



World Breastfeeding Trends Initiative (WBTi)

Vietnam Assessment Report



July 2015



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The World Breastfeeding Trends Initiative (WBTi)

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Introduction

(please insert text about the report)

The World Breastfeeding Trends Initiative (WBTi) is an innovative initiative developed by IBFAN Asia, to assess the status and benchmark the progress of the implementation of the Global Strategy for Infant and Young Child Feeding (IYCF) at National level.

The WBTi assist the strengths and weakness of the country's policies and programmes to protect, promote and support optimal IYCF practices.

In 2008, Vietnam was one of 57 countries completed national assessment by using WBTi. WBTi 2008 result have been disseminated in order to provide leaders in various levels health workers picture of Vietnam IYCF.

This year – 2015, WBTi reassessment done in Vietnam during July and August. Some big changes in Vietnam policies in term of maternity protection:

- (1) Maternity leave paid for six months signed by the policy apply for not only in government sectors but also in private sectors (Thanks to Vietnam Trade Union act work from central to factory / company level who always protect Right for workers especially for female workers – the right for breastfeeding.
- (2) The Decree 100/2014/ND-CP to ban milk advertisement on trading in and using of nutritional products for infant feeding bottles and dummies.
- (3) The Decree 39/2015/ND-CP start enhance from 15th June 2015: The poor minority woman who accept Population/Family Planning (Stop at two children) will receipt support 2 million (about 140 USD per child).

Unfortunately, it hard to finding data/ information about optimal IYCF practices due to after 2002 Vietnam Demographic and Health survey, there was no National survey – that is why data/ information about initiative BF within 1 hour, exclusive BF form 6 months, duration of BF have been taken from 2002 Vietnam Demographic and Health survey – no updated. This is a limitation of 2015 WBTi reassessment. However, we do hope that the 2015 WBTi reassessment's result will be used to advocate the Government ministries leaders, HWs... To pay more attention how to support, strength, promote... optimal IYCF in policies and practices as well. Thanks IBFAN Asia, especially BPNI for training and supporting for training accompanying to carry out WBTi assessment.

Thanks to very active participants from Gov, NGOs leaders, managers, and professional researchers from MoH, Fostitute of OB/ Gy, NIN ... during 2015 WBTi reassessments.

On behaft of Assessment Team

PhD. Dr. Quan Le Nga MD. PID

Director of LIGHT

About WBTi

World Breastfeeding Trends Initiative (WBTi)

Background

The World Breastfeeding Trends Initiative (WBTi) is an innovative initiative, developed by IBFAN Asia, to assess the status and benchmark the progress of the implementation of the Global Strategy for Infant and Young Child Feeding at national level. The tool is based on two global initiatives, the first is WABA's (GLOPAR) and the second the WHO's "Infant and Young Child Feeding: A tool for assessing national practices, policies and programmes". The WBTi is designed to assist countries in assessing the strengths and weaknesses of their policies and programmes to protect, promote and support optimal infant and young child feeding practices. The WBTi has identified 15 indicators in two parts, each indicator having specific significance.

| Part-I deals with policy and programmes (indicator 1-10) | Part –II deals with infant feeding practices (indicator 11-15) |
|--|---|
| 1. National Policy, Programme and Coordination | 11. Early Initiation of Breastfeeding |
| 2. Baby Friendly Hospital Initiative (Ten steps to successful breastfeeding) | 12. Exclusive breastfeeding |
| 3. Implementation of the International Code of Marketing of Breastmilk Substitutes | 13. Median duration of breastfeeding |
| 4. Maternity Protection | 14. Bottle feeding |
| 5. Health and Nutrition Care Systems (in support of breastfeeding & IYCF) | 15. Complementary feeding |
| 6. Mother Support and Community Outreach | |
| 7. Information Support | |
| 8. Infant Feeding and HIV | |
| 9. Infant Feeding during Emergencies | |
| 10. Mechanisms of Monitoring and Evaluation System | |

Once assessment of gaps is carried out, the data on 15 indicators is fed into the questionnaire using the WBTi web based toolkit© which is specifically designed to meet this need. The toolkit

objectively quantifies the data to provide a colour- coded rating in Red, Yellow, Blue or Green. The toolkit has the capacity to generate visual maps or graphic charts to assist in advocacy at all levels e.g. national, regional and international.

Each indicator used for assessment has following components;

- The key question that needs to be investigated.
- Background on why the practice, policy or programme component is important.
- A list of key criteria as subset of questions to be considered in identifying achievements and areas needing improvement, with guidelines for scoring, colour-rating, and ranking how well the country is doing.

Part I: A set of criteria has been developed for each target, based on Global Strategy for Infant and Young Child Feeding (2002) and the Innocenti Declaration on Infant and Young Child Feeding (2005). For each indicator, there is a subset of questions. Answers to these can lead to identify achievements and gaps in policies and programmes to implement Global Strategy for Infant and Young Child Feeding . This shows how a country is doing in a particular area of action on Infant and Young Child Feeding.

Part II: Infant and Young Child Feeding Practices in Part II ask for specific numerical data on each practice based on data from random household survey that is national in scope.

Once the information about the indicators is gathered and analyzed, it is then entered into the web-based toolkit through the ' WBTi Questionnaire'. Further, the toolkit scores and colour- rate each individual indicator as per **IBFAN Asia's Guidelines for WBTi**

Background

(please insert general information about the country regarding child nutrition, child survival, any initiatives to improve IYCF practices etc.)

- Population: 90.5 million (2014)
- Male: 49%, Life expectancy: 70.6 years
- Female: 51%, Life expectancy: 76 years
- MMA: 60 mothers/ 100,000 child living birth
- Percentage of malnutrition of children under 5 (2013):
 - o Weight/ age/ under weight: 15.3%
 - o Height/ age/ stunting: 25.9%

Assessment process followed by the country

WBTi 2015 process

1. Methodology: This assessment is a cross-section research using secondary data and focus group discussion with breastfeeding agencies.
2. Activity:
 - Prepare WBTi tools: Translate WBTi tools into Vietnamese, compare with WBTi 2009 tool.
 - Establish working group: List local stakeholders, government agencies, INGOs, VNGOs, social group on breastfeeding promotion.
 - Collecting data: Collecting document, indicators, declares, archives, research, survey on breastfeeding.
 - Orientation workshop: Workshop for introducing the WBTi tools and 15 indicators
 - Assess 15 indicators: Using data and group work to assess 15 indicators.
 - Full draft WBTi report: Finish 15 indicators in a full draft report.
 - Revised WBTi report: Local stakeholders, government agencies, INGOs, VNGOs, social group on breastfeeding promotion contribute to revise the report.
 - Dissemination workshop: Workshop to disseminate the workshop to Local stakeholders, government agencies, INGOs, VNGOs, social group on breastfeeding promotion.
 - Complete report: Finish the final report and send to IBFAN Asia.

