Infant and Young Child Feeding Plan of Action

Period 2006 - 2010

Ministry of Health

National Institute of Nutrition

VDD

MINISTRY OF HEALTH

PLAN OF ACTION FOR INFANT AND YOUNG CHILD FEEDING 2006-2010

(Attached to the MOH's Decision N^0 5471 /QD-BYT, Dated 27th December 2006)

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Abreviations

ACC/SCN	**A**dministrative **C**ommittee on **C**oordination **S**ub-**C**ommittee on **N**utrition
BF	Breastfeeding
BFHI	Baby Friendly Hospital Initiative
BMI	Body Mass Index
BMS	Breast milk Substitute
IEC	Information – Education-Communication
IYCF	Infant and Young Child Feeding
MOH	Ministry of Health
NIN	National Institute of Nutrition
NNS	National Nutrition Strategy
UNICEF	United Nations Children's Fund
VACVINA	Vietnamese gardening association
VWU	Vietnam Women's Union

PLAN OF ACTION FOR INFANT AND YOUNG CHILD FEEDING 2006 - 2010

OVERVIEW

Being properly fed since the first years of life, particularly the first months after birth, is extremely important for survival, growth and comprehensive development of each individual in latter life.

Today, child malnutrition is still very prevalent in the world, particularly in developing countries. The World Health Organization (WHO) has estimated that annually there have been 10.9 millions of child deaths, among which 60% have been affected directly and indirectly by malnutrition.

In Vietnam, although great efforts have been made in controlling malnutrition for many years but the prevalence of malnutrition is still high. Presently, there are 3 millions of under-five children who are stunted (low height for age) nationwide[1]. Besides, overweight and obesity are emerging in a fast pace in big cities. One of the main causes of this situation is poor feeding practice. Hence changing feeding practice for infants and young children is an essential intervention of the child malnutrition control activities in Vietnam.

Infant and young child feeding (IYCF) is related to culture, practice, habit, education level and socio-economic status of family and community. IYCF practice firstly depends on knowledge and skills of mothers and other caregivers. In fact, it has been shown that even in a poor socio-economic situation, if the caregivers understood and practiced proper feeding, child malnutrition would be prevented. However, the socio-economic situation of family and community plays a considerable role since it is the basis to ensure adequate resources for childcare. A successful policy for IYCF needs to address those factors.

Children have the right of being fed and cared well. It has been confirmed in the International convention on children rights based on the principle of respect, protection, encouragement and facilitation of this right so that it would be enacted. In addition, the mothers have the right to access an appropriate diet, and to choose an optimal feeding option for their own children. To do so, the mothers need to be provided comprehensive and updated information as well as to live in a most favorable environment that enables them to practice what they have chosen for IYCF

The socio-economic development and urbanization process, which have been occurred in many countries including Vietnam, are creating new challenges for IYCF. Under the pressure of work and income, the women have to work too much, thus having no time and condition to take care their children, while breast milk substitutes are quite available and widely advertised and marketed. This situation results in wrong feeding practices, which negatively influence infant and young child health. In addition, the

[1] Annual nutrition surveillance report - NIN - 2003, 2004

increasing of HIV/AIDS epidemic, with a high-risk of mother-to-child transmission, and socio-economic changes and disparity have posed new problems to be addressed, i.e. "infant and young child feeding in exceptionally difficult circumstances".

The international community has been interested in IYCF for a long time. In 1981, the International Code of Producing and Marketing of breast-milk substitutes was issued. In 1990, the Innocenti Declaration on Protection, Promotion and Support of breastfeeding was in force. The Baby Friendly Hospital Initiative was introduced in 1991. This means that the IYCF is of globally significant importance. In 2002, WHO and United Nations Children's Fund (UNICEF) have ratified and disseminated the Global Strategy on IYCF. This is a great effort of all WHO's member countries, international and inter-governmental agencies... to achieve the right approach to eradicating nutrition-related burden (From 50 to 70% of disease burden such as diarrhea, measles, malaria and respiratory infection in childhood are possibly related to malnutrition) for the world children and to contributing to sustainable reduction of poverty. The Global Strategy on IYCF is developed on the basis of scientific evidences of the role of nutrition in the first months and years of life, as well as of the significance of proper feeding in achieving the best health outcomes. This strategy has confirmed the great effort of international community in reinforcing the commitment of different government in ensuring the best development for children through appropriate actions following the International Code of producing and marketing of breast-milk substitutes, the Innocenti Declaration on protection, promotion and support of breastfeeding, and the Baby Friendly Hospital Initiative.

In Vietnam, developing the strategy and plan of action for IYCF is an urgent demand, thus creating a good, appropriate and safe nutrition environment for health improvement and optimal growth of Vietnamese children in current socio-economic conditions. In the past years, Vietnamese government has made a great effort in caring for the comprehensive development of children, including infant and young child feeding. The implementation of the Law on childcare and protection has obtained considerable achievements. The Government has approved the Strategy on People's Health Care and Protection, the National Nutrition Strategy 2001-2010, and the National Strategy for Reproductive Health, whose objectives and approaches are related to child feeding. However, it is necessary to have synchronous solutions on IYCF that specify and clarify the above Strategies, as well as integrate and unite activities and interventions, thus contributing to the achievement of the defined objectives of comprehensive health improvement and optimal growth for children, providing a human resource of high quality in the future, and ensuring the success of the industrialization and modernization process of the country.

CURRENT SITUATION AND CHALLENGES OF INFANT AND YOUNG CHILD FEEDING

In the past years, Vietnam has obtained a lot of achievements in nutrition care for children. The prevalence of malnutrition, which has been reduced rapidly in the recent years, is an evidence of efforts of the whole society and the high commitment of the Government in addressing child malnutrition in Vietnam. However, compared to the regional countries, the prevalence of malnutrition is still at a high level. In addition, there are emerging nutrition problems such as overweight, obesity...due to improper nutrition care. Therefore, Vietnam is still facing many challenges in childcare and feeding

I. The prevalence of Protein - energy malnutrition remains high and the cause of improper feeding plays an important role

It is estimated that two third of deaths among under 5 children in the world are related to feeding factors[2]. Improper feeding is a direct cause of malnutrition and micronutrient deficiencies (such as Vitamin A, Iron, iodine, Zinc and other essential micro-nutrients)

The malnutrition prevalence in Vietnam is still high and is a problem of public health significance as classified by the WHO. Nationwide, in 2005 the prevalence of underweight (low weight for age) was 25.2%, and the prevalence of stunting was 29.6%, and the prevalence of wasting was 6.9% [3]. In many rural areas, the prevalence of malnutrition is even as high as 40%. There was no gender discrepancy of malnutrition, although there was remarkable difference in the prevalence of underweight and stunting among different ecological regions nationwide. Growth retardation is commonly prevalent in the age group of 6-24 months. Besides, in the past years, the prevalence of overweight and obesity in children under 5 is on the rise (it was 1.2% in 2000 and 1.7% in 2004)[3]. In Vietnam, it is estimated that there are 240,000 babies born every year with impaired cognitive performance due to iodine deficiency, about 2,000 children died due to reduced infection resistance, 10% of children with impaired immune system and growth as a result of vitamin A deficiency[4]. Improper breastfeeding practice (intermittent breastfeeding, early and sudden stop of breastfeeding) or too early introduction of complementary feeding with foods of low protein and energy density are the main causes of malnutrition[5].

