



The World Breastfeeding Trends Initiative (WBTi)

Vietnam
2008

Part 1: Infant and Young Child Feeding Practices

Indicator 1: Early Initiation of Breastfeeding

Key question: Percentage of babies breastfed within one hour of birth: 72.2 – 85%

| Indicator 1 | WHO's | IBFAN Asia Guideline for WBTi | | |
|---|---------------|-------------------------------|---------------|----------|
| | Key to rating | Scores | Colour-rating | Grading |
| Initiation of Breastfeeding (within 1 hour) | 0-29% | 3 | Red | D |
| | 30-49% | 6 | Yellow | C |
| | 50-89% | 9 | Blue | B |
| | 90-100% | 10 | Green | A |

Mention Data (including year):

Source

1. **National Institute of Nutrition, General Statistical Office, 2005, *The progress of malnutrition reduction among children under 5 years old and their mothers, Impacts of nutritional intervention programmes in Vietnam 1999-2004*, Statitcal publishing house, Hanoi, Vietnam.**
2. **Pham Van Hoan, 2008, "Improve knowledge, practice of care givers and child nutrition status by intervention implementing in rural area of Quang Nam province, Nutrition and Food Magazine, Vietnam Association magazine,**
3. **Statistic Burour, UNICEF, 2006, Survey on Objectives of children and women, Statistic publishing house, Hanoi, Vietnam**

Recommendation

- **Situation: There is no national data on Percentage of Babies breastfed within one hour of birth. The indicator range 72.2 – 85 % was collected from some small surveys**
- **Recommendation: Indicator 1 should be included into The 5 year national survey of MoH.**

Indicator 2: Exclusive breastfeeding for the first six months

Key question: Percentage of babies 0<6 months of age exclusively breastfed in the last 24 hours¹? 12 – 18%

| Indicator 2 | WHO's | IBFAN Asia Guideline for WBTi | | |
|--|---------------|-------------------------------|---------------|---------|
| | Key to rating | Scores | Colour-rating | Grading |
| Exclusive Breastfeeding (for first 6 months) | 0-11% | 3 | Red | D |
| | 12-49% | 6 | Yellow | C |
| | 50-89% | 9 | Blue | B |
| | 90-100% | 10 | Green | A |

Data Source: Statistic Burour, 2002, Vietnam 2002 Health and Demographic Survey, Statistic publishing house, Hanoi, Vietnam

Indicator 3: Median duration of breastfeeding

Key question: Babies are breastfed for a median duration of how many months?: 13 months

| Indicator 3 | WHO's | IBFAN Asia Guideline for WBTi | | |
|----------------------------------|---------------|-------------------------------|---------------|---------|
| | Key to rating | Scores | Colour-rating | Grading |
| Median Duration of Breastfeeding | 0-17 Months | 3 | Red | D |
| | 18-20 " | 6 | Yellow | C |
| | 21-22 " | 9 | Blue | B |
| | 23-24 " | 10 | Green | A |

Data Source (including date): Statistic Burour, 2002, Vietnam 2002 Health and Demographic Survey, Statistic publishing house, Hanoi, Vietnam

¹ Exclusive breastfeeding means the infant has received only breastmilk (from his/her mother or a wet nurse, or expressed breastmilk) and no other liquids or solids with the exception of drops or syrups consisting of vitamins, mineral supplements or medicines (2)

Indicator 4: Bottle feeding

Key question: What percentage of breastfed babies less than 6 months old receives other foods or drinks from bottles? 83%

| Indicator 4 | WHO's | IBFAN Asia Guideline for WBTi | | |
|--------------------------------------|---------------|-------------------------------|---------------|---------|
| Bottle Feeding (<6 months) | Key to rating | Scores | Colour-rating | Grading |
| | 30-100% | 3 | Red | D |
| | 5-29% | 6 | Yellow | C |
| | 3-4% | 9 | Blue | B |
| | 0-2% | 10 | Green | A |

Data Source (including date): Statistic Burour, 2002, Vietnam 2002 *Health and Demographic Survey*, Statistic publishing house, Hanoi, Vietnam

Indicator 5: Complementary feeding

Key question: Percentage of breastfed babies receiving complementary foods at 6-9 months of age? 68,2 %

| Indicator 5 | WHO's | IBFAN Asia Guideline for WBTi | | |
|---|---------------|-------------------------------|---------------|---------|
| Complementary Feeding (6-9 months) | Key to rating | Scores | Colour-rating | Grading |
| | 0-59% | 3 | Red | D |
| | 60-79% | 6 | Yellow | C |
| | 80-94% | 9 | Blue | B |
| | 95-100% | 10 | Green | A |

Data Source (including date): Statistic Burour, 2002, Vietnam 2002 *Health and Demographic Survey*, Statistic publishing house, Hanoi, Vietnam

MICS survey 2006

Situation:

(1) Breastfeeding is traditional habit of Vietnamese mothers.

