements such as iron, zinc, vitamin A, vitamin D, folic acid to be fortified in common and appropriate foods such as seasoning, oil, sugar, rice) and treatment of micronutrient deficiency are implemented.

*Activity 6.1.1:* Develop products for prevention and treatment of micronutrient deficiency

In 2013:

- + Develop 01 formula of weekly micronutrient pills for pregnant women

In 2014:

- + Develop 02 formulas for new products appropriate to situation of anemia, micronutrient deficiency among Vietnamese people

*Activity 6.1.2:* Pilot products for prevention and treatment of micronutrient deficiency at the community/hospitals

In 2015:

- + Pilot 02 products in 02 locations for prevention and treatment of micronutrient deficiency at the community/hospitals

*Activity 6.1.3:* Manufacture products for broad application in the community.

**Output 6.2.:** Technological studies on processing, storage, prevention of micronutrient loss in food are conducted.

*Activity 6.2.1:* Conduct studies on technologies for processing, storage, prevention of micronutrient loss in foods

In 2013 – 2014:

- + Study 02 technologies on processing, storage, prevention of micronutrient loss in foods

*Activity 6.2.2:* Apply technologies for processing, storage, prevention of micronutrient loss in foods

In 2015:

- + Apply 01 technology on processing, storage, prevention of micronutrient loss in foods

**Expected outcome 7:** IEC activities through the mass media to raise awareness and practice of micronutrient deficiency prevention (focus on diversified and rational diets appropriate to age groups and physiological status) are implemented in various forms

**Output 7.1:** Communication plans /strategies to encourage rational nutrition regime in order to prevent micronutrient deficiency through the mass media are developed and implemented.

*Activity 7.1.1:* Develop workshop and teaching materials which are unified and appropriate on health care and nutrition, prevention of micronutrient deficiency for pregnant women and infant feeding women.

In 2013 - 2014:

- + Develop 01 book on health care and nutrition, prevention of micronutrient deficiency for pregnant women and infant feeding women
- + Distribute 20copies of book/province to 63 provinces/cities across the country.
- + Distribute 05 copies of book/district to 698 districts across the country.
- + Distribute 01 copy of book/commune to 3,375 communes in 225 disadvantaged communes.

*Activity 7.1.2:* Develop MOH unified communication materials on health care and nutrition,

prevention of micronutrient deficiency (iodine, zinc, vitamin D, folic acid, etc.) for pre-pregnant women, pregnant women and infant feeding women; prevention of micronutrient deficiency for <5 years of age children, and school age children.

In 2015:

- + Develop 01 book of unified communication of MOH on health care and nutrition, prevention of micronutrient deficiency
- + Distribute 20 copies of book/province to 63 provinces/cities across the country.
- + Distribute 05 copies of book/district to 698 districts across the country.
- + Distribute 01 copy of book/commune to 3,375 communes in 225 disadvantaged communes.

*Activity 7.1.3:* Discuss, develop topics to be integrated into TV programs on VTV3 (the Magic conical hat, Happy families, etc.)

In 2013 - 2014:

- + Integrate 03 topics on prevention of micronutrient deficiency into programs broadcasted on VTV3

*Activity 7.1.4:* Develop reportages on situation of micronutrient deficiency among children, pregnant women, reproductive age women...

In 2013 - 2014:

- + Develop 03 reportages on situation of micronutrient deficiency among children, pregnant women, reproductive age women...

*Activity 7.1.5:* Conduct communication campaigns to promote rational nutrition regimes, utilization of micronutrient fortified food for prevention of micronutrient deficiency among risk target groups.

In 2013 - 2014:

- + Conduct 03 communication campaigns to promote rational nutrition regimes, utilization of micronutrient fortified food.

***Expected outcome 8:*** Fortification of micronutrient into foods is enhanced.

**Output 8.1:** Regulations on fortifying micronutrient into foods (review, issuance, dissemination of standards, regulations on criteria of fortifying micronutrient into foods, strengthening production, trading, and control of food quality) are made.

*Activity 8.1.1.* Review, revise, amend and submit to MOH for issuance of standards on fortifying micronutrients into foods.

In 2013 - 2014:

- + Review, revise, amend and submit to MOH for issuance of standards on fortifying micronutrients into foods

*Activity 8.1.2:* Develop regulations on fortifying micronutrients into foods and submit to MOH for approval in compliance with the “Food safety” law which was adopted by the National Assembly - Tenure XII

In 2013 - 2014:

- + Develop regulations on fortifying micronutrients into food and submit to MOH for approval in compliance with the “Food safety” law which was adopted by the National Assembly - Tenure XII

*Activity 8.1.3:* Disseminate approved regulations on micronutrient fortification to production and trading facilities with micronutrient fortified foods.

In 2015:

- + Training to be given to facilities for production and trading of micronutrient fortified foods on regulations on micronutrient fortification

*Activity 8.1.4:* Enhance production and distribution of micronutrient fortified foods.

In 2013:

- + Enhance production and distribution of micronutrient fortified foods

*Activity 8.1.5:* Develop documents for support, encouragement of enterprises, manufacturing and trading facilities with micronutrient fortified foods.

In 2013:

- + Develop documents for support, encouragement of enterprises, manufacturing and trading facilities with micronutrient fortified foods

*Activity 8.1.6:* Strengthen auditing, inspection on quality of micronutrient fortified foods: auditing documents, technical training for auditors, and inspectors of micronutrient fortified foods.

In 2013:

- + Develop guidelines on auditing, inspection on quality of micronutrient fortified foods

In 2014:

- + Provide training on implementation of documents on auditing, inspection on quality of micronutrient fortified foods

In 2014 - 2015: Implement annually

- + Inspect micronutrient fortified foods in 63 provinces/cities

*Activity 8.1.7:* Enhance communication for dissemination of information on micronutrient fortified foods

In 2014:

- + Integrate training on strengthening communication to disseminate information of micronutrient fortified foods
- + Training to be given to health staff in 698 districts
- + Communication to be conducted on provincial TV
- + Communication to be conducted on VTV

*Activity 8.1.8:* Conduct social marketing, support for production, trading facilities with micronutrient fortified foods

In 2015:

- + Conduct social marketing, support for production, trading facilities with micronutrient fortified foods

**Expected outcome 9:** Findings of periodical surveys on surveillance of micronutrient deficiency and risk factors related to nutrition are collected in order to direct appropriate interventions.

**Output 9.1:** Periodical surveys on surveillance of micronutrient deficiency among risk groups in the community are conducted.

*Activity 9.1.1:* Conduct surveys on micronutrient deficiency and risk factors related to nutrition among target groups

In 2014:

- + Conduct surveys on micronutrient deficiency and risk factors related to nutrition among target groups (3 target groups)

*Activity 9.2.* Analyze data, write reports and make appropriate recommendations.

In 2015:

- + Analyze data, write reports and make appropriate recommendations

**Expected outcome 10:** Prevention of iodine deficiency.

**Output 10.1.** Supply of sufficient iodized salt to the community is ensured

*Activity 10.1.1:* Assess needs of iodized salt consumption at national level for calculating KIO3 need

In 2013:

- + Assess needs of iodized salt consumption at national level for calculating KIO3 need (with a separate program)

*Activity 10.1.2:* Procure KIO3 chemical and distribute it to factories producing iodized salt

In 2013-2015:

- + Procure KIO3 chemical and distribute it to factories producing iodized salt (with a separate program)

*Activity 10.1.3:* Procure test kits and distribute them to iodized salt facilities and provincial labs

In 2013-2015:

- + Procure test kits and distribute them to iodized salt facilities and provincial labs (with a separate program)

*Activity 10.1.4:* Conduct internal /external QA/QC for production and supply at iodized salt production facilities in compliance with Government Decree No. 153/2005/ND-CP dated 29/12/2005 for *production and supply of iodized salt for people*.

In 2013-2015:

- + Conduct internal /external QA/QC for production and supply at iodized salt production facilities (with a separate program)

**Output 10.2.** Community knowledge on prevention of iodine deficiency disorders is

improved.