Breastfeeding is a common practice in Vietnam with the proportion of over 98% children being breastfed. This proportion varies by geographic regions, ethnic groups, maternal education and place of delivery but not significantly. It is as lowest as 90%, anyway[6]. Even though this proportion is quite high, the existing problems still are improper timing of BF initiation and BF duration.

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[2] Global Strategy of Infant and Young Child Feeding. WHO -UNICEF. Page 5
[3] Annual nutrition surveillance report. NIN. 2005.
[4] MI (Micronutrient Initiative): Vitamin and Mineral Deficiency - A report assessment for Vietnam (leadership briefing). MI and UNICEF. 2004
[5] Annual nutrition surveillance report. NIN. 2005
[6] NIN/UNICEF. Maternal and child nutrition situation in 1999. Medical Publishing House, Hanoi 2000.

As recommended by WHO, newborn babies should be breastfed right after birth and exclusively breastfed in the first 6 months. Data on BF practice in 2004 showed that there was some progress made in BF, such as the proportion of early initiation of BF within 30 minutes after birth was 75.2%, the proportion of mothers breastfeeding colostrums was 82%. However, 38.7% of mothers gave other foods than breast milk in the very first week, 7% of babies were weaned as early as 12 months old, and upto 21.9% infants were bottle-fed [7].

There are many reasons to explain the early introduction of weaning food in children under 6 months old. There are many relevant factors. *Mothers who have to go back to work early* are 14 times more likely not to exclusively breastfeed their babies than those do not have to work yet. Other factors maybe related to *counseling of nurses, midwives and medical practitioners*. Other factors, which are not yet significantly important but somehow, have an impact on exclusive BF such as maternal confidence (in having enough breast milk to feed their babies), number of children, maternal age, maternal education, sex of children and maternal socio-economic status. Recent studies show that mothers are not very confident in their capability of BF and do not understand the importance of BF[8]. Besides, decision-making process in family regarding BF depends much on other family members and also the community. If the mothers are provided with good counseling and proper nutrition messages, they are more willing to change from wrong to right and active behavior in child feeding and care. Then, the issue will be whether the counselors have appropriate knowledge and skills to do the job.

The Baby Friendly Hospital Initiative (BFHI) has been responded and started in Vietnam since 1993. So far, 53 hospitals at the central and provincial levels have been acknowledged as BFHs. The implementation of BFHs has changed the breastfeeding practice. Mothers are counseled on breastfeeding since their first visits for antenatal care. After delivery the mother and child are placed side by side to assist breastfeeding. Infants are breastfed right after delivery, and upon their need. However, the existing difficulty is the sustainability of BFHs. Some hospitals after a short time of reaching the standards of BFH (according to 10 criteria of BFHI) were found violating. The most popular violation is that the hospitals let infant formula companies advertise and market breast milk substitutes within their settings.

Breastfeeding in exceptionally difficult condition, such as when the mothers are infected with HIV/AIDS, abandoned children and orphans, is a new issue but very important and needs to have specifically professional guidelines. Professionals, and sectors at all levels, social organizations, international, non-government and government organizations need to have a commitment and specified actions in order to bring children the right of having optimal nutrition care.

One of basic causes of remaining high prevalence of child malnutrition is improper complementary feeding practice such as the early initiation of complementary feeding,

[7] The situation of maternal and child nutrition 1994 - 2004. NIN and GSO - 2005

[8] Arun Gupia et al. Report on Assessment of Breastfeeding Policy. Promotion and Practice in Vietnam. NIN/UNICEF. Hanoi. 2004

inadequate and unbalanced complementary foods, which do not meet child nutrition requirement.

In Vietnam, according to data of the nutrition surveillance (NIN 2002), infants have been given complementary food very early. Half of infants under 6 months old in Vietnam have started weaning practice while they are supposed to be breastfed exclusively. At present, the percentage of infants given foods other than breast milk starting at the age of 3 months is still high, 30-80%, and varies by areas. The wrong practices of early initiation of complementary feeding and poor quality of complementary foods might lead to a clear consequence of rapid increase of the prevalence of wasted children (low weight for height) after the age of 5-6 months old and it reaches the highest point at the age of 13-17 months old. This situation shows the importance of proper complementary feeding in reduced child malnutrition. For children over 24 months old, food frequency is low since their diet almost depends on their family's meals, which means 3 times a day on average. Even among the children aged 24-36 months, there are only 17.5% of them being fed more than 3 meals per day. This figure is low in all regions, but lowest in the Northwest mountainous area and the North-Central area. Due to heavy workload, particularly in rural areas, mothers have very little time for taking care of and feeding their children. Complementary foods have low energy density; the diet is poor in fat, protein and micronutrients. Weekly frequency of foods such as meat, egg in the meals of children in many areas is only 50%, particularly in the Central Highland, South-Central and North-Central regions[9]. It is evident that the children's diet is still not ensured in both quantity and quality and the initiation of complementary feeding is not proper.

II. Poor nutritional status and nutrition care for pregnant women

According to an Administrative Committee on Coordination Sub-Committee on Nutrition (ACC/SCN) report, stunting occurs after a long time of suffering from risk factors (accumulation), among which nutrition and health care of pregnant women plays the most important role. Nutrition care given to future mothers, particularly pregnant women, is actually the early care for children. The prevalence of chronic energy deficiency (BMI <18.5) among mothers with under-five children is now 22.9% [10]. The prevalence of iron deficiency anemia in pregnant women was between 35 - 40%; and over 30% of mothers had low Vitamin A concentration in breast milk, meanwhile the proportion of mothers given a high dose of Vitamin A after delivery was only 61%, and as low as 35.9% in Central Highland region [11].