- The indices of the optimal breastfeeding are not good as follows:
 - Initiation of Breastfeeding (within 1 hour): 72 – 85%.
 - Exclusive Breastfeeding (for first 6 months): 12 – 18%

For the indicators 1, 2, we have no National survey, so we use some data from some small survey (Sample or area survey). That is why these indicators cannot be used by one

- Median Duration of Breastfeeding: 13 months
- Bottle Feeding (<6 months): 83%
- Complementary feeding (6-9 months): 68. 2%

(2) The optimal breastfeeding practice are not good because of some factors:

- **In hospitals, healthworkers pay much attention to medical operations, they do not pay due attention to encouraging and supporting breastfeeding right after giving birth.**
- **The rate of oesarean is increasing dramatically in hospitals which is considered as one of the most important factors affecting to inilsation ò breastfeeding.**
- **Maketing of infant food products reduce mother's believe in breastfeeding.**
- **Support network for breastfeeding mothers at the community are not widely established**
- **The current maternity lives is 4 months agricultural women stay at home only 1 month after giving birth, which cannot ensure breastfeeding exclusively in six months**
- **The awareness and practical skills of breastfeeding of mothers are not good.**

Part II: IYCF Policies and Programmes

Indicator 6: *National Policy, Programme and Coordination*

Key Question: Is there a national infant and young child feeding/breastfeeding policy that protects, promotes and supports optimal infant and young child feeding and the policy is supported by a government programme? Is there a mechanism to coordinate like National Infant and Young Child Feeding Committee and Coordinator?

Information Sources Used:

Source: 2, 3, 4, 11, 18

Criteria of Indicator 6

| | Scoring √ <i>Check that apply</i> |
|---|--|
| 6.1) A national infant and young child feeding/breastfeeding policy has been officially adopted/approved by the government | √ 2 |
| 6.2) The policy promotes exclusive breastfeeding for the first six months, complementary feeding to be started after six months and continued breastfeeding up to 2 years and beyond. | √ 2 |
| 6.3) A national plan of action developed with the policy | √ 2 |
| 6.4) The plan is adequately funded | √ 1 |
| 6.5) There is a National Breastfeeding Committee | 1 |
| 6.6) The national breastfeeding (infant and young child feeding) committee meets and reviews on a regular basis | √ 1 |
| 6.7) The national breastfeeding (infant and young child feeding) committee links with all other sectors like health, nutrition, information etc. effectively | 0.5 |
| 6.8) Breastfeeding Committee is headed by a coordinator with clear terms of reference | 0.5 |
| Total Score | _8_/10 |

Conclusions and Recommendations

Situation:

- Now the Ministry of Health has a coordinator committee for breastfeeding activities (founded in 2007), the task and its members are quite transparent but still weak.
- The integration of breastfeeding program (MCH Dept take charge of) into infant feeding (the Nutrition hospital take charge of) is not closely and less effectively.

Recommendations:

- Need strengthen human and finance resources which helps to promote coordinating activities between the breastfeeding program and infant feeding program
- The coordinator committee for breastfeeding program of MoH has just established in 2007. This new committee lacks human, empenses as well as the coordinating structure, especially the lack of interest and guidance of MoH. Therefore, although there is the coordinator committee, the work does not go on well. Moreover, due to this lack, IYCF/ BF activities are diffused and unclear.
- Vietnam has the decree 21 regulate the advertising activities of complementary food for infant and young children. However, the implementation of the decree is so weak. Many health facilities, related associations which collaborate with companies such as the Nutrition Association, the Paediatrics Association, the Vietnamese Midwives Association... seem to hinder the implementation of IYCF(including breastfeeding)

Indicator 7: Baby Friendly Hospital Initiative (Ten steps to successful breastfeeding)**Information Sources Used:**

MoH, Health Mother and Child Department, 2008, Document of training on counselling Child feeding and HIV child, Hanoi, Vietnam;

MoH, Health Mother and Child Department, 2008, Minute of BFHI Monitoring and Evaluation, Hanoi, Vietnam.