List of the partners for the assessment process

| No | Participant | Title | Organization |
|----|--------------------------|---|--|
| 1 | Dr. Quan Le Nga | Director | LIGHT |
| 2 | Dr. Md. Nguyen Thu Giang | Deputy director | LIGHT |
| 3 | Dr. Do Quan Ha | Health of science research | Central Gynecology and Obstetrics Hospital |
| 4 | Dr. Bui Hong Van | Coordinator | LIGHT |
| 5 | Md. Nguyen Mai Huong | Officer of National Breastfeeding programme | Mother and Child department – Ministry of Health |
| 6 | Ms. Dinh Thi Thu Thuy | Officer | Legal department – Ministry of Health |
| 7 | Dr. Nguyen Thi Lam | Deputy director | National Nutrition Institute |
| 8 | Md. Vu Van Tan | PEM Coordinator | National Nutrition Institute |
| 9 | Dr. Huynh Nam Phuong | Deputy director | National Nutrition Institute |
| 10 | Md. Nguyen Duc Vinh | Deputy director | Mother and Child department – Ministry of Health |
| 11 | Mr. Tran Quang Mai | Deputy director | Information and Education – Ministry of Health. |
| 12 | Dr. Nguyen Thi Minh Hien | Head of Information and Library department | Information and Education – Ministry of Health. |
| 13 | Ms. Nguyen Bich Van | Director | CEPHAD |
| 14 | Ms. Nguyen Thi Lan Huong | Deputy director | CEPHAD |
| 16 | Ms. Nguyen Thu Thuy | Program officer | CEPHAD |
| 17 | Dr. Le Thi Thuy | Deputy director | Hanoi Gynecology and Obstetrics Hospital |
| 18 | Bs. Lê Thị Hà | Deputy manager of infant department | Central Pediatrics Hospital |

Assessment Findings

Indicator 1: 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 a coordinator for the committee ?*

| <i>Guidelines for scoring</i> | |
|--|-------------------------------|
| Criteria | K Check all that apply |
| 1.1) A national infant and young child feeding/breastfeeding policy has been officially adopted/approved by the government | √ 1 |
| 1.2) The policy recommended exclusive breastfeeding for the first six months, complementary feeding to be started after six months and continued breastfeeding up to 2 years and beyond. | √ 1 |
| 1.3) A national plan of action developed based on the policy | √ 2 |
| 1.4) The plan is adequately funded | 2 |
| 1.5) There is a National Breastfeeding Committee/IYCF Committee | 1 |
| 1.6) The national breastfeeding (infant and young child feeding) committee meets, monitors and reviews on a regular basis | 2 |
| 1.7) The national breastfeeding (infant and young child feeding) committee links effectively with all other sectors like health, nutrition, information etc. | √ 0.5 |
| 1.8) Breastfeeding Committee is headed by a coordinator with clear terms of reference, regularly communicating national policy to regional, district and community level. | √ 0.5 |
| Total Score | _5_/10 |

Information Sources Used:

1. Government (2009). Action Plan on IYCF 2010 – 2015.
2. Ministry of Health, Vietnam National Nutrition Institute (2012). “National Strategy on Nutrition phase 2011 – 2020 and the Vision upto 2030. Heath Express.
3. Ministry of Health, Vietnam National Nutrition Institute (2009). “National Target Programme on Reproductive Health Care and Improve Child Nutrition”.

Conclusions:

1. *Vietnam has National Strategy on Nutrition, Action Plan on IYCF in which, there is Breastfeeding content.*
2. *There is the content of encourage optimal breastfeeding (exclusive breastfeeding for the first six months, complementary feeding to be started after six months and continued breastfeeding up to 2 years and beyond) in IYCF strategy, National Plan, training curriculum.*
3. *From 1991, there was a National Breastfeeding Committee/ IYCF Committee leading by by Vice Minister of Health which are contributed by multi sectors to encourage, supporting to breastfeeding.*
4. *Upto 2010, the National Breastfeeding Committee stopped work because the fnance support from national sectors, international organizations especially UNICEF was cut down.*
5. *There is only one deputy of head and one expert of Department of Mother and Child, Ministry of Health who are resibility for child health and action plan in breastfeeding.*

Gaps :

1. *There is no National Breastfeeding Committee, and there is only coordination group, one staff of Department of Mother and Child who work on breastfeeding and other activities (Dr. Huong, MoH). Lack of funding, therefore, the coordinate activities are unclear*
2. *There are some activities of National Nutrition Institute, but the affect is low because of cutting down finance*
3. *Breastfeeding is a small part in Vietnam Strategy on Nutrition 2011 – 2020. There is no strategy and action plan on breastfeeding and very limited resource for breastfeeding activities*
4. *Lack of funding*

Recommendations:

1. *Governments, International Organizations should increase investment on human resources, and other reseours on Breastfeeding activities and IYCF*
2. *Set up breastfeeding activity on the annual professtional activities of clinical sectors.*
3. *Ministry of Halth should consider on reforming the National Breastfeeding Committee/ or Promote Breastfeeding Board*

Indicator 2: Baby Friendly Care and Baby-Friendly Hospital Initiative (Ten Steps to Successful Breastfeeding¹)

Guidelines – Quantitative Criteria

2.1) 57_out of 13.000 total hospitals (both public & private)and maternity facilities offering maternity services have been designated or reassessed as “Baby Friendly”in the last 5 years” 0.44%

| <i>Guidelines for scoring</i> | |
|-------------------------------|--------------------------------------|
| Criteria | K Check only one which is applicable |
| 0 | 0 |
| 0.1 - 20% | √1 |
| 20.1 - 49% | 2 |
| 49.1 - 69% | 3 |
| 69.1-89 % | 4 |
| 89.1 - 100% | 5 |
| Total rating | ---1-- / 5 |