The nutritional status of mothers is closely related to that of young children, particularly infants. Many international and domestic studies have showed that maternal chronic energy deficiency, anemia and low weight gain during pregnancy are the main risk factors to the increase of prematurity/low birth weight rate (with weight at birth under 2,500 gr.) and neonatal and infant deaths. The diet of women, particularly pregnant women in many areas remain inadequate and unbalanced. In some areas, due to the food taboos during pregnancy, pregnant women have not been

[9] National nutrition surveillance. NIN-2003
[10] The situation of maternal and child nutrition 1994 - 2004. NIN and GSO - 2005
[11] Data from the national nutrition surveillance, NIN, 2003

given a proper diet needed to ensure good development of their fetuses. Due to heavy workload, the women often have to work until the day of delivery. The proportion of pregnant women attending 2 - 3 antenatal care visits during the 3 trimesters is only 47.4% and there are 13.2% of the women having no antenatal care at all[12]. The fact that even the minimum number of ANC visits has not been taken means those women have not received adequate vaccination, iron supplementation and counseling on nutrition and pregnancy care. This indicates that nutrition and health care for women during pregnancy is still having problems that need to be addressed. Therefore, effective integrating activities are needed in order to improve nutritional and health status of mothers during pregnancy and lactating period, which indirectly influences the quality of IYCF.

III. Implementation of policies supporting infant and young child feeding

The Global Strategy on IYCF based on the principle of respect, protection, promotion and facilitation for ensuring human right. The International Convention on Children's Right also emphasizes the right of children of being given priority for the best nutrition care as well as health care. In June 2004, the National Assembly approved the revised Law on protection, care and education of children. Although there is remarkable achievement in the implementation of the policies for ensuring childcare, there are still a lot of problems, particularly in IYCF.

The monitoring and supervision of the policy implementation are still limited. On 10 June 1994, the Prime Minister issued the Decision No. 307-TTg on some regulations relating to trading and use of breast milk substitutes in an effort to support breastfeeding, followed by the Decree No. 74/2000/ND-CP dated December 6, 2000 by the Government on the marketing and use of breast milk substitutes. There has been some progress made such as the trading of breast milk substitutes is coming into order, and the violation is partly diminished thanks to the cooperation of related sectors/ministries in the implementation of the Decree 74, strengthened education and communication activities, and reinforced monitoring and inspecting work. In spite of this, the violation of marketing regulations of breast milk substitutes is still common. Working capacity of health inspectors remains limited and it is mainly carried out at provincial level only. The inspection at district level is not implemented yet. Besides, the sanction disposing the violation of breast milk substitute marketing is not yet adequate and asynchronous; therefore inspection and disposing activities have encountered many difficulties. Currently, the MOH has submitted to the Government the revised Decree 74 to overcome the shortfalls in the past 5 years of implementation.

The Decree No. 43/CP dated June 22, 1993 by the Government on temporary regulations concerning Social Insurance and the Circular letter No. 34/TT-LB dated July 13, 1994 by the General Labor Union of Vietnam instruct the implementation of subsidizing regulations concerning social insurance on illness, pregnancy and delivery, working accidence, occupational diseases for workers. The union has defined the regulation concerning maternal leave, which is only 4 months. This is an issue that needs to be revised in the current policies so that women will have a more

[12] Demographic and health survey. National Committee for Population, Family and Children. 2002

favorable condition to take care of and to breastfeed their babies exclusively in the first 6 months.

Policies somehow have affected the causes of malnutrition at different levels, from basic causes to direct causes. On one hand, mothers are encouraged to apply scientific solutions in IYCF such as BF, but on the other hand, a supporting policy for BF mothers, particularly exclusive BF in the first 6 months, has not yet been specified. Other policies on childcare have not been synchronized and provided with sufficient resources to support these activities, especially in disadvantaged areas.

Mothers have the right to access a proper diet as well as the right to decide an optimal nutrition for their children. In order to do so, the mothers need to be provided adequate information as well as to live in a favorable environment that enables them to apply their own choice. There should be specified policies supporting those mothers, despite they work in offices, factories or in rural areas... so that they can put appropriate knowledge into proper nutrition practice for their children. Hence the need of implementation of accomplished policies supporting IYCF is becoming very urgent.

IV. Inadequate nutrition care for children in exceptionally difficult circumstances

Children in exceptionally difficult circumstances include severely malnourished children, low birth weight babies, children born by adolescent mothers, handicapped children, children affected by natural disasters, orphans... and especially HIV positive children or those with HIV positive parents. In Vietnam, the prevalence of HIV infection among women is on the rise. Today, women take 15% of reported cases of HIV positive nationwide (MOH - Report on HIV/AIDS infection in Dec 2004). Annual key surveillance data show that HIV infection among pregnant women in the whole country has increased by 20 folds, from 0.02% in 1994 to 0.35% in 2004 (MOH - Data of key surveillance 1994-2004). The risk of HIV transmission from mothers to children through breast milk in breastfed children is 5-20%[13]. Feeding practice in HIV infected children or children with HIV infected mothers are not consistent and even many health workers are unsure about feeding practices in this situation. A constrain existing in areas with high risk of transmission is the weak and thin network of health service in the community, making it difficult for the mothers to meet with health workers. A certain part of the population with poor awareness on the issue of HIV/AIDS has negative attitude and discrimination towards HIV positive patients, therefore the patients have low self-esteem and dare not to contact and share the information. This explains the fact that in many cases at delivery pregnant mothers with HIV infection usually give incorrect contact addresses, making it more difficult for supportive following-up for both the mothers and their babies after birth.

In parallel with poor feeding practice for HIV infected children, feeding rehabilitation for malnourished children is also an urgent issue of the community. In fact, the cause of severe malnutrition today is not simply food shortage but a combination of many factors, such as chronic diseases, congenital malformation (harelip, cleft palace, enter

[13] Report of BF program - 2002

on malformation...), family situation (divorced parents, orphans...). If mothers and other caregivers have poor knowledge on nutrition and childcare or are not properly and timely counseled or instructed, their children will easily become malnourished from mild to more severe degree. It should be mentioned that communication materials on IYCF in exceptionally difficult circumstances are very few in community, particularly in areas with poor access to information (poor, remote and isolated areas). Besides, nutrition counseling targeting different needs has not paid due attention. Therefore, reinforcement in capacity building together with development of communication materials in order to have a better counseling and instruction on IYCF in these circumstances is necessary to reduce child mortality and increased severity of malnutrition due to improper IYCF practices. In addition, one of main reasons leading to unmet needs of IYCF in exceptionally difficult circumstances (particularly in disasters) is the lack of an information and surveillance system and a specific agency responsible for child care and aid in disaster affected areas. This is a big challenge for us, requiring more efforts and cooperation of many relevant sectors and levels to set up and run the surveillance system for the exceptionally difficult circumstances on a regular basis, as well as to establish the network of responsive agencies.