*Activity 10.2.1:* Conduct communication on the mass media to advocate all people to purchase and use iodized salt

In 2013-2015: (with a separate program)

- + Design, print leaflets, posters on prevention of iodine deficiency disorders
- + Distribute printed leaflets, posters, brochures, flip picture books to provinces
- + Make plans and conduct communication spots, counseling sessions, reportages on prevention of iodine deficiency disorders on TV.

*Activity 10.2.2:* Collaborate with systems of national, provincial and district centers for IEC to boost communication activities through mass media channels; building billboards, posters for community-based behavior change with direct and indirect communication on risk of diabetes and its prevention.

In 2013-2015:

- + Design 02 communication material sets (leaflets, posters) on prevention of iodine deficiency disorders
- + Distribute 10,000 copies/ province to 63 provinces
- + Conduct communication on provincial TV (63 provinces; 1 campaign)
- + Conduct communication on VTV (2 campaigns; 3 times)

**Output 10.3.** Capacity building on management of health workers in provinces relating to management of iodine deficiency prevention project is enhanced

*Activity 10.3.1:* Organize training for capacity building of health workers on iodine deficiency disorders prevention

In 2013-2015 (with a separate program)

- + Training on iodized salt surveillance
- + Training on KAP survey and goiter survey
- + Training on thyroid pathology
- + Training on communication for iodine deficiency disorders prevention

*Activity 10.3.2:* Conduct scientific researches, improve knowledge for staff on iodine deficiency disorders prevention program

In 2013-2015

- + Conduct scientific researches to improve knowledge for staff on iodine deficiency disorders prevention program

**Output 10.4.** Currently existing Decree on iodized salt is revised

*Activity 10.4.1.* Revise currently existing Decree on iodized salt

In 2013-2015 (with a separate program)

- + Revise currently existing Decree on iodized salt

*Activity 10.4.2.* Publicize and disseminate decree on iodized salt

In 2013-2015 (with a separate program)

- + Publicize and disseminate decree on iodized salt

**Output 10.5.** Standardization of technology on fortifying iodine into foods and in iodine deficiency disorders prevention program is effectively implemented

*Activity 10.5.1.* Develop technical guidelines for fortifying iodine into foods

In 2013 (with a separate program)

*Activity 10.5.2.* Conduct periodical M&E for implementation of activities in iodine deficiency disorders prevention program

In 2012 – 2015 (with a separate program)

*Activity 10.5.3.* Conduct periodical surveys and assess iodine deficiency status among risk target groups in the community

In 2015 (with a separate program)

*Activity 10.5.4.* Develop and upgrade laboratories on testing of iodine deficiency status

In 2013 – 2015 (with a separate program)

**Expected outcome 11:** Diversification of diet is enhanced

**Output 11. 1.** Audio-visual materials, printed matters on micronutrient deficiency prevention and guidance on diversifying diet are developed

*Activity 11.1.1.* Design audio-visual, printed materials on micronutrient deficiency prevention and guidance on diversifying dietary intakes

In 2013-2014

- + Develop 01 communication material set and 01reportage on micronutrient deficiency prevention and guidance on diversifying diet

*Activity 11.1.2.* Produce audio-visual, printed materials on guidance of diversifying dietary intakes

In 2013-2014.

- + Distribute 100 copies/ center/ province to 63 provinces/cities across the country (3 centers; 3 types of leaflets, posters).
- + Distribute 20 copies/ district to 698 disadvantaged districts (3 types of leaflets, posters).
- + Distribute 05 copies/ commune to 11,118 communes of 698 disadvantaged districts (3 types of leaflets, posters).
- + Distribute CDs of reportage to all districts, communes across the country (63 provinces/cities and 698 districts)

**Output 11.2.** Communication activities on the mass media for dissemination of guidance on diversification of dietary intakes are implemented

*Activity 11.2.1.* Broadcast regular advertisement programs on the mass media on diversification of dietary intakes and proper nutrition for prevention of micronutrient deficiency.

In 2013-2015

- + Conduct communication on VTV

- + Conduct communication on provincial TV of 63 provinces/cities across the country

*Activity 11.2.2.* Implement programs on diversification of dietary intakes and proper nutrition for prevention of micronutrient deficiency in communication campaigns

In 2014:

- + Conduct training on communication activities on the mass media for dissemination of guidance on diversification of dietary intakes
- + Conduct training for health staff of 698 districts

**Expected outcome 12:** Capacity building and upgrade of equipment for micronutrient laboratory are conducted

**Output 12. 1.** Upgrade of equipment and instruments for micronutrient laboratory and capacity building for micronutrient Lab staff are conducted

*Activity 12.1.1.* Procure and provide maintenance of equipment and instruments

In 2013 - 2015:

- + Procure HPLCs
- + Procure mineral analyzer
- + Procure automatic immuno-apparatus
- + Procure other equipment and provide routine maintenance

*Activity 12.1.2.* Training for staff and develop new technologies

In 2013 - 2015:

- + Provide training of staff and develop new technologies

#### **4- EFFECTIVELY CONTROL OVERWEIGHT AND OBESITY AND RISK FACTORS OF NUTRITION RELATED NON-COMMUNICABLE CHRONIC DISEASES IN ADULTS**

**Expected outcome 1:** National guideline on rational nutrition and physical activities for prevention of Nutrition related non-communicable chronic diseases is approved and commitment and support for implementation of the guideline are made by relevant agencies, organizations, and partners.

**Output 1.1.** National guideline on rational nutrition and physical activities for prevention of Nutrition related non-communicable chronic diseases is approved

*Activity 1.1.1.* Review the WHO's global strategy on diet and physical activities; review and conduct survey on collection of additional data on status of dietary intake and physical activity among target groups

In 2013:

- + Make reference to and review the WHO's global strategy on diet and physical activities.
- + Review and conduct surveys on collection of additional data on status of dietary intakes and physical activities among target groups.



*Activity 1.1.2:* Draft national guideline on diet and physical activities to prevent nutrition related non-communicable chronic diseases.

In 2014:

- + Draft national guideline on diet and physical activities to prevent nutrition related non-communicable chronic diseases.

*Activity 1.1.3:* Finalize and submit this guideline to MOH for approval

In 2014:

- + Organize 03 consultation workshops for getting comments and revision (30 participants/workshop)
- + Submit it to MOH for approval

**Output 1.2.** Awareness and resources of relevant ministries/sectors and social organizations in prevention of overweight, obesity, metabolic disorders and Nutrition related chronic non-communicable chronic diseases are raised and mobilized.

*Activity 1.2.1:* Advocate partners to play their roles in implementation and support of implementation of national guideline on diet and physical activities.

In 2013:

- + Organize 02 workshops to advocate domestic and international organizations to support implementation of national guideline on diet and physical activities (50 participants; 2 days)

*Activity 1.2.2:* Organize conferences, workshops with ministries/sectors/organizations to disseminate information on prevention of overweight, obesity, metabolism disorders and nutrition related non-communicable chronic diseases.

In 2013:

- + Organize 01 workshop with officials of sectors and nutrition staff of PPMCs and RHCs in 63 provinces. (63 provinces; 3 days; 2 persons/ province) from 02 regions (the North and the South).

**Expected outcome 2:** Pilot models on implementing proper nutrition and physical activities in prevention of overweight and obesity, metabolic disorders and nutrition related non-communicable chronic diseases in the community are developed and piloted.

**Output 2.1:** Models for control of weight through proper nutrition regime and physical activity in 5 big cities are made available

*Activity 2.1.1:* Develop models for control of weight, and enhancement of physical activities

In 2013:

- + Develop models for control of weight, and enhancement of physical activities.

*Activity 2.1.2:* Pilot implementation of models

In 2013 - 2014:

- + Pilot implementation of models for control of weight, enhancement of physical activities.

*Activity 2.1.3:* Review and draw experience in order to scale-up models

In 2014:

- + Review and draw experience from model implementation.