Guidelines 7A Quantitative

Key questions:

7A) *What percentage of hospitals and maternity facilities that provide maternity services have been designated “Baby Friendly” based on the global or national criteria?*

7B) *What is the skilled training inputs and sustainability of BFHI?*

7C) *What is the quality of BFHI program implementation?*

Information Sources Used:

- BFHI’s monitoring reports to MoH Dept - MoH

Guidelines 7A Quantitative

7.1) *86 out of 12146 total hospitals (both public & private)and maternity facilities offering maternity services have been designated “Baby Friendly” 50 - 75 % design: 0.7 %*

| Criteria | √ Check only “one” |
|--|--------------------|
| 0 - 7% | √ 1 |
| 8 - 49% | 2 |
| 50 - 89% | 3 |
| 90 - 100% | 4 |
| Rating on BFHI quantitative achievements: | <u>1</u> /4 |

Guidelines: Indicator 7B Qualitative

Skilled training input in BFHI programme 86 out of 86 BFHI designated hospitals that have been certified after a minimum recommended training of 18 hours for all its staff working in maternity services. 50%

| Criteria | Check only “one” |
|--------------------|------------------|
| 0-25% | 1 |
| 26-50% | √1.5 |
| 51 -75% | 2.5 |
| 75% and more | 3.5 |
| Total Score | <u>1.5</u> /3.5 |

Guidelines:Indicator 7C Qualitative*Quality of BFHI programme implementation:*

| Criteria | √ Check that apply |
|---|--------------------|
| 7.3) BFHI programme relies on training of health workers | √ 0.5 |
| 7.4) A standard monitoring system is in place | .5 |
| 7.5) An assessment system relies on interviews of mothers | 0.5 |
| 7.6) Reassessment systems have been incorporated in national plans | 0.5 |
| 7.7) There is a time-bound program to increase the number of BFHI institutions in the country | 0.5 |
| Total Score | <u>0.5/ .5</u> |
| Total Score 7A, 7B and 7C | <u>3/10</u> |
| <p>Conclusions and Recommendations</p> <p>The country has been achieved BFHi by implementing ten steps to successful breastfeeding. BFHI got certificate in term of quality. Regarding to the quantity: The number of hospital targets were implemented by UNICEF support only</p> <p>Suggested improvement:</p> <ul style="list-style-type: none"> - Monitoring by hospital themself - Put BFHI's indicators into MCH's report form annually - Apply BFHI at lower levels <p>Situation:</p> <ul style="list-style-type: none"> • Vietnam has paid due attention to the building BFHI since 1992. The total hospital is 86 including central, provincial and suburban district ones which are put into building BFHI plan, in which there is 57 hospitals being certified. However, this number is too few compared with the total health facilities having mortal services (12,146 hospitals and medical stations). Monitoring and maintaining BFHI have many weaknesses due to the effects of lacking human resources. • At health facilities which belong to the BFHI building plan, there are 100% health workers being trained. At other health facilities which do not belong to the BFHI building plan, health workers are not trained. • At certified BFHI, some criterias are not maintained well (For example: infant formular, teats are still using). <p>Recommendations:</p> <ul style="list-style-type: none"> • The Ministry of Health must control BFHI titles at 57 provincial hospitals which are granted the title by retraining program for these hospitals and unscheduled inspecting activities of the MoH • The Department of Mother and Children need direct BFHi facilities to enhance self-assessment activities which use assessing cadres trained in provincial program and maintain reporting the implementation of the ten steps of BFHi to the Department regularly • The MoH need develop the BFHi model appropriately because in Vietnam, children were more born in Community Health Center than in hospitals. If building this model well, supporting mothers at the community will be established and maintained more easily and effectively. | |

Indicator 8: Implementation of the International Code

Key Question: Are the *International Code of Marketing of Breastmilk Substitutes* and subsequent WHA resolution given effect and implemented? Has any new action been taken to give effect to the provisions of the Code?

Information Sources Used: Tài liệu số: 11

| Criteria | Scoring <i>√ Check those apply. If more than one is applicable, record the highest score.</i> |
|--|---|
| 8.1) No action taken | 0 |
| 8.2) The best approach is being studied | 1 |
| 8.3) National breastfeeding policy incorporating the Code in full or in part but not legally binding and therefore unenforceable | 2 |
| 8.4) National measures (to take into account measures other than law), awaiting final approval | 3 |
| 8.5) Administrative directive/circular implementing the Code in full or in part in health facilities with administrative sanctions | 4 |
| 8.6) Some articles of the Code as a voluntary measure | 5 |
| 8.7) Code as a voluntary measure | 6 |
| 8.8) Some articles of the Code as law | 7 |
| 8.9) All articles of the Code as law | √ 8 |
| 8.10) All articles of the Code as law, monitored and enforced | 10 |
| Total Score: | <u>8/10</u> |
| <p>Conclusions and Recommendations</p> <p>Situation:</p> <ul style="list-style-type: none"> • Although there is the decree 21 of the Government which is quite similar to the International Code, the implementation of the decree has many weaknesses. • There is no guiding or advocating document about the decree 21 for service provider facilities as well as related agencies. • The tactfulness of milk companies in breaking the law (regulation on months allowed to advertise) • There is not a strong sanction for doing business and advertising illegally. | |