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GENERAL ORIENTATIONS OF INFANT AND YOUNG CHILD FEEDING

Optimal feeding for children (from 0 to 3 years old) will be in place with the following focus:

1. Communication and education on proper feeding knowledge and practice to pregnant women, mothers, and care givers. Communication for behavior change should focus on BF and complementary feeding. Promotion, protection and facilitation of early initiation of BF within 1 hour after delivery and exclusive BF in the first 6 months. Continuation of BF until 24 months or later together with proper complementary feeding (timing and food appropriate to each development phase and nutrition requirement of children)
2. Nutrition cares for pregnant women, including antenatal care (check-ups, vaccination, proper labor work and resting) and nutrition care (iron supplementation, proper diet for pregnant women).
3. Reinforcement and improvement of the quality of nutrition service system by building capacity for the existing human resources and providing essential equipment and materials. Integration of IYCF into other programs such as primary health care and reproductive health care.
4. Instruction, provision of technical counseling and support IYCF in exceptionally difficult circumstances (such as HIV/AIDS, severe malnutrition, low-birth weight infants, natural calamities and disasters, etc.). When natural calamities or disasters occur, back-up resource should be ready to actively support IYCF in the affected areas.
5. Development, supplementation and reinforcement of legal documents to provide the best support for IYCF. Enhancement of commitment of families, community, government and whole society in ensuring optimal feeding practices for infants and young children.
6. Implementation of research related to behavior and related factors affecting optimal growth of infants and young children, including BF and complementary feeding. This research will provide scientific evidence for intervention activities, as well as for persuading policy makers for further support.
7. Development of an information and surveillance system on IYCF in order to timely provide necessary information to policy makers and health services.

AIM AND OBJECTIVES

I. AIM

To improve knowledge and practice on IYCF (for children aged 0-3 years) of mothers and caregivers in order to improve nutritional and health status for optimal growth and development of Vietnamese children by the year 2010.

II. SPECIFIC OBJECTIVES

1. Specific objective 1

To improve availability and accessibility of appropriate and correct information on IYCF for the population.

Indicators:

- Number of communal health stations with communication and counseling corners on IYCF.
- Number of local health workers being trained on IYCF knowledge and counseling skills.
- Number of IEC materials on IYCF published and disseminated.

2. Specific objective 2

To improve awareness and to change behavior/practice on IYCF for mothers and other caregivers.

Indicators:

- Number of mothers being trained on IYCF knowledge and skills.
- Percentage of infants being breastfed within one hour after birth.
- Percentage of children being exclusively breastfed in the first 6 months of life.
- Percentage of children being given proper complementary feeding (initiation, quantity and quality of complementary food).

3. Specific objective 3

To create an enabling environment and policies, which support proper IYCF practice.

Indicators:

- Number of establishments, workshops, factories achieving the criteria of "Baby Friendly Initiative".
- The establishment of a system of legal documents and supportive policies to reinforce proper IYCF, meeting the need of a legislative corridor for IYCF.
- Number of hospitals achieving the criteria of BFHI.

- Number of communes (or CHS) achieving the criteria of "Baby Friendly Initiative".
- Establishment of a supervising and monitoring network on IYCF from the central to the local level.

MAIN APPROACHES AND ACTIVITIES ON IYCF IN VIETNAM

I. Improvement of the availability and accessibility of appropriate and correct information on IYCF for the population

- Existing IEC documents on IYCF will be reviewed and evaluated.
- IYCF habits/behavior in different regions, localities and ethnic groups will be surveyed and researched on.
- Existing materials will be updated and amended.
- A new package of IEC materials on IYCF will be researched on, created and developed (it will be published in many ethnic languages)
    - Materials on BF, including flip charts, leaflets, VCDs, posters, manuals…
    - Guidelines on proper weaning practice, including flip charts, leaflets, VCDs, posters, manuals…
    - Guidelines on child care in exceptionally difficult circumstances (HIV infection, severe malnutrition, and other chronic diseases).
    - Counseling software on IYCF is produced and distributed to health facilities and nutrition counseling centers.
- Necessary communication equipment to health facilities will be provided.
- Distribution network to deliver IEC materials to community and families is to established
- Nutrition counselors and collaborators will be provided with training and refresher training, thus being updated on nutrition information/knowledge, communicative skills on IYCF, proper weaning practice, and the utilization of new IEC materials.
- A corner for counseling and communicating on IYCF in communal health stations will be established.

II. Improvement of awareness and behavior/practice on IYCF of mothers and other caregivers

- Communication activities will be conducted regularly through mass media: television, radio, newspapers, and journals…
- Communication campaigns such as "Breastfeeding Week", "Nutrition and Development Week", "Micronutrient Day" will be organized.
- Training courses to improve nutrition knowledge and practice of target groups (mothers, reproductive-aged women, caregivers) will be conducted.

- Nutrition clubs will be established in the population (such as the Club for Healthy child feeding, for breastfeeding, or “Nutrition for pregnant women" club…)
- Guidelines and other IEC materials on IYCF will be distributed to families.
- Healthy Baby Contest will be organized.
- Performance of proper weaning practice will be regularly conducted.
- The pilot model of “Baby Friendly Commune” will be developed and scaled up.
- The criterion of “Raising a health baby" will be integrated into the general criteria of good families and communes.

III. Establishment of a supportive policy environment for properly practicing of IYCF

- The implementation of supportive policies for prenatal care, BF and proper weaning practice will be reviewed and evaluated.
- Situation analysis and evaluation on constrains towards the implementation of guidelines and regulations on BF and proper weaning practice in community will be conducted.
- Intersectoral meetings/workshops will be organized to contribute recommendations to the development of a complete policy framework supporting IYCF.
- Legal documents to ensure child optimal feeding will be proposed and advised for enacting.
- Advocacy meetings to attract investment in IYCF intervention programs will be held.
- The system of BFHs will be developed and reinforced.
- The national core trainer team on IYCF will be trained (Training of trainers for central and provincial personnel).
- A national technical team on IYCF will be set up.
- Cooperation with other programs and projects (such as Safe motherhood project, Child malnutrition control program, BF program) will be strengthened.

