



VIETNAM COMPLEMENTARY FEEDING Framework for Action

Appropriate complementary feeding is essential to avoid stunting and overweight

In Vietnam, stunting increases dramatically during the complementary feeding period from 12% at 6 months of age to 29% at 2 years of age [1]. Adequate and appropriate complementary foods and feeding practices can help to prevent stunting and introduce healthy eating habits.

What is complementary feeding?

Complementary feeding refers to the introduction of solid or semi-solid foods to complement breastfeeding and takes place between 6 months and 2 years of age. Nutrient requirements increase significantly during this period and WHO global guidance recommends [2]:

-  Timely introduction of foods (at 6 months of age)
-  Diverse diets (at least 4 food groups a day)
-  Frequent feeding (at least 3 times a day)
-  Continued breastfeeding (up to 2 years)
-  Safe food prepared in a hygienic environment

Framework for Action: Complementary Feeding in South East Asia



The Southeast Asia Regional Action Framework for Complementary Feeding was developed through a consultative workshop January 22-25th with UNICEF, World Health Organization, World Bank, Helen Keller International, Global Alliance for Improved Nutrition, Save the Children, Alive & Thrive, Nutrition International, Food and Agriculture Organization, World Food Programme, Mahidol University, and Nutrition Center of the Philippines.

Based on the UNICEF global action framework on improving young children's diets.

Multiple systems influence complementary feeding

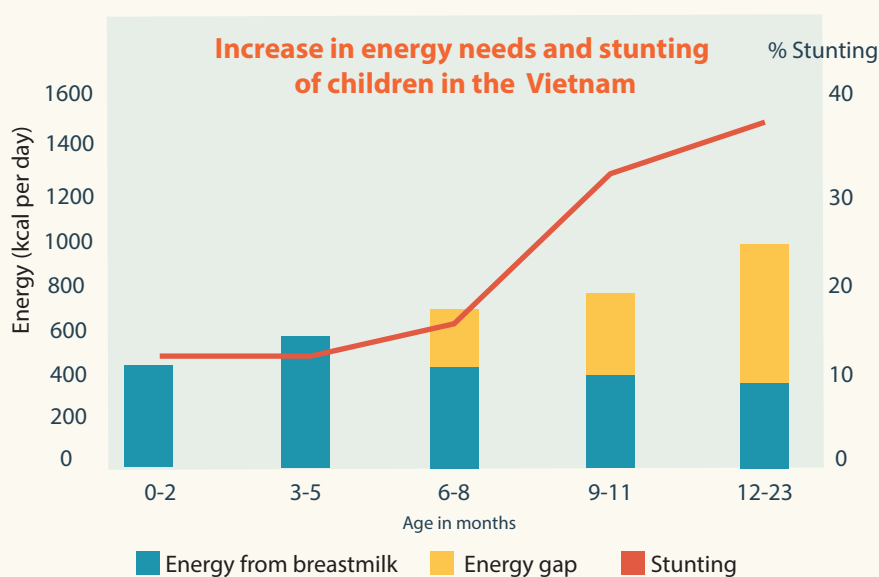
UNICEF Southeast Asia and Pacific Regional Office has developed a framework for complementary feeding. The framework illustrates how a caregiver's behaviour, socio-cultural beliefs and knowledge are the central predictors that determine the quality of complementary foods and feeding practices. These are influenced in turn by predictors in four systems (food, health, social protection and WASH). Actions can be taken to modify behaviour and the impact of predictors in the four systems.

Priority actions to improve complementary feeding in the Vietnam are:

- 01** **Overarching actions:**
 - Develop an innovative mass communication strategy including use of social media.
- 02** **Food system actions:**
 - Strengthen capacity of health workers to deliver complementary feeding services by improving pre-service and in-service training with the application of advanced technology.
- 03** **Health system actions:**
 - Incentivise the production of nutritious complementary foods, restrict marketing and improve labelling of unhealthy foods to children.
- 04** **Social protection system actions:**
 - Increase coverage and finance for essential nutrition interventions, including fortified complementary foods and micronutrient powders (MNPs), within social protection schemes.

The importance of complementary feeding

Stunting increases dramatically at 6 months of age in Vietnam when breastmilk alone cannot provide all energy, protein, vitamin and mineral needs. As a result, 24% of children under five years of age are stunted [4], 28% have anaemia, 13% have vitamin A deficiency and 69% are zinc deficient [5]. Appropriate complementary feeding, along with adequate care and disease prevention, can help children grow and develop to their full potential, and prevent stunting, and vitamin and mineral deficiencies.



Source: [6] [7]

The introduction of complementary foods is also an important opportunity to establish healthy eating habits that will last a lifetime and ensure that children do not become overweight and develop non-communicable diseases such as diabetes and hypertension later in life. The Government of Vietnam has pledged to end all forms of malnutrition by 2030 (Sustainable Development Goal 2) and reduction of stunting is the focus of the National Nutrition Strategy 2011-2020 and National Plan of Action for Nutrition 2017-2020. Supporting appropriate complementary feeding is essential to increase the human capital and economic development of Vietnam.