*Activity 2.1.4.* Organize study tours to learn experience from intervention models for prevention of overweight and obesity, and nutrition related non-communicable chronic diseases in various countries.

In 2014:

- + Organize 01 study tour to learn experience from other countries for 10 people

**Output 2.2:** Models for reducing salt consumption to prevent hypertension in the community are developed and implemented

*Activity 2.2.1:* Develop models

In 2013:

- + Develop contents of models for reducing salt consumption to prevent hypertension in the community.

*Activity 2.2.2:* Pilot implementation of models

In 2013 - 2014:

- + Pilot implementation of models for reducing salt consumption to prevent hypertension in the community.

*Activity 2.2.3:* Review and draw experience from models and scale-up

In 2014:

- + Review and draw experience from models.

**Output 2.3:** Models for control of cholesterol at the community are developed and implemented

*Activity 2.3.1:* Develop models

In 2013:

- + Develop contents of models for control of cholesterol at the community.

*Activity 2.3.2:* Pilot implementation of models

In 2013 - 2014:

- + Pilot implementation of models for control of cholesterol at the community.

*Activity 2.3.3:* Review and draw experience from models and scale-up

In 2014:

- + Review and draw experience from models.

**Expected outcome 3:** Models for implementation of proper nutrition regime and physical activities on prevention of overweight and obesity in schools are developed and implemented

**Output 3.1:** Models for school nutrition in schools in urban areas, disadvantaged areas (mountainous), and plain areas are given pilot implementation

*Activity 3.1.1:* Organize workshops with MOET to discuss development of school nutrition

models.

In 2013:

- + Organize 01 workshop with MOET to discuss development of school nutrition models (2 days; 60 participants)

*Activity 3.1.2: Develop and finalize various school nutrition models*

In 2013 - 2014:

- + Develop and finalize contents of 03 school nutrition models for primary school, pre-school, and secondary school levels

*Activity 3.1.3. Pilot different school nutrition models*

In 2014:

- + Pilot 03 school nutrition models for 03 different school levels

**Output 3.2:** Guideline on diet and organization of school meals in pre-school facilities and semi-boardings primary schools are approved

*Activity 3.2.1: Develop guidelines on school nutrition regime, menu for children at pre-school and primary school levels*

In 2013 - 2014:

- + Develop and finalize guidelines on school nutrition regime, menus for children at pre-school and primary school levels.

*Activity 3.2.2: MOH and MOET provide approval and issuance of regulations on organizing school meals for children (ensuring food safety and nutrition)*

In 2014:

- + MOH and MOET provide approval and issuance of regulations on organizing school meals for children (ensuring food safety and nutrition).

**Output 3.3.:** Models of physical activities on prevention of overweight and obesity in schools are developed and included in timetable of pre-school facilities and primary schools.

*Activity 3.3.1: Develop and revise contents and physical education methods for children at schools from pre-school to primary school levels.*

In 2013:

- + Develop and revise contents and physical education methods for children at schools from pre-school to primary school levels.

*Activity 3.3.2: Develop and revise physical education textbooks for students at schools*

In 2013:

- + Develop and revise physical education textbooks for students at schools.

*Activity 3.3.3: Organize workshops to reach consensus on contents and methods of physical education and include it in the training timetable*

In 2013:

- + Organize workshops to reach consensus on contents and methods of physical education and include it in the training timetable (2 workshops; 60 participants)

**Output 3.4:** Nutrition regime and physical activities in schools are implemented (in collaboration with Department of Student management/ Institute of Educational Sciences – MOET)

*Activity 3.4.1:* Conduct training for staff of provincial DOET on school nutrition program, physical activities and regulations on provision of school meals for students

In 2015:

- + Conduct training for staff of provincial DOET on school nutrition program, physical activities and regulations on provision of school meals for students (2 days; 2 participants /province; 63 provinces)

*Activity 3.4.2:* Conduct training for teachers of schools and pre-school facilities on physical activities, prevention of overweight and obesity and nutrition related non-communicable chronic diseases.

In 2015:

- + Conduct training for teachers of 10 schools and pre-school facilities on physical activities, prevention of overweight and obesity and nutrition related non-communicable chronic diseases (2 days; 2 teachers/ school; 5 provinces)

*Activity 3.4.3:* Apply dietary regime and physical activities in schools.

In 2015:

- + Support schools to implement dietary regime and physical activities in schools (5 provinces; 10 schools /province)

**Expected outcome 4:** Products for prevention of overweight, obesity and nutrition related non-communicable chronic diseases for different target groups are studied and developed.

**Output 4.1:** Products for prevention and treatment of overweight, obesity are developed

*Activity 4.1.1:* Develop products for prevention and treatment of overweight, obesity

In 2013:

- + Study and develop 01 product for prevention and treatment of overweight, obesity

*Activity 4.1.2:* Conduct clinical trial of products for prevention and treatment of overweight, obesity

In 2014:

- + Conduct clinical trial of products for prevention and treatment of overweight, obesity (65 people; 6 months)

*Activity 4.1.3:* Manufacture products for broad and wide application in the community

In 2014:

- + Manufacture products for broad and wide application in the community (exploring and manufacturing to meet the market needs)

**Output 4.2:** Products supporting treatment & prevention of nutrition related non-communicable chronic diseases are studied and developed

*Activity 4.2.1:* Develop foods to support treatment of nutrition related non-communicable chronic diseases.

In 2013:

- + Study to develop 02 products supporting treatment & prevention of nutrition related non-communicable chronic diseases

*Activity 4.2.2:* Conduct clinical trial of supplementary foods for patients of nutrition related non-communicable chronic diseases.

In 2014:

- + Conduct clinical trial of 02 supplementary foods for patients of nutrition related chronic non-communicable chronic diseases

*Activity 4.2.3:* Manufacture products for wide and broad application in the community

In 2014:

- + Manufacture 02 products for wide and broad application in the community (exploring and manufacturing to meet the market needs)

***Expected outcome 5:*** Risk factors of nutrition related non-communicable chronic diseases (risk behaviors, overweight, obesity, metabolic disorders and nutrition related non-communicable chronic diseases) are screened and nutrition & dietetics counseling are implemented in the community

**Output 5.1.** Materials on screening risk factors of NCD and nutrition & dietetics counseling for prevention of overweight, obesity, metabolic disorders and nutrition related non-communicable chronic diseases for health workers in the community are developed and approved

*Activity 5.1.1:* Develop guiding materials on screening overweight, obesity, metabolic disorders and nutrition related non-communicable chronic diseases and nutrition & dietetics counseling for health workers in the community

In 2013:

- + Develop guiding materials on screening overweight, obesity, metabolic disorders and nutrition related non-communicable chronic diseases and nutrition & dietetics counseling for health workers in the community.

*Activity 5.1.2.* Pilot and assess materials

In 2013:

- + Pilot and assess materials in 2 provinces.

*Activity 5.1.3.* Guiding materials on screening overweight, obesity, metabolic disorders and nutrition related non-communicable chronic diseases and nutrition & dietetics counseling for health workers in the community are approved and issued.

In 2013:

- + Provide approval of guiding materials
- + Distribute guiding materials to 63 provinces/cities.

**Output 5.2.** Network of dietitians is established

*Activity 5.2.1.* Establish units for prevention of overweight, obesity, metabolic disorders and nutrition related non-communicable chronic diseases; assign tasks to units in charge of nutrition at PPMC, DPMC and staff in charge of nutrition at CHCs

In 2014:

- + Establish unit for prevention of overweight, obesity, and nutrition related non-communicable chronic diseases in 10 provinces, 10 districts
- + Support 50 CHCs to screen overweight, obesity, and nutrition related non-communicable chronic diseases

*Activity 5.2.2.* Organize training at different levels on screening and nutrition & dietetics counseling for prevention of overweight, obesity, and nutrition related non-communicable chronic diseases in the community.