Guidelines – Qualitative Criteria

Quality of BFHI programme implementation:

| <i>Guidelines for scoring</i> | |
|--|--------------------|
| Criteria | K Check that apply |
| 2.2) BFHI programme relies on training of health workers using at least 20 hours training programme ³ | √ 1 |
| 2.3) A standard monitoring ⁴ system is in place | √ 0.5 |

¹ **The Ten Steps To Successful Breastfeeding:** The BFHI promotes, protects, and supports breastfeeding through The Ten Steps to Successful Breastfeeding for Hospitals, as outlined by UNICEF/WHO. The steps for the United States are:

1. Maintain a written breastfeeding policy that is routinely communicated to all health care staff.
2. Train all health care staff in skills necessary to implement this policy.
3. Inform all pregnant women about the benefits and management of breastfeeding.
4. Help mothers initiate breastfeeding within one hour of birth.
5. Show mothers how to breastfeed and how to maintain lactation, even if they are separated from their infants.
6. Give infants no food or drink other than breastmilk, unless medically indicated.
7. Practice “rooming in”-- allow mothers and infants to remain together 24 hours a day.
8. Encourage unrestricted breastfeeding.
9. Give no pacifiers or artificial nipples to breastfeeding infants.
10. Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or clinic

| | |
|--|-------------------|
| 2.4) An assessment system includes interviews of health care personnel in maternity and post natal facilities | 0.5 |
| 2.5) An assessment system relies on interviews of mothers. | √ 0.5 |
| 2.6) Reassessment ⁵ systems have been incorporated in national plans with a time bound implementation | 0.5 |
| 2.7) There is/was a time-bound program to increase the number of BFHI institutions in the country | 1 |
| 2.8) HIV is integrated to BFHI programme | √ 0.5 |
| 2.9) National criteria are fully implementing Global BFHI criteria (See Annex 2.1) | √ 0.5 |
| Total Score | <u> 3 / 5 </u> |

³ IYCF training programmes such as IBFAN Asia’s ‘4 in1’ IYCF counseling training programme, WHO’s Breastfeeding counseling course etc. may be used.

⁴ **Monitoring** is a dynamic system for data collection and review that can provide information on implementation of the *Ten Steps* to assist with on-going management of the *Initiative*. It can be organized by the hospitals themselves or at a higher level in the system. Data should be collected either on an ongoing basis or periodically, for example on a semi-annual or yearly basis, to measure both breastfeeding support provided by the hospitals and mothers’ feeding practices.

⁵ **Reassessment** can be described as a “re-evaluation” of already designated baby-friendly hospitals to determine if they continue to adhere to the *Ten Steps* and other babyfriendly criteria. It is usually planned and scheduled by the national authority responsible for BFHI for the purpose of evaluating on-going compliance with the *Global Criteria* and includes a reassessment visit by an outside team. Because of the human and financial resources required, in many countries it may be feasible to reassess hospitals only once every three years, but the final decision concerning how often reassessment is required should be left to the national authority.

Indicator 3: Implementation of the International Code of Marketing of Breastmilk Substitutes

Key question: *Is the International Code of Marketing of Breastmilk Substitutes and subsequent WHA resolution are in effect and implemented? Has any new action been taken to give effect to the provisions of the Code?*

| Guidelines for scoring | |
|---|--------------------|
| Criteria (<i>Legal Measures that are in Place in the Country</i>) | Scoring |
| 3a: Status of the International Code of Marketing | |
| K (<i>Check that apply. If more than one is applicable, record the highest score.</i>) | |
| 3.1 No action taken | 0 |
| 3.2 The best approach is being considered | 0.5 |
| 3.3 National Measures awaiting approval (for not more than three years) | 1 |
| 3.4 Few Code provisions as voluntary measure | 1.5 |
| 3.5 All Code provisions as a voluntary measure | 2 |
| 3.6 Administrative directive/circular implementing the code in full or in part in health facilities with administrative sanctions | 3 |
| 3.7 Some articles of the Code as law | 4 |
| 3.8 All articles of the Code as law | 5 |
| 3.9 Relevant provisions of World Health Assembly (WHA) resolutions subsequent to the Code are included in the national legislation ⁶ | |
| a. Provisions based on at least 2 of the WHA resolutions as listed below are included | 5.5 |
| b. Provisions based on all 4 of the WHA resolutions as listed below are included | √ 6 |
| 3b: Implementation of the Code/National legislation | |
| 3.10 The measure/law provides for a monitoring system | √ 1 |
| 3.11 The measure provides for penalties and fines to be imposed to violators | √ 1 |
| 3.12 The compliance with the measure is monitored and violations reported to concerned agencies | 1 |
| 3.13 Violators of the law have been sanctioned during the last three years | √1 |
| Total Score (3a + 3b) | 9 /10 _____ |

⁶ Following WHA resolutions should be included in the national legislation/enforced through legal orders to tick this score.

1. Donation of free or subsidized supplies of breastmilk substitutes are not allowed (WHA 47.5)
2. Labeling of complementary foods recommended, marketed or represented for use from 6 months onward (WHA 49.15)
3. Health and nutrition claims for products for infants and young children are prohibited (WHA 58.32) are prohibited
4. Labels of covered products have warnings on the risks of intrinsic contamination and reflect the FAO/WHO recommendations for safe preparation of powder infant formula (WHA 58.32, 61.20)

Information Sources Used:

1. *Government (2014). The Decree No ND 100/2014/ND-CP on Marketing and using nutrition products for infant, bottles and artificial breast suck.*
2. *National Party (2012). Labour Acts No 10/2012/QH13.*

Conclusions:

1. *The Decree 100/2014/ND-CP on Marketing and using nutrition products for infant, bottles and artificial breast suck has more power provisions and much stricter than before, especially prohibits advertising of breast milk substitutes for children under 1 year old.*
2. *There were many provisions to punish the breast milk substitutes and complementary food companies who have slogans, images affect to breastfeeding in their label.*
3. *There is interdisciplinary cooperation between the Ministry of Health and the Ministry of Industry and Trade in checking the labels of imported milk companies in Vietnam.*