Complementary feeding is as important as breastfeeding.

The National Plan of Action for Nutrition 2017-2020 has set important objectives for both breastfeeding and complementary feeding. Efforts have largely focused on support for breastfeeding, while insufficient attention has been paid to improving complementary feeding practices. Actions to improve both breastfeeding and complementary feeding are essential to address stunting and to ensure that all Vietnamese children can grow and develop optimally.

Complementary feeding practices in the Vietnam are inadequate and inappropriate.

More than 50% of babies are introduced to complementary foods too early (before 6 months) while 18% of children aged 6 months to 2 years do not have a diet that is sufficiently diverse and 36% are not fed frequently enough [6]. These children have poor quality diets that are lacking in essential nutrients. A third (35%) do not consume animal based foods on a daily basis while 22% do not consume vitamin A and 14% do not consume iron-rich foods on a daily basis [6]. There is some evidence that daily consumption of green vegetables is also low [8]. The poorest children and those living in remote areas and from ethnic minority families have the least adequate complementary feeding practices [9].

Predictors of complementary feeding



Behaviours of caregivers

- **Incorrect beliefs and cultural norms.**

Exclusive breastfeeding rates are low (18%) in Vietnam [6]. Breastfeeding is discontinued early because breastmilk is perceived as being insufficient and there is a pervasive belief that formula is superior to breast milk. There is a lack of data about complementary feeding practices and the cultural determinants and rituals for introducing food. Thus, there is no robust evidence for policy and programming.

- **Lack of knowledge.**

Studies have found that there is limited knowledge among caregivers about the importance of children receiving a diverse, energy-dense diet with frequent feeding. Health workers are not a major source of information. Social media content generated by commercial companies to influence purchasing habits is a major source of information but there are few official platforms where women can access accurate information from technical agencies.

- **Practical barriers.**

Lack of time to prepare suitable complementary foods is a major barrier for caregivers. More than 70% of women work outside the home in Vietnam which is one of the highest rates in the world [10].

- **Lack of mandate to provide support on complementary feeding.**

While there are standard guidelines on infant and young child feeding (IYCF) approved by the Ministry of Health in place, health workers are not mandated to provide support and the quality of service provision is not monitored.

- **Cost of essential nutrition-specific interventions.**

Preventative services such as supplementation with micronutrient powders (MNPs) or standard counselling for a healthy child are not provided under the Health Insurance scheme. As a result, coverage is low. In 2012, only 13% of children aged 6-23 months received MNPs or other point of use fortification [6].

- **Lack of complementary feeding in pre-service and in-service training.**

Pre-service training of health and community workers does not specifically address complementary feeding. Some in-service training materials are available but there are budget constraints that limit coverage.

- **Limited indicators on complementary service delivery.**

Essential indicators, such as percentage of women who have received counselling on complementary feeding, are not collected through the health management information system.



Health system



- **Limited access to a diverse diet.**

The limited information available about the dietary diversity of children in Vietnam suggests that only about 75% access a varied diet [11].

- **Lack of controls on the monitoring of commercial baby foods.**

The most common first food for babies is a home-made rice porridge. Legislation is in place to control the marketing and promotion of breastmilk substitutes including 'follow on' milks for children up to 2 years of age [12] [13]. The sale of commercial baby foods remains legal for children after 6 months of age with standards set for labelling and nutrient content by the Food Safety Administration. However, violations of the code are common due to inadequate monitoring and the packaging and instructions can be misleading. Furthermore, because commercial products are not marketed specifically for children, they are not subject to inspection.

- **Inappropriate promotion and marketing of unhealthy products to young children.**

According to the market research company, Nielsen, snack foods are the fastest growing segment of the food market in both urban and rural areas of Vietnam, growing by 21% in 2017 [14]. There is a lack of legislation to control the marketing of products high in fat, salt and sugar, however.

- **Unsafe complementary foods and unhygienic behaviour.**

There have been significant improvements in access to clean water and sanitation in Vietnam though services are less accessible among rural populations and the lowest wealth groups. Unhygienic behaviours are still common, however. Nearly half (48%) of people do not wash their hands before handling food, and 21% do not wash their hands after using the toilet [1]. There are also concerns about aflatoxin contamination of grains used in complementary feeding as this is strongly associated with stunting [9].

- **Environmental hygiene. Though 94% of the population in Vietnam has access to clean water,**

33% do not have access to adequate sanitation while 5% practice open defecation [19]. Young children who are crawling or walking in unhygienic surroundings are therefore at increased risk of developing diarrhoea and becoming worm infested which in turn has an impact on the bioavailability of complementary foods, and on contaminating the foods that they consume.





Social protection system

- **Poverty and lack of access to social protection.**

Poverty has declined significantly in Vietnam, particularly among ethnic minorities, and only 10% of the population is now considered poor [15]. The Government of Vietnam, through the Ministry of Labour, Invalids and Social Affairs (MoLISA) has put in place a set of social protection policies [16]. These include micro-finance, social welfare programmes, Women's Unions and early childhood development programmes. However, the current social protection system is fragmented, with limited coverage, an inadequate range of benefits [17] and limited support for complementary feeding. Whilst there is free health insurance for children under 6 years of age, iron are not included as essential medicines and provided free. MoLISA is supporting an Integrated Early Child Development (IECD) initiative targeted at the first 1,000 days of life in three provinces which has the potential to include support for complementary feeding.