In 2014:

- + Organize training at different levels on screening and nutritional diet counseling for prevention of overweight, obesity, and nutrition related non-communicable chronic diseases to 10 provinces, 10 districts (4 days; 5 participants/ province and 3 participants/ district).
- + Support training for 50 communes on screening and nutrition & dietetics counseling for prevention of overweight, obesity, and nutrition related non-communicable chronic diseases

*Activity 5.2.3.* Provide equipment for screening and communication materials for counseling activity in the network at different levels.

In 2014:

- + Provide financial support for equipment in screening and nutrition & dietetics counseling for prevention of overweight, obesity, and nutrition related non-communicable chronic diseases in the community of 20 big provinces/ cities, 100 districts of big cities).

**Output 5.3.** Screening activities and nutrition & dietetics counseling are implemented in the community

*Activity 5.3.1.* Conduct periodical screening to detect people with pre-diseases and diseases and nutrition related non-communicable chronic diseases

In 2014 - 2015: Implement annually

- + Support for 100 high risk districts of big cities with periodical screening (2 times/ year).

*Activity 5.3.2.* Conduct periodically and regularly nutrition & dietetics counseling in the community

In 2014 - 2015: Implement annually

- + Support for 100 high risk districts of big cities. Conduct periodically and regularly nutrition & dietetics counseling in the community (2 times/ year).

**Expected outcome 6:** Nutrition activities for prevention of non-communicable chronic diseases in hospitals of 5 big cities (Ho Chi Minh city, Hà Nội, Đà Nẵng, Huế, and Hải Phòng) are implemented

**Output 6.1:** Software for calculating dietary intake and treatment menus for nutrition related non-communicable chronic diseases is developed and approved

*Activity 6.1.1:* Develop software for calculating dietary intake for nutrition related non-communicable chronic diseases

In 2013:

- + Develop software for calculating dietary intake for nutrition related non-communicable chronic diseases.

*Activity 6.1.2:* Review and revise menus for treatment of nutrition related non-communicable chronic diseases such as diabetes, hypertension, and cardiovascular diseases.

In 2013 - 2014:

- + Review and revise menus for treatment of nutrition related non-communicable chronic diseases such as diabetes, hypertension, and cardiovascular diseases.

*Activity 6.1.3:* Collect comments on the software and treatment diet through workshops

In 2013 - 2014:

- + Collect comments on the software and treatment diet through 01 workshop (2 days; 60 participants)

*Activity 6.1.4:* Finalize and get approval of software and treatment diet

In 2014:

- + Finalize and get approval of software and treatment diet

*Activity 6.1.5:* Procure PCs and instruments (scales, measuring tapes) for counseling clinic on overweight, obesity and non-communicable chronic diseases

In 2014:

- + Provide equipment to 20 counseling clinics (10 PPMCs; 10 DPMCs) with 01 set of PC and printer for each

**Output 6.2:** Nutrition counseling service for prevention of overweight, obesity and nutrition related non-communicable chronic diseases is implemented in hospitals.

*Activity 6.2.1:* Establish nutrition counseling clinic for prevention of overweight, obesity and nutrition related non-communicable chronic diseases in hospitals

In 2014:

- + Support to establish 20 counseling clinics for prevention of overweight, obesity and nutrition related non-communicable chronic diseases in 20 hospitals (01 set of PC and printer; 03 sets of scales, measuring tapes, and physical assessment apparatus)

*Activity 6.2.2:* Conduct training for nutrition staff in hospitals and PPMCs on counseling skills, software use and treatment menus.

In 2014:

- + Conduct training for nutrition staff in 10 PPMCs; 10 DHCs and 20 hospitals having clinics on counseling skills, software use and treatment menus (2 days)

*Activity 6.2.3: Operate counseling clinics in hospitals and PPMCs*

In 2015:

- + Support 10 PPMCs; 10 DHCs and 20 hospitals to operate the clinics

***Expected outcome 7:*** IEC activities through the mass media to improve knowledge and practices on prevention of overweight, obesity, and nutrition related non-communicable chronic diseases (with a focus on such contents as reduction of salt consumption, rational use of fat, increasing consumption of vegetables and ripe fruits, promotion of physical activities) are implemented in a diversified manner

**Output 7.1:** Communication plans/strategies to promote proper diet and physical activities for prevention of overweight, obesity, metabolic disorders and nutrition related non-communicable chronic diseases through the mass media are developed and implemented

*Activity 7.1.1:* Develop communication strategic plans to promote proper diet and physical activities for prevention of overweight, obesity, metabolic disorders and nutrition related non-communicable chronic diseases through the mass media

In 2013:

- + Develop communication strategic plans to promote proper diet and physical activities

*Activity 7.1.2:* Develop IEC materials to promote proper diet and physical activities

In 2013:

- + Design 03 material sets (posters, leaflets) for promotion of proper diet and physical activities.
- + Develop 02 communication reportages on promotion of proper diet and physical activities to prevent overweight, obesity, metabolic disorders and nutrition related non-communicable chronic diseases
- + Distribute 03 communication material sets to provincial, district, and commune levels across the countries (63 provinces, 698 districts, and 11,118 communes) 10 copies/type

*Activity 7.1.3:* Broadcast news, reports, IEC documents for promotion of proper diet and physical activities through the mass media

In 2014 - 2015:

- + Broadcast 02 times of reportage, communication messages on VTV
- + Conduct 05 communication sessions on local TV of 36 disadvantaged provinces.

*Activity 7.1.4:* Discuss, develop topics to be integrated in TV programs on VTV3 (the Magic conical hat and the Happy family, etc.)

In 2014 - 2015:

- + Broadcast communication messages on promotion of proper diet and physical activities with 03 programs /year for 2 years



*Activity 7.1.5:* Develop reportages, spots on situation of overweight, obesity among children, non-communicable chronic diseases, food consumption habits, physical education in schools

In 2014 - 2015:

- + Broadcast 04 communication reportages/year on VTV

*Activity 7.1.6:* Communicate, disseminate, and promote application of proper nutrition and physical activities for prevention of overweight, obesity, metabolic disorders and nutrition related non-communicable chronic diseases

In 2014 - 2015:

- + Broadcast 04 communication reportages/year on VTV

**Expected outcome 8:** Periodical surveillance of risk behaviors and pre-disease status (overweight, obesity, metabolic disorders) of nutrition related non-communicable chronic diseases conducted in order to guide appropriate strategic interventions is conducted.

**Output 8.1.** Network of surveillance of risk factors for NCDs is established

*Activity 8.1.1* Surveillance of risk factors for nutrition related non-communicable chronic diseases is given by MOH to a specialized unit in PMCs at provincial, district and commune levels

In 2013 - 2014:

- + Develop and pilot activities for surveillance of risk factors for nutrition related non-communicable chronic diseases being given by MOH to a specialized unit in PMCs at provincial, district and commune levels
- + Integrate implementation of surveillance activities across the country at all provincial, district and commune levels

*Activity 8.1.2.* Conduct training for surveillance network on surveillance indicators and organizing implementation

In 2014:

- + Conduct 01 training course for nutrition staff of PPMCs from 63 provinces (1 day; 2 trainees/ province)
- + Integrate to run 01 training course at provincial level for nutrition staff of DHCs from 698 districts (2 trainees/ district; 2 days)
- + Integrate to run 01 training course at district level for CHC's heads and Ob/Ped assistant doctors from 11,118 communes
- + Integrate to hold meetings with village/hamlet collaborators to implement activities.

**Expected outcome 9:** Issuance of regulations on nutrition labeling for food products is conducted.

**Output 9.1:** Standards for nutrition labeling are issued

*Activity 9.1.1:* Review, summarize regulations on nutrition labeling being applied worldwide.

In 2013:

- + Review and summarize regulations on nutrition labeling being applied worldwide

*Activity 9.1.2: Develop standards for nutrition labeling*

In 2013:

- + Develop standards for nutrition labeling

*Activity 9.1.3: Approve issuance of standards for nutrition labeling*

In 2013:

- + Approve issuance of standards for nutrition labeling

**Output 9.2:** Decrees/ laws/ regulations on compulsory nutrition labeling on food products circulated on the market are issued.