Recommendations:

- The big gap of the decree 21 is with the definition of the current health facilities, professional associations such as obstetrics, paediatrics, and nutrition ignore to cooperate with milk companies. Some hospitals also cooperate with milk companies, even receive money from donor companies. This money is not considered not to “aim at encouraging using complementary products to replace breastmilk”.
- In order to implement of the International Code and the decree 21 of the Government affectively, the MoH should:
 - Need consider some articles in the decree 21 to implement and monitor easily
 - Need advocate and educate widely the decree 21 for related agencies, organizations
 - Need enhance to examine law implementation at health facilities
 - Put monitoring point system annual report at the hospitals

Indicator 9: Maternity Protection

Key Question: Is there legislation and are there other measures (policies, regulations, practices) that meet or go beyond the International Labor Organization (ILO) standards for protecting and supporting breastfeeding for mothers, including those working mothers in the informal sector?

Information Sources Used:

Source: 12, 13

Guidelines for Indicator 9

Maternity Protection legislation, other policies and practices that protect and support breastfeeding: __6,5__ points

| Criteria | Check \checkmark that apply |
|--|-------------------------------|
| 9.1) Women covered by the national legislation are allowed the following weeks of paid maternity leave a. Any leave less than 14 weeks – 0.5 (score) b. 14 to 17weeks – 1 (score) c. 18 to 25 weeks– 1.5 (score) d. 26 weeks or more – 2 (score) | \checkmark 1 |
| 9.2) Women covered by the national legislation are allowed at least one breastfeeding break or reduction of work hours daily. a. Unpaid break – 0.5 (score) b. Paid break - 1 (score) | \checkmark 1 |
| 9.3) Legislation obliges private sector employers of women in the country to give at least 14 weeks paid maternity leave and paid nursing breaks. | \checkmark 1 |

| | Indicators |
|--|---------------------|
| 9.4) There is provision in national legislation that provides for work site accommodation for breastfeeding and/or childcare in work places in the formal sector. | 0 |
| 9.5) Women in informal/unorganized and agriculture sector are: a. accorded some protective measures – 0.5 (score) b. accorded the same protection as women working in the formal sector – 1 (score) | $\sqrt{0.5}$ |
| 9.6) a. Information about maternity protection laws, regulations, or policies is made available to workers. – 0.5 (score) b. There is a system for monitoring compliance and a way for workers to complain if their entitlements are not provided.’ – 0.5 (score) | $\sqrt{1}$ |
| 9.7) Paternity leave is granted in public sector for at least 3 days. | 0 |
| 9.8) Paternity leave is granted in the private sector for at least 3 days. | 0 |
| 9.9) There is legislation providing health protection for pregnant and breastfeeding workers: they are informed about hazardous conditions in the workplace and provided alternative work at the same wage until they are no longer pregnant or breastfeeding. | $\sqrt{0.5}$ |
| 9.10) There is legislation prohibiting employment discrimination and assuring job protection for women workers during breastfeeding period. | $\sqrt{0.5}$ |
| 9.11) ILO MPC No 183 has been ratified, or the country has a national law equal to or stronger than C183. | $\sqrt{0.5}$ |
| 9.12) The ILO MPC No 183 has been enacted, or the country has enacted provisions equal to or stronger than C183. | $\sqrt{0.5}$ |
| Total Score: | <u> 6.5 /10 </u> |
| Conclusions and Recommendations | |
| <p>Situation:</p> <ul style="list-style-type: none"> • Nowadays, in Vietnam, 4 months of maternity leave are allowed to receive salary. Therefore, it is so difficult for mothers to spend time to ensure breastfeeding exclusively in 6 months. • In private enterprises, although there is legislation, female employers enjoy the maternity and encouraging breastfeeding also is not good. • Mothers, who make their living by liberal professions, or jobs in agriculture, must work right after maternity leave, even 1 month. <p>Recommendations:</p> <ul style="list-style-type: none"> • Must have plan to petition with the General Labor League about maternity of six months • Must have transparent legislation, more specifically for women who are not state officials (for example, at small manufacturing facilities, enterprises, agriculture, etc) • Need advocate and educate for enterprises because maybe they will be employ female employees if women are allowed to have maternity leave of six months. | |

Indicator 10: Health and Nutrition Care Systems

Key Question: Do care providers in these systems undergo *skills training*, and do their pre-service education curriculum support optimal infant and young child feeding; do these services support mother and breastfeeding friendly birth practices, do the policies of health care services support mothers and children, and whether health workers responsibilities to Code are in place?