IV. Provision of supportive services that encourage the practice of proper BF and complementary feeding

- Counseling centers for infant and young child nutrition will be set up, including one-to-one and telephone counseling.
- Production of micronutrient fortified foods
- Daycare centers and BF rooms should be arranged close to working place, workshops, and factories with lots of female employees. Lactating mothers should be supported to have more time to sustain BF.

V. IYCF in exceptionally difficult circumstances

The risk of improper feeding increases in exceptionally difficult circumstances, such as: children with HIV positive mothers, orphans, children born by female adolescents, children living in areas affected by natural calamities and disasters...

- Health workers will be trained and updated with counseling skills in exceptionally difficult circumstances
- The production and utilization of breast milk substitutes will be controlled under the Codex criteria
- Trained health workers and guideline documents on IYCF will be available to counsel for mothers and caregivers so that children in exceptionally difficult circumstances will have the optimal feeding

VI. Capacity building

- Personnel working in the field of nutrition will be trained
- Refresher training on proper BF and complementary feeding will be provided for health workers at all levels.
- Specialists on infant and young child nutrition will be trained.
- A national/provincial team of trainers on infant and young child nutrition will be trained.
- Appropriate training materials with updated information and a sufficient information system will be developed to be available for health personnel working in IYCF.

VII. Research implementation

- The habits/customs of IYCF of different regions and ethnic groups will be researched on.
- Child development and determinants on comprehensive child development will be researched on.
- Breastfeeding and weaning food will continue to be studied.
- Nutrition and micronutrient requirement for physical and metal development in different phase of childhood will be studied.
- Research on production of fortified foods will be conducted.
- Research and nutrition recommendation will be made for HIV positive children and children with HIV positive mothers in the specific situation of Vietnam. IYCF of children in other difficult circumstances such as low birth weight babies, severely malnourished children will also be studied and recommended.
- A model of "Baby Friendly Community" will be studied and proposed, in which children have the right to be fed properly.

VIII. Inter-sectoral cooperation

- An action plan to cooperate different relevant ministries, sectors and agencies will be built to ensure a synchronized and united cooperation from the central to local level in IYCF and care. A mechanism to integrate with other relevant on-going programs will be developed.

IX. International and regional cooperation in IYCF

- International and regional cooperation will be strengthened, especially in capacity building, science and technology, technical support, information and surveillance.

X. Monitoring, supervision and evaluation

- A surveillance system to supervise and monitor BF and complementary feeding will be set up in an effort towards the establishment of a national data bank for BF and complementary feeding

FUNDING RESOURCES

The funding to cover all mentioned activities will be from the following resources:

- Government funding: from the on-going programs and projects, including:
    - The national child malnutrition control program
    - Safe motherhood project.
    - National Nutrition Strategy
- Funds from international organization such as WHO, UNICEF that will be put in the annual budgetary plan of nutrition, BF and safe motherhood programs.
- Funding from Governmental and Non-governmental organizations
- Community contribution
- Other sources

IMPLEMENTATION OF THE PLAN

I. Implementing network

– The Ministry of Health is the managing body, directly by the Reproductive Health Department, Preventive Health Department, Treatment Department, the Department of Science and Training, and the Center for Health Education. The National Institute of Nutrition is the key institution to provide techniques and expertise, in cooperation with the National Pediatric Hospital, Obstetric Hospital, and related programs/projects (Breastfeeding program, Safe motherhood project, Child malnutrition control program).

During the implementation, the Ministry of Health cooperates with other related institutions, ministries, and sectors to carry out multi-sectoral activities in order to achieve the objectives of the plan of action.

- Tasks and functions of the Sub-Committee for Child Malnutrition Control under the Steering committee of the NNS will be consolidated and improved for the implementation of the defined activities.
- A technical core group is to be established to technically support IYCF activities, with the participation of leading experts in nutrition, pediatrics, obstetrics, and health education.
- A secretary group to assist the MOH in coordinating the implementation of the National Plan of Action for IYCF period 2006-2010 will be also set up.
- Provincial Health Services are the focal points for the implementation of the Plan of Action for IYCF at provincial level.

II. The mechanism of cooperation

- **The Ministry of Health**: is the organization presiding over the implementation. It will develop annual and periodical plans, lead the coordination of the implementation, evaluate and review the achievement of the plan. The NIN is the focal point to assist the MOH in technical coordinating of the plan.
- **The Ministry of Education and Training**: is to cooperate with the Ministry of Health to develop standards for nutrition care in daycare centers and kindergartens. The topic of young child feeding will be integrated into annual training programs for teachers of kindergartens and students at kindergarten teacher training schools.
- **The Ministry of Labor, Invalids and Social Welfare**: is to implement the Hunger Alleviation and Poverty reduction program, paying attention on improving nutritional status, and developing policies supporting the poor, poor areas and emergency support. It will participate in the supervision of policies/regulations relevant to infant and young child nutrition in working places and establishment.
- **The Ministry of Trade**: is to have well control of the market for breast milk substitutes, to have appropriate trade policies to limit the marketing of breast milk substitutes, which are imported or locally produced. It will cooperate with the MOH to supervise the implementation of Decree 74 (revised)
- **The Ministry of Culture and Information**: is to cooperate with the health sector in communicating BF and proper IYCF. Strict regulations on advertising of breast milk substitutes in the mass media should be in place.
- **The Ministry of Justice**: is to cooperate with the Ministry of Health in reviewing current related legal documents and proposing the development of appropriate documents in order to provide optimally legal environment and conditions for the implementation of technical measures on optimal IYCF.
- **The Vietnam Women's Union**: is to disseminate knowledge on IYCF to its members and mothers, and to motivate community participation. It will cooperate closely with the health sector in implementing IYCF activities. It will carry out

specific activities in contribution to better care for pregnant and lactating mothers. It will protect BF rights for mothers.

- **The National Committee for Population - Family - Children** : is to supervise to ensure the child right of being given optimal nutrition care. It will implement family planning (such as promoting a proper birth interval) in parallel with improving population quality. It will promote a healthy lifestyle, in which proper nutrition for pregnant and lactating mothers and children is an important component. It will support the enacting of policies that promote child nutrition care activities. It will guide childcare and protection committees at local level to cooperate in the implementation and monitoring of the IYCF activities.
- **The General Labor Union, Vietnam Farmer's Association, VACVINA, Veteran's Association, and Ho Chi Minh Communist Youth Union**: are to disseminate knowledge on optimal IYCF to their members. They will closely cooperate with the health sector in the social mobilization of nutrition care for children. They will ensure that children of their members will have the optimal feeding and nutrition care.
- **International agencies, government and non-government organizations**: are to participate and reinforce their commitment in supporting all aspects for the optimal IYCF practice. They will support in developing and training of human resources, providing information and technical counseling.
- **Provincial health services** are to take the responsibility of implementing the plan at local level. These health services will develop, coordinate, organize and monitor the implementation of multi-sector collaborative activities. Annually, they will develop a plan of action and report the results of implementation to the Ministry of Health .