*Activity 9.2.1: Issue decrees/ laws/ regulations on compulsory nutrition labeling on food products.*

In 2013:

- + Draft decrees/ laws/ regulations on compulsory nutrition labeling on food products

*Activity 9.2.2: Collect constructive comments through workshops*

In 2013-2014:

- + Conduct workshops to collect constructive comments on drafts of decrees/ laws/ regulations on compulsory nutrition labeling on food products (2 days; 60 participants)

*Activity 9.2.3: Revise, approve and issue decrees/ laws on compulsory nutrition labeling on food products.*

In 2014:

- + Approve for promulgation of decrees/ laws on compulsory nutrition labeling on food products

**Output 9.3:** Capacity building for development of nutrition labeling is conducted

*Activity 9.3.1: Conduct training, retraining for staff directly involved in analysis of food elements and development of nutrition labeling*

In 2014:

- + Conduct 01 training course for nutrition staff of PPMCs from 63 provinces (1 day; 2 trainees/ province)

*Activity 9.3.2: Establish expert groups, and provide training for staff on development of nutrition labeling*

In 2014:

- + Organize a 5-day overseas short training course for 5 people.

*Activity 9.3.3: Conduct surveys on analytical capacity of food nutritional elements among laboratories across the country.*

In 2014:

- + Conduct surveys on analytical capacity of food nutritional elements for 50 laboratories.

*Activity 9.3.4:* Conduct surveys and summarize demands of equipment of laboratories across the country.

In 2014:

- + Conduct surveys and summarize demands of equipment of laboratories across the country (50 laboratories).

*Activity 9.3.5:* Develop project proposal to submit MOH/Government for approval

In 2015:

- + Develop project proposal to submit MOH/Government for approval.

*Activity 9.3.6:* Provide equipment, instruments for analysis of nutritional elements

In 2015: Provide 02 machines to 02 units.

**Output 9.4:** Nutrition labeling is strengthened and supported

*Activity 9.4.1:* Training on QC for food inspectors, health workers, and guide QC for manufacturers

In 2014:

- + Conduct 01 training course for nutrition staff of PPMCs from 63 provinces (1 day; 2 trainees/ province)
- + Integrate to run 01 training course at provincial level for nutrition staff of DHCs from 698 districts (2 trainees/ district; 2 days)

*Activity 9.4.2:* Improve knowledge of the society on benefits of nutrition labeling

In 2014 - 2015:

- + Broadcast 02 communication reportages /year on VTV

*Activity 9.4.3:* Develop IEC materials for consumers on the needs and usage of nutrition labels

In 2014 - 2015:

- + Design 03 types of communication materials and distribute 8,000 copies/ type to consumers

*Activity 9.4.4:* Integrate communication program on nutrition labeling into communication campaigns on prevention of overweight, obesity, metabolic disorders and nutrition related non-communicable chronic diseases

In 2014 - 2015:

- + Broadcast 05 communication reportages on VTV

*Activity 9.4.5:* Apply guideline on usage of food labels in contents of nutrition counseling at private clinics, and nutrition counseling clinics.

In 2014:

- + Organize 01 training course for nutrition staff of PPMCs from 63 provinces (1 day; 2 trainees/ province).

## 5- IMPROVE KNOWLEDGE AND PRACTICES REGARDING PROPER NUTRITION.

**Expected outcome 1:** Knowledge and practices for exclusive breast feeding (EBF) of children during the first 6 months in life are improved

**Output 1.1:** Communication through the mass media and communication campaigns on EBF are conducted

*Activity 1.1.1:* Develop reportages and distribute materials for communication to promote EBF during the first 6 months and rational supplementary feeding for <2 years old children.

In 2013:

- + Develop 01 communication reportage on EBF during the first 6 months and rational supplementary feeding for <2 years old children.
- + Develop leaflets on EBF during the first 6 months and rational supplementary feeding for <2 years old children

In 2013 - 2015: Implement annually

- + Broadcast reportages on the mass media channels
  - + Broadcast communication reportages on 02 channels of VTV
  - + Conduct communication on TV, newspapers of 63 provinces/ cities
  - + Conduct 20 communication sessions on the district loud-speaker system of 63 provinces/ cities
  - + Distribute 100 copies/ center/ province for 63 provinces/ cities across the country (3 centers; 01 leaflet, poster).
  - + Distribute 20 copies/ district for 698 districts across the country (1 leaflet type).
  - + Distribute 05 copies/ commune for 11,118 communes of 698 districts (1 leaflet type).
  - + Distribute CDs of reportages to all districts, communes across the country (63 provinces/ cities and 698 districts)

*Activity 1.1.2:* Organize advertising activities, contests on breastfeeding during the “Breast - feeding week” and “Nutrition & Development week”

In 2013:

- + Organize 01 contest on the topic of "breastfeeding" during “Nutrition & Development week” via newspaper “Health and Life” and NIN’s journal special issues

In 2014:

- + Organize contests on the topic of "breastfeeding" during the “Breastfeeding week” via the VOV

*Activity 1.1.3:* Conduct communication on the mass media about 6-month maternity leave and breastfeeding issue.

In 2013 - 2015: Implement annually

- + Broadcast reportages, communication sessions on 03 channels of VTV during the “Breastfeeding week”

- + Conduct communication with 20 newspaper articles on newspapers at national level during the “Breastfeeding week”
- + Conduct communication with 20 sessions on VOV during the “Breastfeeding week”
- + Conduct communication with 05 sessions on TV, newspapers of 63 provinces/ cities during the “Breastfeeding week”
- + Conduct communication with 20 sessions on the loud-speaker system of districts/ communes during the “Breastfeeding week”

**Output 1.2:** Awareness of health care workers on breastfeeding is improved.

*Activity 1.2.1:* Organize workshops on the contents of Decree No. 21/2006/NĐ-CP and information on the role of breastfeeding on reduction of mortality, morbidity and malnutrition prevalence of children.

In 2013:

- + Organize 02 national workshops (50 participants; 2 days)

*Activity 1.2.2:* Provide training and guidance to health staff of Ob/Ped departments in hospitals at different levels, midwives at CHCs to promote early breastfeeding within the first hour after birth and EBF.

In 2013:

- + Organize 01 training workshop for health staff of Ob/Ped departments in provincial hospitals from 63 provinces /cities (63 provinces /cities; 1 day; 2 participants/ province) in 03 regions: the North, Central and South
- + Provide training to health staff of Ob/Ped departments in district hospitals from 698 districts (3 participants/ district; 1 day)
- + Integrate monthly meetings with training for CHC’s heads and Ob/ Ped assistant doctors from 11,118 communes

**Output 1.3:** Support for knowledge and practices of breastfeeding to mothers with <2 years old children through direct nutrition IEC is given.

*Activity 1.3.1:* Conduct training/communication for pregnant women, mothers with <2 years of age children on breastfeeding

In 2013:

- + Conduct 01 training course for nutrition staff of PPMCs and RHCs from 63 provinces /cities (63 provinces /cities; 1 day; 3 trainees/ province) in 03 regions: the North, Central and South
- + Conduct 01 training course at provincial level for nutrition staff of DHCs from 698 districts (3 trainees/ district; 1 day)
- + Integrate monthly meetings with training at district level for CHC’s heads and Ob/Ped assistant doctors from 11,118 communes
- + Integrate village/ hamlets collaborator meetings with training and retraining of knowledge for all village/ hamlets collaborators across the country.
- + Integrate communication on knowledge and practices on breastfeeding for mothers

during the monthly immunization day.

In 2014 - 2015: Implement annually

- + Integrate monthly meetings with training at district level for CHC's heads and Ob/Ped assistant doctors from 11,118 communes
- + Integrate village/ hamlets collaborator meetings with training and retraining of knowledge for all village/ hamlets collaborators from 11,118 communes across the country.
- + Integrate communication on knowledge and practices on breastfeeding for mothers during the monthly immunization day

*Activity 1.3.2:* Establish support group for breastfeeding at the community, combining breastfeeding content with other contents of IEC courses and nutrition practices.