Gaps:

1. *The monitoring measures mainly apply to milk companies (however, their monitor and evaluation are not regular)*
2. *There is no sanction for associations (Association of Pediatrics, Association of Obstetrics and Gynecology, Association of Nutrition...) in accepting funding from companies producing breastmilk substitutes for workshop, research.*

Recommendations:

1. *Improve the interdisciplinary cooperation within Ministries in importing, marketing breastmilk substitutes.*
2. *Monitor the breastmilk substitutes companies' compliance with strict punishment.*
3. *Disseminate the Decree 100/2014/ND-CP in common, especially for health care system.*
4. *There should be more clearly defined supervisory authorities and handling.*

Indicator 4: Maternity Protection

Key question: *Is there a 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?*

| <i>Guidelines for scoring</i> | |
|---|-------------------------------------|
| Criteria | Tick one which is applicable |
| 4.1) Women covered by the national legislation are allowed the following weeks of paid maternity leave <ul style="list-style-type: none"> a. Any leave less than 14 weeks b. 14 to 17 weeks c. 18 to 25 weeks d. 26 weeks or more | 0.5 1 1.5 √ 2 |
| 4.2) Women covered by the national legislation are allowed at least one breastfeeding break or reduction of work hours daily. <ul style="list-style-type: none"> a. Unpaid break b. Paid break | 0.5 √ 1 |
| 4.3) Legislation obliges private sector employers of women in the country to (<i>more than one may apply</i>) <ul style="list-style-type: none"> a. Give at least 14 weeks paid maternity leave b. Paid nursing breaks. | √ 0.5 √ 0.5 |
| 4.4) There is provision in national legislation that provides for work site accommodation for breastfeeding and/or childcare in work places in the formal sector. (<i>more than one may be applicable</i>) <ul style="list-style-type: none"> a. Space for Breastfeeding/Breastmilk expression b. Crèche | 1 √ 0.5 |
| 4.5) Women in informal/unorganized and agriculture sector are: <ul style="list-style-type: none"> a. accorded some protective measures b. accorded the same protection as women working in the formal sector | √ 0.5 1 |
| 4.6) . (<i>more than one may be applicable</i>) <ul style="list-style-type: none"> a. Information about maternity protection laws, regulations, or policies is made available to workers. b. There is a system for monitoring compliance and a way for workers to complain if their entitlements are not provided. | 0.5 √ 0.5 |

| | |
|--|--------------------|
| 4.7) Paternity leave is granted in public sector for at least 3 days. | 0.5 |
| 4.8) Paternity leave is granted in the private sector for at least 3 days. | 0.5 |
| 4.9) 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. | √ 0.5 |
| 4.10) There is legislation prohibiting employment discrimination and assuring job protection for women workers during breastfeeding period. | √ 1 |
| Total Score: | <u>7</u>/10 |

Information Sources Used:

1. National Party (2012). Labour Acts No 10/2012/QH13.
2. Government (2015), the Decree No 39/2015/NĐ-CP: on Support Policy for Minority Poor Women when delivery based on Family Planning policy.

Conclusions:

1. There is a great change in maternity protection (based on Labour Acts, women have six months paid leave from 1st of January 2013 in both public and private sectors.
2. The breastfeeding paid break is one hour per days in twelve months
3. The Decree 39/2015/NĐ-CP start enhance from 15th June 2015: the poor minority women who accept Population/ Family Planning policy (stop at two children).

Gaps:

1. Both the pressure on income and low knowledge of mothers lead to the current situation that some mothers do not want to get maternity protection such as working in the unpoison place or six months paid leave.
2. Due to the long distance from home to workplace, mothers have to send her children to her grandmother for looking after and only one hour is not enough time for coming back home for breastfeeding her baby, and there are few lactation room and keeping donation for breastfed milk in industry place. Therefore, it affects to exclusive breastfeeding.

Recommendations:

1. Strengthen monitoring of Trade Union in companies, organizations where have women labours (Vietnam has 35 millions women labours working in informal sector where 50 percent about 18 millions of women have no maternity protection during pregnancy and after birth.
2. Health care system should cooperate with Vietnam General Confederation of Labor and MOLISA to support working mothers breastfeeding (set up lactation room, refrigerator to keep breastfeeding milk)
3. Improve communication, information, education (IEC) at community levels for mothers to increase their awaness of the important of maternity protection, six-month-paid-leave and exclusive breastfeeding for first six months.
Government, private employers should consider for supporting maternity for freeland mothers.

Indicator 5: Health and Nutrition Care Systems (in support of breastfeeding & IYCF)

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?

| <i>Guidelines for scoring</i> | | | |
|---|---------------------------|------------|----|
| Criteria | Scoring | | |
| | K Check that apply | | |
| | Adequate | Inadequate | No |
| 5.1) A review of health provider schools and pre- service education programmes for health professionals, social and community workers in the country ⁷ indicates that infant and young child feeding curricula or session plans are adequate/inadequate | 2 | √ 1 | 0 |
| 5.2) Standards and guidelines for mother-friendly childbirth procedures and support have been developed and disseminated to all facilities and personnel providing maternity care. (See Annex 5b Example of criteria for mother-friendly care) | √ 2 | 1 | 0 |
| 5.3) There are in-service training programmes providing knowledge and skills related to infant and young child feeding for relevant health/nutrition care providers. ⁸ | √ 2 | 1 | 0 |
| 5.4) Health workers are trained on their responsibility under the Code implementation / national regulation throughout the country. | 1 | √ 0.5 | 0 |
| 5.5) Infant feeding and young child feeding information and skills are integrated, as appropriate, into training programmes focusing on (diarrheal disease, acute respiratory infection, IMCI, well-child care, family planning, nutrition, the Code, HIV/AIDS, breast cancer, women's health, NCDs etc.) | √ 1 | 0.5 | 0 |
| 5.6) In-service training programmes referenced in 5.5 are being provided throughout the country. ⁹ | √ 1 | 0.5 | 0 |
| 5.7) Child health policies provide for mothers and babies to stay together when one of them is sick. | √ 1 | 0.5 | 0 |

| | |
|---------------------|---------------------|
| Total Score: | ---8.5---/10 |
|---------------------|---------------------|