III. Monitoring and reporting the implementation of the action plan

- Every 6 months, localities have the responsibility to report their implementation progress and outcomes to the Ministry of Health.
- Each year, the Ministry of Health, as the managing body, reviews the implementation of activities with the participation of concerned Ministries and sectors.
- Provincial health services take the responsibility of developing the plan of action, monitoring and supervising the implementation.
    - + Collecting complete baseline data on IYCF situation
    - + Periodical monitoring the essential indicators of the plan of action
    - + Evaluating the effectiveness of the implementation of the plan of action for IYCF on the nutritional status and development of children in order to timely report to the Ministry of Health
    - + Guiding relevant centers (Centers for Preventive Health, Centers for Maternal/Child Care and Family Planning, Centers for Health

Education), hospitals (pediatric, obstetric) to implement activities in accordance with their functions and responsibilities.

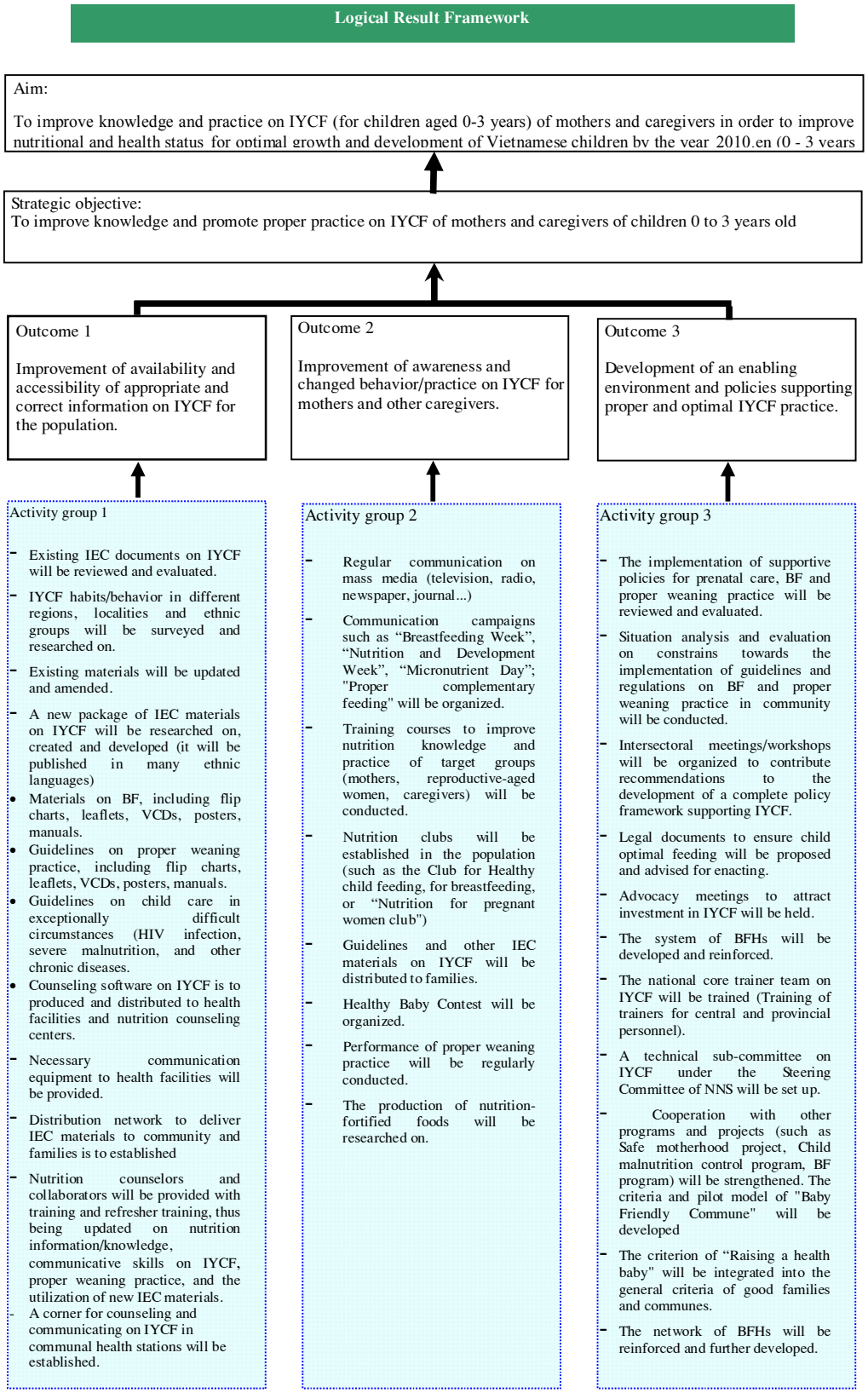
IV. Implementation schedule

- In 2006: the Plan of Action for IYCF 2006-2010 is approved by the Ministry of Health. The implementing network at all levels will be strengthened. The implementation of planned activities will be initiated.
- In 2010: The implementation will be reviewed and evaluated. The plan of action for the next period will be developed.