Information Sources Used:

Source: 2, 3, 4, 5, 8, 9, 15, 18, 19

Health provider (pre-service) education: ___7___ points

| Criteria | Scoring <i>√ Check that apply</i> | | |
|--|--------------------------------------|------------|--------------|
| | Adequate | Inadequate | No Reference |
| 10.1) A review of health provider schools and pre-service education programmes in the country ² indicates that infant and young child feeding curricula or session plans are adequate/inadequate | 2 | √ 1 | 0 |
| 10.2) Standards and guidelines for mother-friendly childbirth procedures and support have been developed and disseminated to all facilities and personnel providing maternity care. | 2 | √ 1 | 0 |
| 10.3) There are in-service training programmes providing knowledge and skills related to infant and young child feeding for relevant health/nutrition care providers. ³ | √ 2 | 1 | 0 |
| 10.4) Health workers are trained with responsibility towards Code implementation as a key input. | 1 | √ 0.5 | 0 |
| 10.5) Infant feeding-related content and skills are integrated, as appropriate, into training programmes focusing on relevant topics (diarrheal disease, acute respiratory infection, IMCI, well-child care, family planning, nutrition, the Code, HIV/AIDS, etc.) | √ 1 | 0.5 | 0 |

² Types of schools and education programmes that should have curricula related to infant and young child feeding may vary from country to country. Which departments within various schools are responsible for teaching various topics may also vary. The assessment team should decide which schools and departments are most essential to include in the review, with guidance from educational experts on infant and young child feeding, as necessary.

³ The types of health providers that should receive training may vary from country to country, but should include providers that care for mothers and children in fields such as medicine, nursing, midwifery, nutrition and public health.

| | | | |
|--|--------------|-------|---|
| 10.6) These in-service training programmes are being provided throughout the country. ⁴ | 1 | √ 0.5 | 0 |
| 10.7) Child health policies provide for mothers and babies to stay together when one of them is sick | √ 1 | 0.5 | 0 |
| Total Score: | 7 /10 | | |

Conclusions and Recommendations

Situation:

- Every year, **PEM program** holds the training course for secretaries in 64 provinces and cities, and then province trains for district and district trains for commune collaborators, which is at 95 - 100% (textbook : nutrition institution reference WHO).
- National standard on **Reproductive Health** mentioned and support mothers to breast feed, are trained health workers, however, providing knowledge and skills to mother is limited.
- Mothers living with HIV are controlled, counseled bringing up infant and young children by documents:
 - + The law on preventing HIV.
 - + Process of treating HIV
 - + National action program on care for and treatment to people with HIV.
 - + Action program on process of care for and preventative treatment HIV from mother to children.
- All the women living with HIV follow the program of care for and treatment will be freely provided milk for mothers with HIV , however, it is difficult to discover them because they often hide HIV, don't come to receive milk, and difficult to keep track of because of disappearance and far away from providing milk and supporting.
- Health workers are carefully trained at the commune having project. Now, UNCEF is supporting department of preventing HIV/AIDS training teachers at secondary health schools on counseling VCT, prevent transmitting from mother to children.

Recommendations:

- Continuing and extending activities such as training health workers, paediatric doctors
- Infant and young child feeding need intergrating with health education program
- Counseling for mothers living with HIV to select the way of infant and young child feeding should follow to WHO's recommendation.

⁴ Training programmes can be considered to be provided "throughout the country" if there is at least one training programme in each region or province or similar jurisdiction.

Indicator 11: Mother Support and Community Outreach - Community-based Support for the pregnant and breastfeeding mother

Key Question: Are there mother support and community outreach systems in place to protect, promote and support optimal infant and young child feeding?