In 2013 - 2015: Implement annually

- + Nutrition collaborators conduct communication on breastfeeding and practices of proper nutrition and demonstration of supplementary feeding for 11,118 communes; every 3 months

*Activity 1.3.3:* Conduct communication on breastfeeding issue through activities of the center for nutrition rehabilitation

In 2013 - 2014: Implement annually

- + Support 10 PPMCs/ RHCs of disadvantaged provinces to open nutrition counseling and rehabilitation clinics

*Activity 1.3.4:* Conduct breastfeeding counseling service at nutrition counseling clinics

In 2013 - 2015: Implement annually

- + Support breastfeeding counseling service at 10 PPMCs/ RHCs of disadvantaged provinces

*Activity 1.3.5:* Develop models for strengthening standard practices on care and breastfeeding of children (model of friendly hospitals to retain practices of 10 breastfeeding principles)

In 2013:

- + Develop models for strengthening standard practices on care and breastfeeding of children (model of friendly hospitals to retain practices of 10 breastfeeding principles)

In 2014 - 2015: Implement the model

- + Implement 12 models in 12 disadvantaged provinces.

*Activity 1.3.6:* Set up clubs for experience sharing, nutrition care and practices (including breastfeeding)

In 2013 - 2015: Implement annually

- + Establish clubs for mothers with <2 years old children to share experience in nutrition care and practices in 225 districts (club/ commune)
- + Integrate, set timetable for commune club's monthly activities to ensure the effectiveness of activities.

- + Support DHCs to conduct oversight of club activities in some communes

**Expected outcome 2:** Policies supporting implementation of plan for feeding newborns and infants are developed and implemented.

*Activity 2.1.1:* Organize workshops and disseminate information on 6-month maternity leave and breastfeeding with ministries/sectors at central and local levels.

In 2013:

- + Organize 02 national workshops (50 participants; 2 days)
- + Organize 01 provincial workshop (50 participants; 2 days; 36 disadvantaged provinces)

*Activity 2.1.2:* Develop collaborative mechanisms between MOH and relevant sectors at different levels to disseminate information and implement the Decree on 6-month maternity leave and breastfeeding issue.

In 2013:

- + Develop guidelines on intersectoral collaboration in communication and implementation of the Decree
- + Organize 02 national workshops (50 participants at central level and 4 participants at provincial level; 10 disadvantaged provinces; 2 days)

*Activity 2.1.3:* Develop criteria for sanction of violation of Decree No. 21/2006/ND-CP on trading and utilizing nutrition products for infants.

In 2013:

- + Develop index table for oversight of implementation of guidelines on intersectoral collaboration in communication and implementation of Decree No. 21/2006/ND-CP
- + Organize 02 national workshops to reach consensus on oversight index (50 participants at central level; 2 days)

*Activity 2.1.4:* Oversee implementation of Decree No. 21/2006/ND-CP on trading and utilizing nutrition products for infants and Decree on maternity leave.

In 2013 - 2015:

- + Conduct oversight of implementation of Decree No. 21/2006/ND-CP at national level: 4 members/ team; 4 days; 4 times /year
- + Conduct oversight of implementation of Decree No. 21/2006/ND-CP at provincial level: 4 members/ team; 4 days; 4 times /year; 63 provinces/ cities

**Expected outcome 3:** Knowledge on proper nutrition, rational supplementary feeding for children is improved

**Output 3.1:** Knowledge and practices of child feeding are improved.

*Activity 3.1.1:* Organize training courses to guide nutrition practices at village/hamlet for mothers with contents appropriate to specific conditions of each locality.

In 2013:

- + Develop 06 communication material sets with contents appropriate to specific conditions of each locality.

- + Conduct training with integration of the above – mentioned contents for provincial, district and commune levels.
- + Integrate to conduct monthly communication on knowledge and practices of child feeding
- + Distribute leaflets to mothers on the immunization day
  - + Distribute 100 copies/ center/ provinces, cities for 63 provinces, cities across the country (3 centers; 01 leaflet/poster).
  - + Distribute 20 copies/ district to 698 districts across the country (1 leaflet type).
  - + Distribute 500 copies/ commune to 11,118 communes of 698 districts (1 leaflet type).

*Activity 3.1.2:* Conduct direct nutrition counseling to pregnant women and youth females through the system of nutrition counseling clinics.

In 2013 - 2015: Implement annually

- + Support counseling service on breastfeeding, proper nutrition for pregnant women and youth females through 10 nutrition counseling and recovery clinics in 10 PPMC/ RHCs of disadvantaged and remote provinces

*Activity 3.1.3:* Organize meetings and activities for different associations (Ho Chi Minh Youth Union, Women's Union, VNFU, etc.) to guide and share experience on nutrition care and nutrition practices.

In 2013: Led by Ho Chi Minh Youth Union, Women's Union, VNFU

- + Develop 03 communication documents for members of associations
- + In 2013 - 2015: Implement annually to be led by Ho Chi Minh Youth Union, Women's Union, and VNFU
- + Organize 01 training course for key provincial staff of associations in 10 provinces/ cities (4 participants/ province; 1 day)
- + Provide directions and organize 04 supervisory visits integrated into association activities to guide sharing of nutrition care

*Activity 3.1.4:* Organize contests of supplementary food processing for children.

In 2014:

- + Organize contests on proper nutrition and practices of supplementary food processing in 10 provinces with high prevalence of stunting among children.

***Expected outcome 4:*** Knowledge on nutrition and basic maternal knowledge for youth females is improved.

**Output 4.1:** Knowledge of proper nutrition for youth females is improved

*Activity 4.1.1:* Establish and run pre-marriage clubs: training for understanding of nutrition, experience sharing, and certification of attending courses on maternal knowledge prior to marriage.

In 2013 - 2015: Implement annually and led by Ho Chi Minh Youth Union



- + Youth union branches at commune/ward level establish pre-marriage clubs in 225 disadvantaged districts (club/ commune)
- + Integrate training into club activities on nutrition knowledge, experience sharing.
- + Ho Chi Minh Youth Union issues certificate of attendance of training on maternal knowledge for those members who have attended 10 sessions of club activities.
- + Conduct oversight of club activities in some provinces (4 supervisory visits/ 4 provinces/ year)

*Activity 4.1.2:* Develop materials on proper nutrition and basic maternal knowledge for youth females and young mothers.

In 2013: Led by Ho Chi Minh Youth Union

- + Develop 02 communication leaflet sets on proper nutrition for association members
- + Develop 01 brochure on proper nutrition and maternal knowledge
- + Distribute books to Youth union branches at district, commune levels (1 – 2 copies/ unit)

*Activity 4.1.3:* Conduct training for youth females, newly married couples with maternal knowledge, nutrition care during pregnancy, and infant care.

In 2013: Led by Ho Chi Minh Youth Union

- + Integrate contents of maternal knowledge, nutrition care during pregnancy, and infant care into training for key provincial staff of associations in 10 provinces/ cities (4 participants/ province; 1 day) (Activity 3.1.5)
- + Provide directions and organize 4 supervisory visits integrated into activities of associations for training on maternal knowledge, child care and nutrition care.