Information Sources Used:

1. *Ministry of Education (2012). Training Curriculum of school system.*
2. *Alive and Thrive (2012). Training toolkit for local health care staff.*
4. *Alive and Thrive (2014). Implementation Programme for Community Report.*
5. *Department of Mother and Child - Ministry of Health (2009). Training handbook on IYCF for community.*

Conclusions:

1. *The content of promote and support breastfeeding was set in National Standards in Reproductive Health by Mother and Child Health Department – Ministry of health. The National Nutrition Institute also take breastfeeding content in PEM program’s trainings which are cover whole country.*
2. *The content and skills of nutrition for infand was mainstreaming in all trainings on diarrhea disease, respiratory disease, child health care, family planning, and breastfeeding with HIV/AIDS mothers.*
3. *Lack of training on counseling skills.*
4. *Retraining and mornitoring after training are still limit.*

Gaps:

1. *The overload of hospital lead to the less attention of health care staffs on counseling, promoting breastfeeding.*
2. *The quality of health care is limit.*
3. *Knowledge, attitute and skills of health care staffs who have trained already are not enough, as well as no retraining and training on job.*

Recommendations:

1. *Should has TOT for health care staffs. If they do not participate in TOT, their salary is not increase.*
2. *Reduce the hospital overload*
3. *Set up the mornitor and evaluation after trainings.*

7 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.

8 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.

9 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 6: 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 .*

| Guidelines for scoring | | | |
|---|---------------------------|----------------|----|
| Criteria | Scoring | | |
| | K Check that apply | | |
| | Yes | To some degree | No |
| 6.1) All pregnant women have access to community-based ante-natal and post -natal support systems with counseling services on infant and young child feeding. | √ 2 | 1 | 0 |
| 6.2) All women receive support for infant and young child feeding at birth for breastfeeding initiation. | √ 2 | 1 | 0 |
| 6.3) All women have access to counseling support for Infant and young child feeding counseling and support services have national coverage. | √ 2 | 1 | 0 |
| 6.4) Community-based counseling through Mother Support Groups (MSG) and support services for the pregnant and breastfeeding woman are integrated into an overall infant and young child health and development policy IYCF/Health/Nutrition Policy. | √ 2 | 1 | 0 |
| 6.5) Community-based volunteers and health workers are trained in counseling skills for infant and young child feeding. | 2 | √ 1 | 0 |
| Total Score: | ----9----/10 | | |

Information Sources Used :

1. Ministry of Health, Vietnam National Nutrition Institute (2009). “National Target Programme on Reproductive Health Care and Improve Child Nutrition”.
2. Alive and Thrive (2012). Training toolkit for local health care staff.

Conclusions :

1. In Vietnam, the reproductive health care network coverage until the communes (commune health station), villages (traditional birth attendants), therefore all pregnant and postpartum women can access to the information on infant and young child feeding.

2. The infant and young child feeding services are national level: they are in the National target program on reproductive health and nutrition.

Gaps:

- 1. The health care staffs are trained of basic knowledge but the practices is still minimal, especially counseling and supporting skills for mothers who have trouble in breastfeeding.*
- 2. Most community-based programes are only in the project site.*

Recommendations:

- 1. Enhancing training, communication on breastfeeing not only during breastfeeing week but also in regular activities of health care sectors.*
- 2. Enhancing mornitor and evaluating after training.*
- 3. Should have policy for advocating the participatory of community in supporting and supplying IYCF services (Mother-mother group, pregnant women group, postpartum mother group)*

Indicator 7: 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?

| Guidelines for scoring | | | |
|--|-----------------------|----------------|----|
| Criteria | Scoring | | |
| | K Check that apply | | |
| | Yes | To some degree | No |
| 7.1) There is a national IEC strategy for improving infant and young child feeding that ensures all information and materials are free from commercial influence/ potential conflicts or interest are avoided. | √ 2 | - | 0 |
| 7.2a) National health/nutrition systems include individual counseling on infant and young child feeding | √ 1 | 0.5 | 0 |
| 7.2b) National health/nutrition systems include group education and counseling services on infant and young child feeding | 1 | √ 0.5 | 0 |
| 7.3) IYCF IEC materials are objective, consistent and in line with national and/or international recommendations and include information on the risks of artificial feeding | √ 2 | 1 | 0 |
| 7.4. IEC programmes (eg World Breastfeeding Week) that include infant and young child feeding are being implemented at local level and are free from commercial influence | 2 | √ 1 | 0 |
| 7.5 IEC materials/messages to include information on the risks of artificial feeding in line with WHO/FAO Guidelines on preparation and handling of powdered infant formula (PIF). ¹¹ | √ 2 | 0 | 0 |
| Total Score: | ----8.5----/10 | | |

Information Sources Used :

1. National Education and Communication – Ministry of Health (2014). Leaflet on World Breastfeeding Week 2014.
2. Government (2009). Action Plan on IYCF 2010 – 2015.
3. Ministry of Health, Vietnam National Nutrition Institute (2012). “National Strategy on

Nutrition phase 2011 – 2020 and the Vision upto 2030. Heath Express.

4. *Ministry of Health, Vietnam National Nutrition Institute (2009). “National Target Programme on Reproductive Health Care and Improve Child Nutrition”.*

Conclusions :

1. *There is no National Information, Education, and Communication Strategy on IYCF.*
2. *There is mainstreaming IYCF in some communication campains of prevent malnutrition program and Breastfeeding Week.*
3. *Provide information on IYCF on mass media is minimal, print document is small because of limit resources.*

Gaps :

1. *The resource for IYCF is cut down from both government and international organizationsl*

Recommendations:

1. *Enhancing BCC and improve fund for communication activities, especial mass media.*
2. *Ministry of Health should develop The National Information, Education, Communication Strategy on IYCF.*

¹¹ to ensure that clinicians and other health-care personnel, community health workers and families, parents and other caregivers, particularly of infants at high risk, are provided with enough information and training by health-care providers, in a timely manner on the preparation, use and handling of powdered infant formula in order to minimize health hazards; are informed that powdered infant formula may contain pathogenic microorganisms and must be prepared and used appropriately; and, where applicable, that this information is conveyed through an explicit warning on packaging;