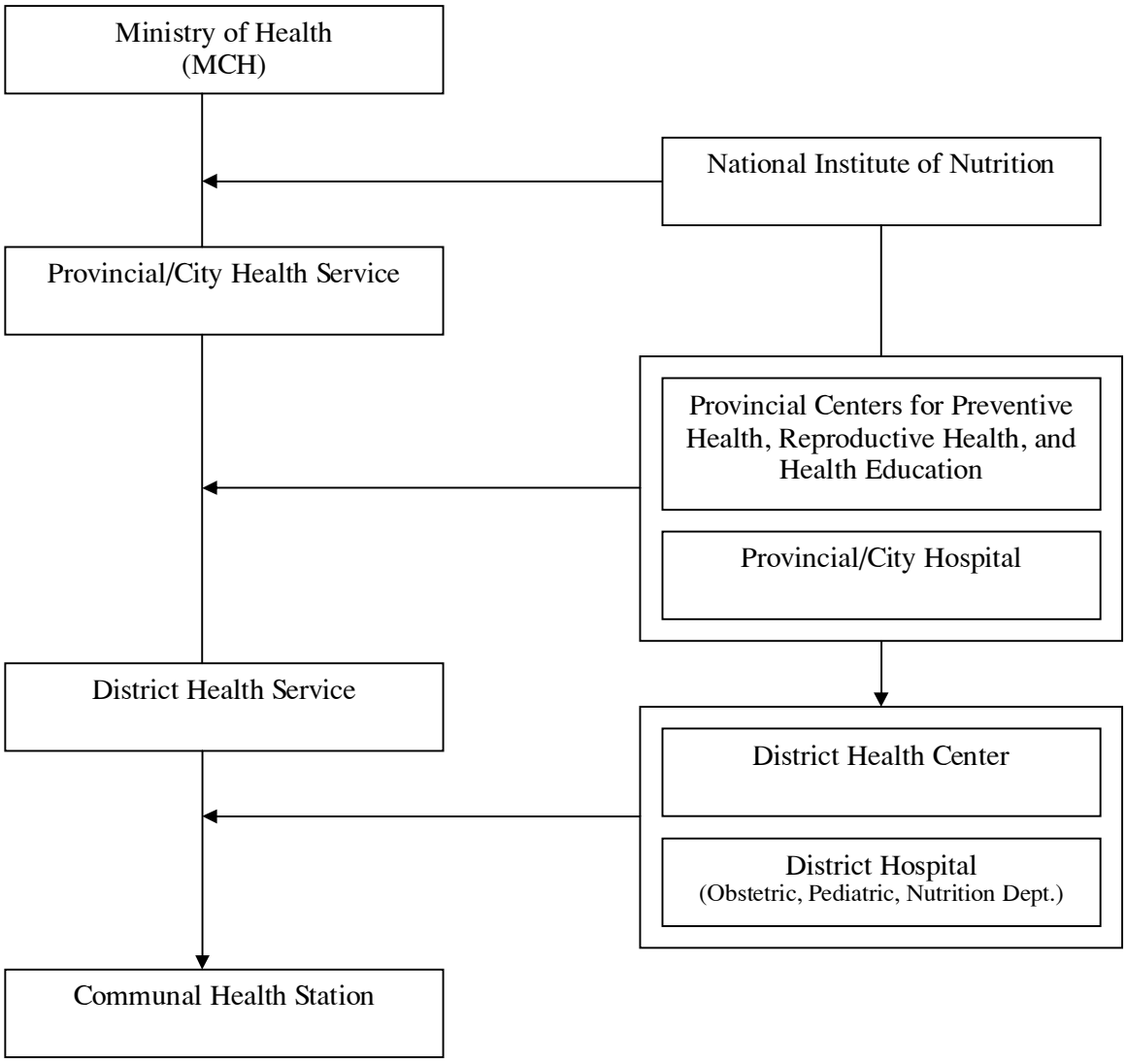
The Minister of Health

Tran Thi Trung Chien

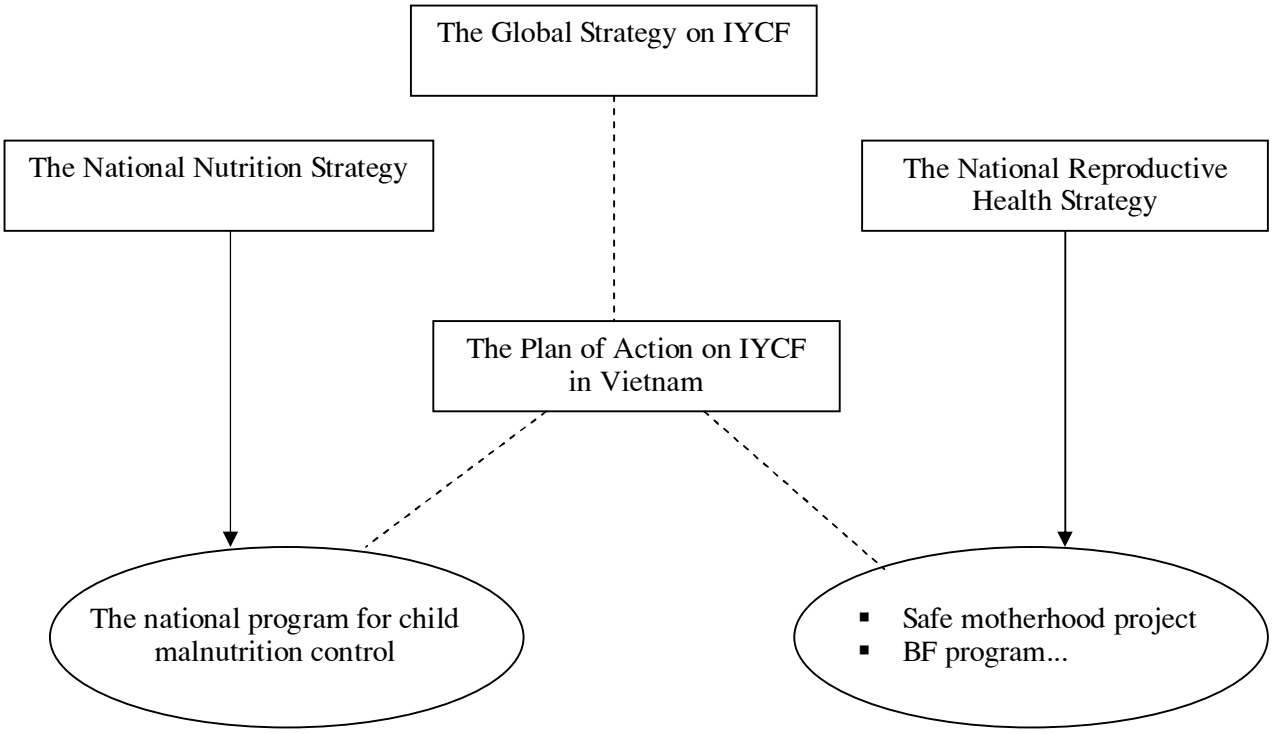
Annex 1


Logical Result Framework
Aim:
To improve knowledge and practice on IYCF (for children aged 0-3 years) of mothers and caregivers in order to improve nutritional and health status for optimal growth and development of Vietnamese children by the year 2010.en (0 - 3 years
Strategic objective:
To improve knowledge and promote proper practice on IYCF of mothers and caregivers of children 0 to 3 years old
Outcome 1
Improvement of availability and accessibility of appropriate and correct information on IYCF for the population.
Outcome 2
Improvement of awareness and changed behavior/practice on IYCF for mothers and other caregivers.
Outcome 3
Development of an enabling environment and policies supporting proper and optimal IYCF practice.
Activity group 1
- Existing IEC documents on IYCF will be reviewed and evaluated.
- IYCF habits/behavior in different regions, localities and ethnic groups will be surveyed and researched on.
- Existing materials will be updated and amended.
- A new package of IEC materials on IYCF will be researched on, created and developed (it will be published in many ethnic languages)
- Materials on BF, including flip charts, leaflets, VCDs, posters, manuals.
- Guidelines on proper weaning practice, including flip charts, leaflets, VCDs, posters, manuals.
- Guidelines on child care in exceptionally difficult circumstances (HIV infection, severe malnutrition, and other chronic diseases.
- Counseling software on IYCF is to produced and distributed to health facilities and nutrition counseling centers.
- Necessary communication equipment to health facilities will be provided.
- Distribution network to deliver IEC materials to community and families is to established
- Nutrition counselors and collaborators will be provided with training and refresher training, thus being updated on nutrition information/knowledge, communicative skills on IYCF, proper weaning practice, and the utilization of new IEC materials.
- A corner for counseling and communicating on IYCF in communal health stations will be established.
Activity group 2
- Regular communication on mass media (television, radio, newspaper, journal...)
- Communication campaigns such as “Breastfeeding Week”, “Nutrition and Development Week”, “Micronutrient Day”; "Proper complementary feeding" will be organized.
- Training courses to improve nutrition knowledge and practice of target groups (mothers, reproductive-aged women, caregivers) will be conducted.
- Nutrition clubs will be established in the population (such as the Club for Healthy child feeding, for breastfeeding, or “Nutrition for pregnant women club")
- Guidelines and other IEC materials on IYCF will be distributed to families.
- Healthy Baby Contest will be organized.
- Performance of proper weaning practice will be regularly conducted.
- The production of nutrition-fortified foods will be researched on.
Activity group 3
- The implementation of supportive policies for prenatal care, BF and proper weaning practice will be reviewed and evaluated.
- Situation analysis and evaluation on constrains towards the implementation of guidelines and regulations on BF and proper weaning practice in community will be conducted.
- Intersectoral meetings/workshops will be organized to contribute recommendations to the development of a complete policy framework supporting IYCF.
- Legal documents to ensure child optimal feeding will be proposed and advised for enacting.
- Advocacy meetings to attract investment in IYCF will be held.
- The system of BFHs will be developed and reinforced.
- The national core trainer team on IYCF will be trained (Training of trainers for central and provincial personnel).
- A technical sub-committee on IYCF under the Steering Committee of NNS will be set up.
- Cooperation with other programs and projects (such as Safe motherhood project, Child malnutrition control program, BF program) will be strengthened. The criteria and pilot model of "Baby Friendly Commune" will be developed