*Activity 4.1.4:* Conduct training on nutrition knowledge and practices for pregnant women, mothers of infants, family members directly providing care to children on prevention of malnutrition, especially when the child is sick

In 2013 - 2015: Implement annually

- + Integrate contents on nutrition practices for pregnant women, mothers of infants, methods of caring sick children into training for nutrition staff of PPMCs and RHCs from 63 provinces /cities (63 provinces /cities; 1 day; 3 trainees/ province) in 03 regions: the North, Central and South (Activity 1.3.1)
- + Integrate contents on nutrition practices for pregnant women, mothers of infants, methods of caring sick children into training at provincial level for nutrition staff of DHCs from 698 districts (3 trainees/ district; 1 day) (Activity 1.3.1)
- + Integrate training with monthly meetings at district level for CHC's heads and Ob/ Ped assistant doctors from 11,118 communes
- + Integrate training and retraining with meetings of village/ hamlet collaborators for training and retraining on knowledge for all village/ hamlet collaborators across the country.
- + Integrate communication on knowledge and practices on breastfeeding for mothers every month

## **6- REINFORCE CAPACITY AND EFFECTIVENESS OF THE NETWORK OF NUTRITION SERVICES IN BOTH COMMUNITY AND HEALTH CARE FACILITIES**

**Expected outcome 1:** Operational capacity of the network of nutrition services in the community is reinforced.

**Output 1.1:** Department of “Food safety and Nutrition” in PPMCs in provinces/centrally - run cities is strengthened.

*Activity 1.1.1:* Submit proposal to MOH to supplement, amend name, organizational structure, function and tasks of the department of “Food safety and Nutrition” with Decision No. 05/2006/QĐ – BYT dated 17/ 01/ 2006 on issuing “ Function, tasks, mandate and organizational structure of PPMC in provinces/centrally - run cities” after the establishment of provincial Food Safety and Hygiene Division.

In 2012:

- + Review functions and tasks; supplement, update, amend the draft of new functions and tasks

In 2013:

- + Submit the draft to MOH for approval

*Activity 1.1.2:* Develop and submit documents to MOH guiding Provincial DOHs to reinforce nutrition surveillance activities of nutrition department in PPMCs.

In 2013:

- + Develop documents to guide Provincial DOHs to reinforce nutrition surveillance activities of nutrition department in PPMCs
- + Submit the draft to MOH for approval

**Output 1.2:** Capacity building for staff involved in nutrition activities in the community is strengthened.

*Activity 1.2.1:* Organize retraining and additional training for nutrition staff at provincial level (once every year) to update knowledge, advocacy skills, resource mobilization, community nutrition & dietetics, planning, budgeting, surveillance, etc.

In 2013 - 2015:

- + Conduct training for nutrition staff at provincial level (once every year; 3 trainees/ province from RHCs, PPMCs, HECs; 2 days/ course; 63 provinces/ cities)

*Activity 1.2.2:* Organize retraining and additional training for nutrition staff at district level (once every year) to update knowledge, advocacy skills, resource mobilization, community nutrition diet, planning, budgeting, surveillance, etc.

In 2013 - 2015:

- + Conduct training for nutrition staff at district level (once every year; 2 trainees/ district; 2 days/ course; across the country)

*Activity 1.2.3:* Conduct training for nutrition staff at commune/ ward level to improve

communication skills and implementation of nutrition activities in the community.

In 2013 - 2015:

- + Conduct training for nutrition staff at commune/ ward level (once every year; 1 trainee/ village (may be insufficient); 2 days/ course; across the country with 11,118 communes)

*Activity 1.2.4:* Conduct training for nutrition staff from ministries/ sectors, organizations at central level on knowledge of proper nutrition and implementation of nutrition program.

In 2013 - 2015:

- + Conduct training for nutrition staff from ministries/ sectors, organizations at central level (once every year; 40 trainee/ course; 2 days/ course)

*Activity 1.2.5:* Conduct training of bachelor of community nutrition, nutrition & dietetics and food safety (collaboration between Hanoi Medical University and National Institute of Nutrition):

- Develop training curriculum,
- International consultants,
- Consultation with ministries/ sectors;
- Approval of training curriculum.
- Develop discipline code.
- Develop civil servant code.
- Submit to competent agencies for approval of discipline code and civil servant code for nutrition staff and dietitian in hospitals.
- Organize workshops to disseminate it to hospital system nationwide.

+ In 2013 - 2015:

- + Grant 25 scholarships for bachelor degree of community nutrition, nutrition & dietetics, and food safety

**Output 1.3:** Operational capacity of nutrition surveillance system across the country is reinforced.

*Activity 1.3.1:* Provide scales, measuring tapes and other equipments to serve the quality control (QC) and analysis of data collected from surveillance units at central level and regional institutes.

In 2013 - 2015:

- + Provided 05 sets (scales, measuring tapes for height and length) to 03 Regional institutes.

*Activity 1.3.2:* Provide equipment for surveillance work: scales, measuring tapes and other equipments for conducting surveys and data collection.

In 2013 and 2015:

- + Provide 03 sets (scales, measuring tapes for height and length) to 63 PPMCs/ RHCs).

*Activity 1.3.3:* Develop training materials for monitoring and evaluation on situation of food consumption and nutrition status in the province.

In 2013:

- + Develop 01 training material set for monitoring and evaluation on situation of food consumption and nutrition status in the province.

*Activity 1.3.4:* Develop a system of monitoring and provision of annual data on food consumption in “front - line” communes in some representative provinces in different ecological regions.

In 2013:

- + Develop 01 system of monitoring and provision of annual data on food consumption in “front - line” communes in some representative provinces in different ecological regions.

*Activity 1.3.5:* Conduct training for updating nutrition knowledge and monitoring and evaluation skills on nutrition status for staff of nutrition department of PPMC.

In 2013:

- + Conduct training for nutrition staff at provincial level (once every year; 01 trainees/ province; 4 days/ course; 63 provinces/ cities)

*Activity 1.3.6:* Develop a set of indicators for M & E of overweight – obesity situation and related factors for periodical surveys and specific surveys.

In 2013:

- + Develop 01 set of indicators for M & E of overweight – obesity situation and related factors for periodical surveys and specific surveys.

*Activity 1.3.7:* Conduct special training on M & E of overweight – obesity situation and related factors for staff of nutrition department in PMCs of big cities.

In 2014:

- + Conduct special training for 200 staff of nutrition department in PMCs of big cities (2 days/ course)

*Activity 1.3.8:* Organize workshops to identify issues that need to be given nutrition surveillance in the new period and apply evidence – based problem solving approach.

In 2014:

- + Organize 01 workshop on identification of issues that need to be given nutrition surveillance in the new period and apply evidence – based problem solving approach (2 days; 130 provincial participants; 20 participants at national level)

*Activity 1.3.9:* Conduct surveys and assessment of child nutrition status nationwide.

In 2013 - 2015: Implement annually

- + Conduct surveys and assessment of child nutrition status nationwide through 30 cluster surveys in 63 provinces/ cities across the country

*Activity 1.3.10:* Conduct surveys and assessment on nutrition status and micronutrient deficiency situation across the country in 2014.

In 2014: Review/evaluation after 5 years

- + Conduct 01 survey to evaluate nutrition status and micronutrient deficiency situation across the country in 2014

**Expected outcome 2:** Operational capacity of Nutrition – Dietetic department in hospitals at provincial, district, and commune levels is enhanced. Training on Nutrition – Dietetic contents for nutrition staff outside hospitals is provided.

**Output 2.1:** Nutrition – Dietetic department in hospitals at national, provincial, and district levels is strengthened.

*Activity 2.1.1:* Develop and submit documents to MOH on guiding provincial DOH and hospitals at provincial and district levels on strengthening operational activities of Nutrition – Dietetic department in hospitals.

In 2014:

- + Develop and submit documents to MOH on guiding provincial DOH and hospitals at provincial and district levels on strengthening operational activities of Nutrition – Dietetic department in hospitals (2 days; 30 provincial participants; 2 participants/province; 25 participants at national level)

*Activity 2.1.2:* Conduct training of bachelor degree on nutrition – dietetics (collaboration between Hanoi Medical University and National Institute of Nutrition):

- Develop training curriculum,
- International consultants,
- Consultation with ministries/ sectors;
- Approval of training curriculum.
- Develop discipline code.
- Develop civil servant code.
- Submit to competent agencies for approval of discipline code and civil servant code for nutrition staff and dietitian in hospitals.
- Organize workshops to disseminate it to hospital system nationwide

In 2013 - 2015:

- + Grant 30 scholarships for staff with training of bachelor degree on nutrition – dietetics

*Activity 2.1.3:* Conduct training technician on nutrition – dietetics (collaboration between Hai Duong Medical Technical University and National Institute of Nutrition):

- Develop training curriculum,
- International consultants,
- Consultation with ministries/ sectors;
- Approval of training curriculum.
- Develop discipline code.
- Develop civil servant code.
- Submit to competent agencies for approval of discipline code and civil servant code for

nutrition staff and dietitian in hospitals.