- **Limited resilience to disasters.**

Poor families are economically vulnerable and also lack resilience in times of disaster. Vietnam is exposed to a range of natural disasters, including droughts, earthquakes, floods, landslides and typhoons [18]. Young children and mothers are particularly at-risk during emergencies as health, nutrition, water and social protection services break down.

Actions to improve complementary feeding

Actions to improve complementary feeding need to build upon and be integrated within existing initiatives and strategies. Relevant initiatives in Vietnam include:

- The National Nutrition Strategy 2011-2020 and National Plan of Action for Nutrition 2017-2020 which includes IYCF as an objective. The next National Nutrition Strategy 2021 -2030 will be developed in 2020.
- Decree 100: Trading in and using of nutritional products for infants, feeding bottles and dummies revised in 2014 to control the marketing of breastmilk substitutes, 'follow on' milks and commercial complementary foods for children up to 2 years.
- Decision 143: Approving scheme of caring for child's comprehensive development in the first 8 years at the family and community 2018-2025. Nutrition is one out of five components and one action focuses on the first 1,000 days including complementary feeding [20].

Priority actions

Actions can be taken by government and development partners across the four systems to improve complementary feeding. Four priority actions will have the greatest impact and there are a number of additional actions which can also be considered.

Overarching action

01

Develop an innovative mass communication strategy including use of social media.

An innovative social behaviour change communication (SBCC) campaign, including the use of social media such as Facebook will deliver clear messages on appropriate complementary foods and feeding practices, the promotion of healthy foods, and the importance of hygiene practices and behaviours to all caregivers. Traditional means of communicating messages through inter-personal counselling would also be included.

Food system actions

02

Strengthen capacity of health workers to deliver complementary feeding services by improving pre-service and in-service training with the application of advanced technology.

In-service training on complementary feeding can be improved by introducing mandatory on-line training and including counselling by health workers within the basic health service package with supportive supervision and mentoring. Pre-service training of health and community workers on complementary feeding also requires to be strengthened through revision of curricula.

Health system action

03

Incentivise the production of nutritious complementary foods, restrict marketing and improve labelling of unhealthy foods to children.

Time restrictions for working mothers require innovative solutions to improve access to affordable complementary foods, including fortified foods, that provide sufficient nutrients for a growing child, which are safe and sustainable. This includes actions such as how to incentivise business and scale up the production of good quality instant baby foods by Small and Medium Enterprises (SMEs). In addition, strong legislation to control the advertising, promotion and labelling of foods high in salt, sugar and fat is critical to ensure that young children develop healthy eating habits.

Social protection system actions

04

Increase coverage and finance for essential nutrition interventions, including fortified complementary foods and MNPs, within social protection schemes.

Existing social support systems including micro-finance, social welfare programmes, Women's Unions and early childhood development programmes are useful channels for supporting healthy complementary feeding. Programmes need to focus on the first 1,000 days and consider integrating and financing the distribution of fortified complementary foods and MNPs for children aged 6 months to 2 years as well as other essential nutrition interventions such as the integrated management of malnutrition and food distribution. This is particularly important during periods of disaster.

Additional actions

Overarching actions

- **Include complementary feeding as a priority in national policy and plans.**

The new National Strategy and Plan of Action for Nutrition is currently being developed for 2021-2030 providing an opportunity to include specific objectives, actions, funding and monitoring systems for complementary feeding.

- **Support quality research on determinants of complementary feeding.**

There are many gaps in understanding about complementary feeding practices and the key determinants, in particular relating to cultural determinants and rituals for introducing food. The engagement of academic institutions to conduct robust and high quality research can fill information gaps.

- **Include complementary feeding indicators in routine monitoring.**

Improved monitoring of complementary feeding indicators such as counselling given to mothers supports quality service delivery.



Health system actions

- **Advocate for Health Insurance to cover supplements for young children.**

It is important that vulnerable children have access to MNPs. Coverage can be increased by providing supplements free even though they currently fall under the preventative health programme.

Food system actions

- **Monitor compliance of controls for commercial complementary foods.**

Legislation to monitor commercial baby foods is currently in place and requires a more efficient monitoring system to enforce compliance.

- **Establish food based guidelines for under twos.**

Food-based guidelines for children aged 6-24 months need to be developed.



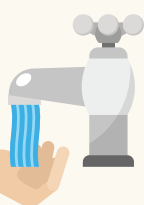
Social protection and ECCD actions

(See priority actions 4)

WASH system actions

- **Develop hygiene messages for complementary feeding to include in an innovative mass communication strategy.**

Develop clear hygiene messages for the preparation of complementary foods and feeding practices to be included in the innovative SBCC campaign. Messages about how to avoid aflatoxin contamination should be included.



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