Indicator 8: Infant Feeding and HIV

Key question: Are policies and programmes in place to ensure that HIV - positive mothers are supported to carry out the national recommended Infant feeding practice?

| <i>Guidelines for scoring</i> | | | |
|--|---------------------------|---------|----|
| Criteria | Results | | |
| | ✓ <i>Check that apply</i> | | |
| | Yes | To some | No |
| 8.1) The country has a comprehensive updated policy in line with international Guidelines on infant and young child feeding that includes infant feeding and HIV | ✓ 2 | 1 | 0 |
| 8.2) The infantfeeding and HIV policy gives effect to the International Code/National Legislation | 1 | ✓ 0.5 | 0 |
| 8.3) 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 counselling and support. | 1 | ✓ 0.5 | 0 |
| 8.4) HIV Testing and Counselling (HTC)/ Provide Initiated HIV Testing and Counselling (PIHTC)/ Voluntary and Confidential Counselling 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 |
| 8.5) Infant feeding counselling in line with current international recommendations and appropriate to local circumstances is provided to HIV positive mothers. | ✓ 1 | 0.5 | 0 |
| 8.6) Mothers are supported in carrying out the recommended national infant feeding practices with further counselling and follow-up to make implementation of these practices feasible. | ✓ 1 | 0.5 | 0 |
| 8.7) HIV positive breastfeeding mothers, who are supported through provision of ARVs in line with the national recommendations, are followed up and supported to ensure their adherence to ARVs uptake. | ✓ 1 | 0.5 | 0 |

| | | | |
|--|------------------|-------|---|
| 8.8) 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 |
| 8.9) On-going monitoring is in place to determine the effects of interventions to prevent HIV transmission through breastfeeding on infant feeding practices and overall health outcomes for mothers and infants, including those who are HIV negative or of unknown status. | 1 | √ 0.5 | 0 |
| Total Score: | --7.5-/10 | | |

Information Sources Used :

1. **Prime Minister (2012).** The National Target Program on Prevent HIV/AIDS phase 2012 – 2015.

Conclusions :

1. *Ministry of Health has National Target Programme on Prevent HIV/AIDS with one part of IYCF for HIV positive mothers.*
2. *There is training programme for health care staffs on IYCF to HIV positive mothers with flips, leaflets on introduce, counseling for to HIV positive mothers who have pregnancy or postpartum.*
3. *There is voluntary counseling and testing for couples who is high risk of HIV.*

Gaps :

1. *Because of limit fund, the training program is not cover in national level (It cover about 40 percentage)*
2. *The limit of counseling skills of health care staffs for HIV positive mothers.*
3. *The afraid of coming to health care center of HIV positive mothers.*
4. *Health care staffs/ reproductive health system is not trained about HIV, only 40% has ben trained on mother-child transmission of HIV positive women.*

Recommendations:

1. *Education, training on HIV should be large and for reproductive health care system.*
2. *Advocacy social resources.*

Indicator 9: Infant and Young Child Feeding during Emergencies

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

| <i>Guidelines for scoring</i> | | | |
|---|---------|------------------|----|
| Criteria | Scoring | | |
| | K | Check that apply | |
| | Yes | To some degree | No |
| 9.1) The country has a comprehensive policy on infant and young child feeding that includes infant feeding in emergencies and contains all basic elements included in the IFE Operational Guidance | 2 | √ 1 | 0 |
| 9.2) Person(s) tasked with responsibility for national coordination with all relevant partners such as the UN, donors, military and NGOs regarding infant and young child feeding in emergency situations have been appointed | √ 2 | 1 | 0 |
| 9.3) An emergency preparedness and response plan based on the practical steps listed in the Operational Guidance has been developed and put into effect in most recent emergency situations, and covers: | | | |
| a) basic and technical interventions to create an enabling environment for breastfeeding, including counseling by appropriately trained counselors, support for relactation and wet-nursing, and protected spaces for breastfeeding | 1 | √ 0.5 | 0 |
| b) measures to minimize the risks of artificial feeding, including an endorsed statement on avoidance of donations of breastmilk substitutes, bottles and teats, and standard procedures for handling unsolicited donations, and procurement management and use of any infant formula and BMS, in accordance with strict criteria, the IFE Operational Guidance, and the International Code and subsequent relevant WHA resolutions | √ 1 | 0.5 | 0 |

| | | | |
|---|----------------------|-------|-----|
| 9.4) Resources have been allocated for implementation of the emergency preparedness and response plan | 2 | 1 | √ 0 |
| 9.5) a) Appropriate orientation and training 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. | 1 | √ 0.5 | 0 |
| b) Orientation and training is taking place as per the national emergency preparedness and response plan | 1 | √ 0.5 | 0 |
| Total Score: | ----5.5---/10 | | |

Information Sources Used:

1. *Save Children UK (2006). Training toolkit for protect children in emergency situation.*
2. *Asia Foundation (2012). Natural Disaster Preparedness and Response Planning for Businesses Handbook.*

Conclusions :

1. *Government has National Cooperation Committee on Disaster Prevention (National Nutrition Institute is a member of this committee) that its action plan mentions about IYCF in emergency situation.*
2. *There is no resource for implementing breastfeeding in emergency situation.*
3. *There is rarely training on IYCF in emergency situation.*

Gaps :

1. *Vietnam is one of the countries affecting by climate change such as flooding, especially in the remote areas (mountain area, center of Vietnam), however it's very limit on investment resources on developing plan, training for health care staffs, and community on IYCF in emergency situation*

Recommendations:

1. *Should develop documentary and organize training courses on IYCF in emergency situation for health care staffs.*
2. *Should develop leaflet on IYCF in emergency situation for community, especially in the disaster areas.*
3. *Government should invest fund for activities of IYCF in emergency situation*