- The criterion of “Raising a health baby" will be integrated into the general criteria of good families and communes.
- The network of BFHs will be reinforced and further developed.

Annex 2: Operational network



Annex 3: Mechanism of cooperation



Annex 4: Budget

Activities	Budget (million vnd)					Note
	2006	***2007***	***2008***	***2009***	***2010***	
Meeting to disseminate the Plan of Action on IYCF in Vietnam	150	0	0	0	0	
Establishment of operational network at all levels	0	0	0	0	0	
Development of specific plan for each year	0	0	0	0	0	
Survey on the IYCF situation (baseline indicators, related factors...)	350	0	0	0	0	
Implementation of communication activities	250	450	1500	1500	1500	
Setting up of the national core trainers (listing, material preparation, ToT training...)	250	100	100	100	100	
Training of provincial/local staff	0	1000	1000	1000	1000	
Conducting of basic research	70	500	500	500	500	
Development of pilot models	0	500	750	750	750	
Reviewing of policy system relevant to IYCF	150	100	100	100	100	
Workshops on Policy for IYCF	100		70		70	
Proposals for development, ratification and implementation of supplementary policies on IYCF	0	0	0	0	0	
Monitoring and supervision	1350	1200	1200	1200	1200	
Evaluation of progress (annual an periodical)	500	500	500	500	500	
Materials and equipment	500	1500	2000	2000	2000	
Annual review meetings	100	100	100	100	100	
	3770	**3300**	**7820**	**3800**	**7820**	

Annex 5: Progress

Activities	2006	2007	2008	2009	2010
Meeting to disseminate the Plan of Action on IYCF in Vietnam	x				
Establishment of operational network at all levels	x				
Development of specific plan for each year	x	x	x	x	x
Survey on the IYCF situation (baseline indicators, related factors...)	x				
Implementation of communication activities	x	x	x	x	x
Setting up of the national core trainers (listing, material preparation, ToT training...)	x				
Training of provincial/local staff		x	x	x	x
Conducting of basic research	x	x	x	x	x
Development of pilot models		x	x	x	x
Reviewing of policy system relevant to IYCF	x				
Workshops on Policy for IYCF		x			
Proposals for development, ratification and implementation of supplementary policies on IYCF		x	x	x	x
Monitoring and supervision	x	x	x	x	x
Evaluation of progress (annual an periodical)	x	x	x	x	x
Annual review meetings					x

Annex 6: Special terms used in this document

1. **Protein Energy Malnutrition (PEM):** children with indicators in weight and height lower than 2 standard deviations compared to the reference population, mainly caused by shortage of both protein and energy.
    a. Underweight (W/A): with indicator of weight for age under -2SD compared to the reference population.
    b. Stunting (H/A): with indicator of height for age under -2SD compared to the reference population.
    c. Wasting (W/H): with indicator of weight for height under -2SD compared to the reference population.

    Among the 3 indicators, underweight (weight for age) is used more popularly in community and in statistical documents.
2. **Low Birth Weight babies:** babies born with weight under 2500 gr**.**
3. **Chronic Energy Deficiency (CED) in reproductive-aged women:** Women in reproductive age (15 - 49 years old) with Body mass index (BMI) under 18.5.
4. **Body mass index (BMI):** an indicator calculated as weight (in kg) divided by squared height (in m)
5. **Exclusive BF**: babies are breastfed exclusively without being given any other foods or drinks.
6. **Early initiation of BF**: babies are breastfed within 1 hour after birth.
7. **Complementary feeding**: Feeding that is given to a child to complement breast milk.
8. **Infant and Young Child**: children from 1 to 3 years old.
9. **Children with exceptionally difficult circumstances**: in this document, this term mentions those born in a circumstance which it is difficult to feed them, such as the mothers are HIV positive, preterm babies, babies born by female adolescents, orphans, abandoned babies, severe malnourished babies, and those in disaster-affected areas...

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