Information Sources Used:

Source: 2, 3, 4, 5, 8, 9, 15, 18, 19

Community based initiatives: __7__ points

| Criteria | Scoring | | |
|---|---------------------------|----------------|----|
| | <i>√ Check that apply</i> | | |
| | Yes | To some degree | No |
| 11.1) All pregnant women have access to community-based support systems and services on infant and young child feeding. | √ 2 | 1 | 0 |
| 11.2) All women have access to support for infant and young child feeding after birth. | 2 | √ 1 | 0 |
| 11.3) Infant and young child feeding support services have national coverage. | 2 | √ 1 | 0 |
| 11.4) Community-based support services for the pregnant and breastfeeding woman are integrated into an overall infant and young child health and development strategy (inter-sectoral and intra-sectoral). | √ 2 | 1 | 0 |
| 11.5) Community-based volunteers and health workers possess correct information and are trained in counseling and listening skills for infant and young child feeding. | 2 | √ 1 | 0 |
| Total Score: | 7 /10 | | |
| Conclusions and Recommendations | | | |
| Situation: | | | |
| <ul style="list-style-type: none"> Supporting mothers on feeding and caring young child in community is very good, however, it only effects in mothers after birth 3-4 months, which is very late to help mothers have knowledge and skills to feed after children well. | | | |
| Recommendation: | | | |
| <ul style="list-style-type: none"> Information, counseling on how to feed should be provided to pregnant women at all maternity facilities. | | | |

Indicator 12: Information Support

Key question: Are comprehensive Information, Education and Communication (IEC) strategies for improving infant and young child feeding (breastfeeding and complementary feeding) being implemented?

Information Sources Used:

Source: 2, 3, 4, 5, 8, 9, 15, 18, 19

| Criteria | Scoring | | |
|---|---------------------------|----------------|----|
| | <i>√ Check that apply</i> | | |
| | Yes | To some degree | No |
| 12.1) There is a comprehensive national IEC strategy for improving infant and young child feeding. | √ 2 | 1 | 0 |
| 12.2) IEC programmes (eg World Breastfeeding Week) that include infant and young child feeding are being actively implemented at local levels | 2 | √1 | 0 |
| 12.3) Individual counseling and group education services related to infant and young child feeding are available within the health/nutrition care system or through community outreach. | 2 | √1 | 0 |
| 12.4) The content of IEC messages is technically correct, sound, based on national or international guidelines. | √ 2 | 1 | 0 |
| 12.5) A national IEC campaign or programme ⁵ using electronic and print media and activities has channeled messages on infant and young child feeding to targeted audiences in the last 12 months. | 2 | √ 1 | 0 |
| Total Score: | 7/10 | | |

⁵ An IEC campaign or programme is considered “national” if its messages can be received by the target audience in all major geographic or political units in the country (e.g., regions or districts).

Conclusions and Recommendations

Situation:

- There is no national communication program on breastfeeding promotion, only small broadcast on WBF week in a year. There is no connection between regular communication programs in PEM with strategies. The reason is no connection between the MCH Department of MoH with nutrition program in nutrition communication campaign.
- All the radio, television communication activities are required buy wave, which is rather expensive; therefore the time to broadcast breastfeeding messages on massmedia are very limited.
- Communication activities in provinces are very weak, slow and the nation guidance documents are often slow. Moreover, there is the shortage of human resource.

Recommendations:

- The MCH Department of MoH and the coordinating committee need have the same regular guidance for communication in the campaign and pay much attention to IYCF
- Need promote the cooperation in communication between the nutrition program the MCH Department, Communication Center of MoH and related departments
- The MoH needs petition Vietnam Broadcast and Television to cooperate and support to encourage communication about breastfeeding, IYCF in mass media.
- The Government need strengthen invest enpeses on breastfeeding promotion activities in general and communication in particular.

Indicator 13: Infant Feeding and HIV

Key Question: Are policies and programmes in place to ensure that HIV - positive mothers are informed about the risks and benefits of different infant feeding options and supported in carrying out their infant feeding decisions?

Information Sources Used:

Source: 1, 5, 7, 10

| Criteria | Scoring | | |
|--|---------------------------|----------------|----|
| | <i>√ Check that apply</i> | | |
| | Yes | To some degree | No |
| 13.1) The country has a comprehensive policy on infant and young child feeding that includes infant feeding and HIV | √ 2 | 1 | 0 |
| 13.2) The infant feeding and HIV policy gives effect to the International Code/ National Legislation | 1 | 0.5 | √0 |
| 13.3) Health staff and community workers receive training on HIV and infant feeding policies, the risks associated with various feeding options for infants of HIV-positive mothers and how to provide counseling and support. | 1 | √ 0.5 | 0 |
| 13.4) Voluntary and Confidential Counseling and Testing (VCCT) is available and offered routinely to couples who are considering pregnancy and to pregnant women and their partners. | 1 | √ 0.5 | 0 |
| 13.5) Infant feeding counseling in line with current international recommendations and locally appropriate is provided to HIV positive mothers. | 1 | √ 0.5 | 0 |
| 13.6) Mothers are supported in making their infant feeding decisions with further counseling and follow-up to make implementation of these decisions as safe as possible. | 1 | √ 0.5 | 0 |
| 13.7) Special efforts are made to counter misinformation on HIV and infant feeding and to promote, protect and support 6 months of exclusive breastfeeding and continued breastfeeding in the general population. | 1 | √ 0.5 | 0 |
| 13.8) On-going monitoring is in place to determine the effects of interventions to prevent HIV transmission | 1 | √ 0.5 | 0 |

Indicators

| | | | |
|---|----------------|------|---|
| through breastfeeding on infant feeding practices and overall health outcomes for mothers and infants, including those who are HIV negative or of unknown status. | | | |
| 13.9) The Baby-friendly Hospital Initiative incorporates provision of guidance to hospital administrators and staff in settings with high HIV prevalence on how to assess the needs and provide support for HIV positive mothers. | 1 | √0.5 | 0 |
| Total Score: | 5.5 /10 | | |
| <p>Conclusions and Recommendations</p> <p>Situation:</p> <ul style="list-style-type: none"> • Some mothers infected with HIV do not want to reveal their real conditions, so it is difficult to test, and easy to lose tracks. Thus the best assistance can not reach them. • There is almost no long- lasting assistance for children infected with HIV. There is just counseling and prevention of HIV transmitting from mother to children and infant feeding in the places that the project covers (on the scale of district). • PEM though not early funded, it did cover all communes. • The bank of communication document of PEM has been copied by all provinces. In the time coming, it will be posted on the Internet. <p>Recommendations:</p> <ul style="list-style-type: none"> • It is necessary to counsel mothers on infant feeding for mother with HIV according to the recommendation of WHO. • A bank of communication document is needed to set up to avoid overlap. | | | |

Indicator 14: Infant Feeding during Emergencies

Key Question: Are appropriate policies and programmes in place to ensure that mothers, infants and children will be provided adequate protection and support for appropriate feeding during emergencies?

Information Sources Used:

Source 2, 3

| Criteria | Scoring | | |
|--|--------------------|----------------|-----|
| | √ Check that apply | | |
| | Yes | To some degree | No |
| 14.1) The country has a comprehensive policy on infant and young child feeding that includes infant feeding in emergencies | √ 2 | 1 | 0 |
| 14.2) Person(s) tasked with responsibility for national coordination with the UN, donors, military and NGOs regarding infant and young child feeding in emergency situations have been appointed | 2 | 1 | √ 0 |
| 14.3) An emergency preparedness plan to undertake activities to ensure exclusive breastfeeding and appropriate complementary feeding and to minimize the risk of artificial feeding has been developed | 2 | 1 | √ 0 |
| 14.4) Resources identified for implementation of the plan during emergencies | 2 | 1 | √ 0 |
| 14.5) Appropriate teaching material on infant and young child feeding in emergencies has been integrated into pre-service and in-service training for emergency management and relevant health care personnel. | 2 | 1 | √ 0 |
| Total Score: | 2 /10 | | |
| Conclusions and Recommendations | | | |
| Situation: | | | |
| <ul style="list-style-type: none"> • There are some small and separate surveys on nutrition condition in Emergency but they are not very effective. • There was provision of multi- vitamin for malnutrition children in the key communes (the area with natural disaster) of 18 North-Western and highland provinces. However the amount of the provided multivitamin is not much. There is | | | |

also little intervention in IYCF in emergency. The reason is that Vietnam lacks an useful and a clear mechanism to react the the urgent and difficult situation of malnutrition in general and infant feeding in particular

Recommendations:

- It is necessary to establish an effective mechanism for the Government and the Ministry of Health, so that there will be immediate response in the emergency in general and in infant feeding in particular.
- The emergency is now just limited in children with malnutrition. It is necessary to broaden the objects and increase the fund.

Indicator 15: Mechanisms of Monitoring and Evaluation System

Key Question: Are monitoring and evaluation data routinely collected and used to improve infant and young child feeding practices?