Indicator 10: Mechanisms of Monitoring and Evaluation System

Key question: *Are monitoring and evaluation systems in place that routinely collect, analyse and use data to improve infant and young child feeding practices?*

| <i>Guidelines for scoring</i> | | | |
|--|--------------------|----------------|----|
| Criteria | Scoring | | |
| | ✓ Check that apply | | |
| | Yes | To some degree | No |
| 10.1) Monitoring and evaluation components are built into major infant and young child feeding programme activities. | 2 | √ 1 | 0 |
| 10.2) Data/information on progress made in implementing the IYCF programme are used by programme managers to guide planning and investments decisions | √ 2 | 1 | 0 |
| 10.3) Data on progress made in implementing IYCF programme activities routinely collected at the sub national and national levels | √ 2 | 1 | 0 |
| 10.4) Data/Information related to infant and young child feeding programme progress are reported to key decision-makers | √ 2 | 1 | 0 |
| 10.5) Monitoring of key infant and young child feeding practices is integrated into the national nutritional surveillance system, and/or health information system or national health surveys. | √ 2 | 1 | 0 |
| Total Score: | ----9---/10 | | |

Information Sources Used :

1. *Vietnam Nutrition Institute (2009). PEM Program Proposal.*

Conclusions :

1. *PEM programme is National programme leading by National Nutrition Institute that cooperates with the General Statistics Office for five-year national survey.*
2. *There is supervision on national and local level.*
3. *There is annual report.*

Gaps :

1. *The fund for the National Target Programme decreased 65%, therefore all supervision*

activities were decreased.

Recommendations:

- 1. Should investment for developing monitoring system from national to provincial level regularly.*
- 2. Maintain the national assessment of PEM program which IYCF survey is implemented each 5 year.*

Indicator 11: Early Initiation of Breastfeeding

Key question: *What is the percentage of babies breastfed within one hour of birth? 75%*

Guideline:

| Indicator 11 | Key to rating adapted from WHO tool (see Annex 11.1) | IBFAN Asia Guideline for WBTi | |
|--|--|-------------------------------|---------------|
| | | Scores | Colour-rating |
| Initiation of Breastfeeding (within 1 hour) | 0.1-29% | 3 | Red |
| | 29.1-49% | 6 | Yellow |
| | 49.1-89% | 9 | Blue |
| | 89.1-100% | 10 | Green |

¹⁵ Edmond KM, Zandoh C, Quigley MA et al. Delayed breastfeeding initiation increases risk of neonatal mortality. *Pediatrics* 2006; 117:380-386

Data Source (including year):

1. **Ministry of Health, Vietnam Nutrition Institute, Unicef (2010).** “National Nutrition Survey 2009-2010”. Health Express.
2. **Alive and Thrive (2014).** Impelementation in Community level in Vietnam Report.

Summary Comments :

Indicator 12: Exclusive Breastfeeding for the First Six Months

Key question: What is the percentage of babies 0<6 months of age exclusively breastfed² in the last 24 hours? **19.6%**

Guideline:

| Indicator 12 | Key to rating adapted from WHO tool (see Annex 11.1) | IBFAN Asia Guideline for WBTi | |
|--|--|-------------------------------|---------------|
| | | Scores | Colour-rating |
| Exclusive Breastfeeding (for first 6 months) | 0.1-11% | 3 | Red |
| | 11.1-49% | √ 6 | Yellow |
| | 49.1-89% | 9 | Blue |
| | 89.1-100% | 10 | Green |

¹⁶ 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)

¹⁷ Robert E Black, Saul S Morris, Jennifer Bryce. Where and why are 10 million children dying every year? THE LANCET 2003; 361 : 2226-34.

¹⁸ Exclusive breastfeeding rate (EBR) calculator may be used, if required, to calculate data for exclusive breastfeeding for babies <6 months. The calculator may be seen at: WHO (2003). Infant and Young Child Feeding - A tool for assessing national practices, policies and programmes. Available at <http://whqlibdoc.who.int/publications/2003/9241562544.pdf>

Data Source (including year):

1. Ministry of Health, Vietnam Nutrition Institute, Unicef (2010). “National Nutrition Survey 2009-2010”. Health Express.

Summary Comments :

² 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)

⁵¹ In this summary sheet analysis is done based on what are the SCORES and where your country or region stands in terms of Infant and young child feeding practices individually or combined. It is good to analyze this with team of stakeholders. Find out reasons and draw a list of recommendations for your health and nutrition managers and policy makers.

Indicator 13: Median Duration of Breastfeeding

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

Guideline:

| Indicator 13 | Key to rating adapted from WHO tool (see Annex 11.1) | IBFAN Asia Guideline for WBTi | |
|--|---|-------------------------------|---------------|
| | | Scores | Colour-rating |
| Median Duration of Breastfeeding | 0.1-18 Months | √3 | Red |
| | 18.1-20 ” | 6 | Yellow |
| | 20.1-22 ” | 9 | Blue |
| | 22.1- 24 or beyond ” | 10 | Green |

Data Source (including year):

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

Summary Comments :

⁵² In this summary sheet analysis is done based on what are the SCORES and where your country or region stands in terms of Infant and young child feeding practices individually or combined. It is good to analyze this with team of stakeholders. Find out reasons and draw a list of recommendations for your health and nutrition managers and policy makers.

Indicator 14: Bottle feeding

Key question: *What percentage of breastfed babies 0-12 months of age, who are fed with any foods or drinks (even breastmilk) from bottles?* **80.4%**

Guideline:

| Indicator 14 | Key to rating adapted from WHO tool (see Annex 11.1) | IBFAN Asia Guideline for WBTi | |
|---------------------------------|--|-------------------------------|---------------|
| | | Scores | Colour-rating |
| Bottle Feeding (0-12 months) | 29.1-100% | √ 3 | Red |
| | 4.1-29% | 6 | Yellow |
| | 2.1-4% | 9 | Blue |
| | 0.1-2% | 10 | Green |

Data Source (including year):

Ministry of Health, Vietnam Nutrition Institute, Unicef (2010). "National Nutrition Survey 2009-2010". Health Express.

Summary Comments :

⁵³ In this summary sheet analysis is done based on what are the SCORES and where your country or region stands in terms of Infant and young child feeding practices individually or combined. It is good to analyze this with team of stakeholders. Find out reasons and draw a list of recommendations for your health and nutrition managers and policy makers.