In 2013 - 2015:

- + Grant 30 scholarships for staff with training of technician on nutrition – dietetics

**Output 2.2:** Operational capacity of Nutrition – Dietetic department in hospitals at national, provincial, and district levels is reinforced.

*Activity 2.2.1:* Conduct short-term training on clinical nutrition and dietetics.

In 2013- 2015: Implement annually

- + Conduct short-term training for 30 doctors of clinical departments on nutrition treatment and preventative diet for patients on treatment at hospitals and nutrition - dietetic staff of nutrition department in hospitals at national, provincial, and district levels.

*Activity 2.2.2:* Develop plans and implement nutrition interventions in pediatric department of hospitals.

In 2014:

- + Develop plans and implement nutrition interventions in pediatric department of hospitals (04 plans/ 04 levels for 50 hospitals)

*Activity 2.2.3:* Develop plans and implement nutrition interventions for premature and low birth weight newborns in Ob department and OB/ GYN hospitals.

In 2014:

- + Develop plans and implement nutrition interventions for premature and low birth weight newborns in Ob department and OB/ GYN hospitals (50 hospitals)

*Activity 2.2.4:* Conduct training for clinical nutrition and dietetic staff at pediatric department of hospitals.

In 2013- 2015: Implement annually

- + Conduct training for clinical nutrition and dietetic staff at pediatric department of hospitals (2 trainees/ hospital; 20 hospitals/ year).

#### **IV/ INTERSECTORAL COLLABORATION**

- Develop action plans to implement Nutrition Strategy in relevant Ministries /Sectors and collaborative mechanisms with projects/ programs being implemented within the health sector in a unified manner from the central level to local level.
- Establish the intersectoral Steering Committee on nutrition work at both central and local levels.
- Establish the secretariat to provide assistance to the intersectoral Steering Committee in directing the plan implementation.

#### **V/ MONITORING AND EVALUATION OF PLAN IMPLEMENTATION:**

- Annually, conduct auditing, M & E of plan implementation with participation of ministries/ sectors to promptly provide directions in meeting the set objectives, targets and progress.

- In 2015, conduct evaluation and review of plan implementation – period 2011-2015 and develop action plan for the coming period of 2016-2020.

## **VI/ IMPLEMENTATION BUDGET:**

The total estimated budget for the program: **927.918** billion VND, in which:

- + Budget allocated from national programs: **85.606** billion VND;
- + Local budget and allocations from national programs for the locality: **436.818** billion VND;
- + Needed mobilization: **405.493** billion VND;

**Table 1: Funding needs by activities and sources for 2011- 2015 period***(Unit: thousand VND)*

	Intervention activity	Funding			
		Total	State budget	Local budget	Other sources (*)
1.	Improve the diet of the people in terms of quantity and quality	54,399,200	4,108,820	7,560,000	42,730,380
2.	Improve the nutrition status of mothers and children	451,178,050	44,030,700	314,678,900	92,468,450
3.	Improve micronutrient status	193,222,050	13,210,050	5,852,550	174,159,450
4.	Effectively control overweight and obesity and risk factors of nutrition related non-communicable chronic diseases in adults	42,584,755	3,644,340	11,405,500	27,534,915
5.	Improve knowledge and practices regarding proper nutrition in the general population.	103,071,310	6,757,000	64,379,820	31,934,490
6.	Reinforce capacity and effectiveness of the network of nutrition services in both community and health care facilities	83,463,280	13,856,000	32,941,800	36,665,480
	<b>Total</b>	<b>927,918,645</b>	<b>85,606,910</b>	<b>436,818,570</b>	<b>405,493,165</b>

*(\*) International cooperation and other legitimate sources*



**Table 3: INDICATORS FOR EVALUATION OF TARGETS FOR  
2011-2015 PLAN**

<b>No.</b>	<b>Indicators for evaluation of plan targets</b>	<b>2010</b>	<b>2015</b>
1.	The proportion of households with low energy intake per capita below 1800 Kcal will be reduced to	10%	10%
2.	The proportion of households with a balanced diet (Protein:Lipid:Carbohydrate ratio – 14:18:68)	50%	50%
3.	The prevalence of chronic energy deficiency in reproductive age women will be reduced to	18%	15%
4.	The rate of low birth weight (infants born less than 2,500g) will be reduced to	....%	< 10%
5.	The rate of stunting in children under 5 years old will be reduced to	29,3%	26%
6.	The prevalence of underweight among children under 5 years old will be reduced to	17,5%	15%
7.	The height of children under 5 in both boys and girls compared to 2010 will be increased by	0,7cm - 1cm	0,7cm - 1cm
8.	The height in adolescents by sex compared to 2010 will be increased by	0,4cm - 0,5cm	0,4cm - 0,5cm
9.	Control and maintain obesity rate in children <5 years of age: - In rural area at - In big city at	< 5% < 10%	< 5% < 10%
10.	The prevalence of children under five with low serum vitamin A (<0.7 µmol/L) will be reduced to	< 10%	< 10%
11.	The prevalence of anemia in pregnant women will be reduced to	28%	28%
12.	The prevalence of anemia among children will be reduced to	20%	20%
13.	The proportion of households using standardized iodized salt ( $\geq 20$ ppm) will be Mean urinary iodine levels in mothers with children under 5 will be	> 90% 10 - 20 µg/dl	> 90% 10 - 20 µg/dl
14.	The prevalence of overweight and obesity in adults will be controlled to a rate of	8,2%	< 8%
15.	The proportion of adults with elevated serum cholesterol (over 5.2 mmol/L) will be	< 28%	< 28%
16.	The rate of exclusive breast feeding (EBF) for the first 6 months will reach	27%	27%
17.	The proportion of mothers with proper nutrition	75%	75%

	knowledge and practices when caring for a sick child will reach		
18.	The proportion of adolescent females receiving maternal and nutrition education will reach	65%	65%
19.	he proportion of nutrition coordinators receiving training in community nutrition (from 1 to 3 months) will reach: - Provincial level: - District level:	75% 50%	75% 50%
20.	The proportion of communal nutrition coordinators and nutrition collaborators will be trained and updated on nutrition care practices	100%	100%
21.	The proportion of central and provincial hospitals with dieticians will reach: - Central level: - Provincial level: - District level:	90% 70% 30%	90% 70% 30%
22.	The proportion of hospitals applying nutrition counseling and therapeutic treatment for conditions such as aging health, HIV/AIDS and TB, will reach:  - Central level: - Provincial level: - District level:	90% 70% 20%	90% 70% 20%
23.	The proportion of provinces qualified for performing nutrition surveillance with sufficient and quality indicators on achieving objectives and conducting nutrition surveillance in emergency situations in disaster-stricken provinces will reach	50%	50%

## VII/ ANNEXES

1. Budget table of NPAN activities by objectives
2. List of disadvantaged districts and provinces

**Table 2: Budget needs by year and source**

Unit: billion VND

<b>Program/Project</b>	<b>Total</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>
<b>Objective 1</b>						
<i>Central level</i>						
<i>Local level</i>						
<i>Other sources (*)</i>						
<b>Objective 2</b>						
<i>Central level</i>						
<i>Local level</i>						
<i>Other sources (*)</i>						
<b>Objective 3</b>						
<i>Central level</i>						
<i>Local level</i>						
<i>Other sources (*)</i>						
<b>Objective 4</b>						
<i>Central level</i>						
<i>Local level</i>						
<i>Other sources (*)</i>						
<b>Objective 5</b>						
<i>Central level</i>						
<i>Local level</i>						
<i>Other sources (*)</i>						
<b>Objective 6</b>						
<i>Central level</i>						
<i>Local level</i>						
<i>Other sources (*)</i>						
<b>Total budget</b>						
<i>Central budget</i>						
<i>Local budget</i>						
<i>Other sources (*)</i>						

(\*) International cooperation and other legitimate sources