Information Sources Used:

| Criteria | Scoring | | |
|---|--------------|----------------|----|
| | Yes | To some degree | No |
| 15.1) Monitoring and evaluation components are built into major infant and young child feeding programme activities. | √ 2 | 1 | 0 |
| 15.2) Monitoring or Management Information System (MIS) data are considered by programme managers in the integrated management process. | √ 2 | 1 | 0 |
| 15.3) Adequate baseline and follow-up data are collected to measure outcomes for major infant and young child feeding programme activities. | √ 2 | 1 | 0 |
| 15.4) Evaluation results related to major infant and young child feeding programme activities are reported to key decision-makers | √ 2 | 1 | 0 |
| 15.5) Monitoring of key infant and young child feeding practices is built into a broader nutritional surveillance and/or health monitoring system or periodic national health surveys. | √ 2 | 1 | 0 |
| Total Score: | 10/10 | | |
| Conclusions and Recommendations Situation: <ul style="list-style-type: none"> - There is an annual report - The prevent-malnutrition program is well supervised with the collaboration of General Department of Statistics every five years. Recommendations: <ul style="list-style-type: none"> - More indicators need to be added in the national five year- survey on infant feeding. | | | |

References:

4. **MoH**, 2007, Health care and PMTCT Circle, Science publishing house, Hanoi, Vietnam.
5. **MoH, NIN**, 2006, Action plan on Children Nutrition during 2006 – 2010, Hanoi, Vietnam.
6. **MoH, NIN**, 2008, Action plan on preventing Child Malnutrition 2009, Hanoi, Vietnam.
7. **MoH**, 2004, Decision of Minister of MoH on Aproving of Health Education and Communication to 2010 Action plan ,*No 3526/2004/QĐ-BYT*, Hanoi, Vietnam.
8. **MoH, Heath Mother and Child Department**, 2008, Document of training on counselling Child feeding and HIV child, Hanoi, Vietnam..
9. **MoH, WHO, UNICEF**, Treatment Combination of Common Child’s diseases, Hanoi, Vietnam
10. **MoH, UNICEF**, 2006, National Action Plan of PMTCT from 2006 to 2010, Hà Nội
11. **MoH**, 1996, *Counselling on Breastfeeding*, Medical Publishing house, Hanoi, Vietnam.
12. **MoH**, 2006, Conducting Implementing Action on Combination Child Health care, Hanoi Newspaper’s printing house, Hanoi, Vietnam.
13. **MoH**, 2007, National Action Plans about Health Care and Treatment on HIV/AIDS, Hanoi, Vietnam.
14. **Gov**, 2006, *Degree on Marketing of Child’s Nutrition No 21/2006/NĐ-CP*, Hanoi, Vietnam.
15. **Gov** 2006, “Article 2”, *Degree on introduction some social insurance No 152/2006/NĐ-CP*, Hanoi, Vietnam.
16. **Gov**, 2007, *Circular No 03/2007/TT-BLĐTBXH Jan 30th 2007* of MOLISA, Hanoi, Vietnam..
17. **Le Thi Hop**, 2008, Report on Nutrition and Development of Vietnam Children, Workshop on “Mother Provide the Initiative Maxime for Child 2008”, Hanoi, Vietnam.
18. **National Institute of Nutrition, General Statistical Office**, 2005, *The progress of malnutrition reduction among children under 5 years old and their mothers, Impacts of nutritional intervention porgrammes in Vietnam 1999-2004*, Statitical publishing house, Hanoi, Vietnam.

19. **Pham Van Hoan**, 2008, “Improve knowledge, practice of care givers and child nutrition status by intervention implementing in rural area of Quang Nam province, Nutrition and Food Magazine, Vietnam Association magazine,
20. **Statistic Burour**, 2002, Vietnam 2002 *Health and Demographic Survey*, Statistic publishing house, Hanoi, Vietnam
21. **Statistic Burour, UNICEF**, 2006, Survey on Objectives of children and women, Statistic publishing house, Hanoi, Vietnam
22. **NIN, Statistic Burour**, 2006, Annual Report on Child and mother Nutrition Status 2005, Medical Publishing house, Vietnam.
23. **NIN**, 2008, Evaluation three year activities to Implement Child Malnutrition prevention project (apply Circular No46-NQ/TW of Political Ministry), Hanoi, Vietnam
24. **WHO, NIN, UNICEF**, 2003, Guidline of training on counselling of supplementary food, Hanoi, Vietnam.

List of partners involved in Assessment

1. **National Obstetric Hospital**
2. **Heath Mother and Child Department, MoH**
3. **National Paediatrics Hospital**
4. **Communication and Health Education department**
5. **UNICEF Vietnam**
6. **National Institute of Nutrition**
7. **LIGHT**
8. **CEPHAD**