Indicator 15: Complementary feeding --- Introduction of solid, semi-solid or soft foods

Key question: *Percentage of breastfed babies receiving complementary foods at 6-9 months of age?* **68.2%**

Guideline

| Indicator 15 | WHO's | IBFAN Asia Guideline for WBTi | |
|---------------------------------------|----------------------|-------------------------------|----------------------|
| Complementary Feeding (6-8 months) | <i>Key to rating</i> | <i>Scores</i> | <i>Colour-rating</i> |
| | 0.1-59% | 3 | Red |
| | 59.1-79% | √ 6 | Yellow |
| | 79.1-94% | 9 | Blue |
| | 94.1-100% | 10 | Green |

Data Source (including year):

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

Summary Comments :

⁵⁴ In this summary sheet analysis is done based on what are the SCORES and where your country or region stands in terms of Infant and young child feeding practices individually or combined. It is good to analyze this with team of stakeholders. Find out reasons and draw a list of recommendations for your health and nutrition managers and policy makers.

Summary Part I: IYCF Policies and Programmes

| Targets: | Score (Out of 10) |
|--|-------------------|
| 1. National Policy, Programme and Coordination | 5 |
| 2. Baby Friendly Hospital Initiative | 4 |
| 3. Implementation of the International Code | 9 |
| 4. Maternity Protection | 7 |
| 5. Health and Nutrition Care Systems | 8.5 |
| 6. Mother Support and Community Outreach | 9 |
| 7. Information Support | 8.5 |
| 8. Infant Feeding and HIV | 7.5 |
| 9. Infant Feeding during Emergencies | 5.5 |
| 10. Monitoring and Evaluation | 9 |
| Total | 73 |

IBFAN Asia Guidelines for WBTi

Total score of infant and young child feeding policies and programmes (indicators 1-10) are calculated out of 100.

| Scores | Colour-rating |
|-------------|---------------|
| 0 – 30.9 | Red |
| 31 – 60.9 | Yellow |
| √ 61 – 90.9 | Blue |
| 91 – 100 | Green |

Conclusions (*Summarize the achievements on the various programme components, what areas still need further work*)²⁰ :

1. Achievements:

- The Decree 100/ 2014/NĐ-CP on Marketing and using nutrition products for infant, bottles and artificial breast has more power provision and much stricter than the Decree 21/2006, especially prohibits advertising of breast milk substitutes for children under 1 year old.

⁵⁵ In this summary sheet analysis is done based on what are the SCORES and where your country or region stands in terms of Infant and young child feeding practices individually or combined. It is good to analyze this with team of stakeholders. Find out reasons and draw a list of recommendations for your health and nutrition managers and policy makers.

- A great change in Maternity protection law of 6 month maternity
- The Decree 39/2015/NĐ-CP from 15th June 2015: The poor minority women accept Family planning policy (stop at 2 children) are given 2 millions (about 100 USD) by the Government.
- Promote and support breastfeeding were set in National Standards MCH-MoH and in PEM program's training (National Nutrition Institute) which are cover whole country.

2. Areas need further work:

- Breastfeeding, IYCF committee should be reformulated in order to coordinate and consultation of relevant ministries in Decree 100 monitoring, enforcement.
- Training and retraining health workers on breastfeeding, IYCF at all levels are needed, especially on counseling skills.
- BFHi should be monitored

Increase Government, UN agencies support breastfeeding, IYCF programs

Summary Part II: Infant and young child feeding (IYCF) practices

| IYCF Practice | Result | Score |
|---|------------------|-----------|
| Indicator 11 Starting Breastfeeding (Initiation) | <u>75</u> % | 9 |
| Indicator 12 Exclusive Breastfeeding for first 6 months | <u>19.6</u> % | 6 |
| Indicator 13 Median duration of Breastfeeding | <u>13 months</u> | 3 |
| Indicator 14 Bottle-feeding | <u>80.4</u> % | 3 |
| Indicator 15 Complementary Feeding | <u>68.2</u> % | 6 |
| Score Part II (Total) | | 27 |

IBFAN Asia Guidelines for WBTi

Total score of infant and young child feeding Practice (indicators 11-15) are calculated out of 50.

| Scores | Colour-rating |
|------------------|---------------|
| 0 – 15 | Red |
| $\sqrt{16 - 30}$ | Yellow |
| 31 - 45 | Blue |
| 46 – 50 | Green |

⁵⁶ In this summary sheet analysis is done based on what are the SCORES and where your country or region stands in terms of Infant and young child feeding practices individually or combined. It is good to analyze this with team of stakeholders. Find out reasons and draw a list of recommendations for your health and nutrition managers and policy makers.

Conclusions :

- Breastfeeding is a habit of Vietnamese women
 - Exclusive breastfeeding for the first 6 months and median duration of breastfeeding are lower than optimal requirement due to:
 - Very poor work place maternity support
 - Negative effect by advertising of infant formula
 - Some data collected from Vietnam Demographic and Health survey (DHS) 2002 due to from 2003 up to 2015 because there was no National DHS have been done.
-

⁵⁷ In this summary sheet analysis is done based on what are the SCORES and where your country or region stands in terms of Infant and young child feeding practices individually or combined. It is good to analyze this with team of stakeholders. Find out reasons and draw a list of recommendations for your health and nutrition managers and policy makers.

Total of Part I and Part II (indicator 1-15): IYCF Practices and Policies and Programmes

Total score of infant and young child feeding practices, policies and programmes (indicators 1-15) are calculated 100 out of 150. Vietnam is then rated as: Blue colour

| Scores | Colour-rating |
|---------------------|----------------------|
| 0 – 45.5 | Red |
| 46 – 90.5 | Yellow |
| √ 91 – 135.5 | Blue |
| 136 – 150 | Green |

Key Gaps

- ✓ Lack of coordination between ministries, Gov and NGOs, within Ministry of Health
- ✓ Insufficient Funds from Gov, UN agencies for Breastfeeding, IYCF.
- ✓ Inadequate use of BF counseling skills by health workers

Key Recommendations

- ✓ Breastfeeding, IYCF committee should be reformulated in order to coordinate and consultation of relevant ministries in Decree 100 monitoring, enforcement.
- ✓ Training and retraining health workers on breastfeeding, IYCF at all levels are needed, especially on counseling skills.
- ✓ BFHi should be monitored
- ✓ Increase Government, UN agencies support breastfeeding, IYCF programs.