

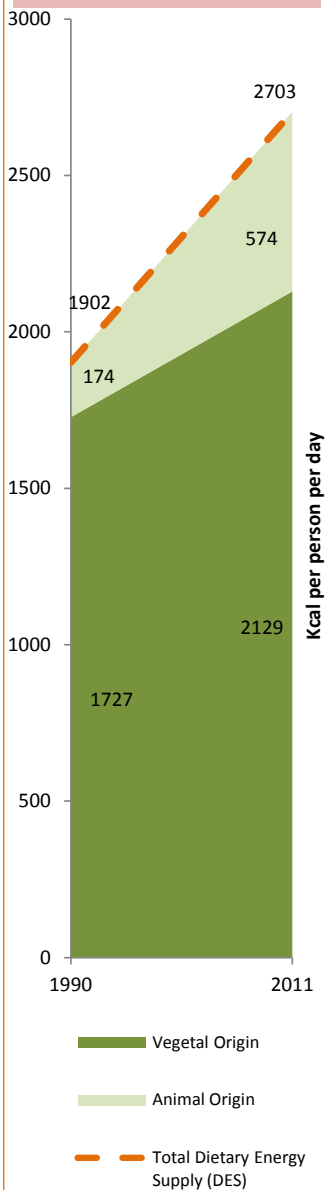


## Key Indicators

- Viet Nam has experienced sustained growth in per-capita GDP and Dietary Energy Supply (DES) in recent years, as well as a sustained decline in undernourishment rates.
- Viet Nam reports a sharp declining trend of nutritional outcomes, particularly in underweight and stunting. Anemia represents a persistent issue, particularly among pregnant women and children under 5 years of age.
- Exclusive breastfeeding prevalence is low; however, an extension of maternity leave, and ban on advertising of breastmilk substitutes, were recently passed and have the potential to help to increase this practice.

**Figure 1.1 Food Availability**

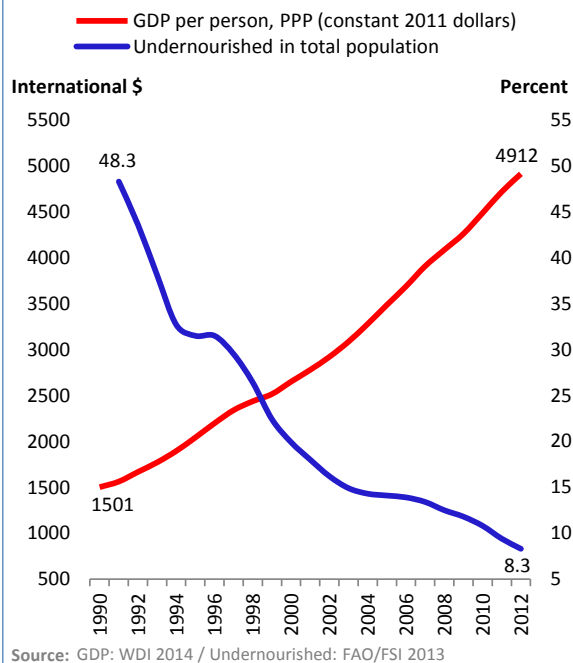
- From 1990 to 2011:
- DES increased 42%
  - Animal-origin supply increased 230%
  - Vegetal-origin products increased 23% and remain the major DES source



Source: FAOSTAT FBS: 2014 update

**Figure 1.2 Undernourishment and Economic Growth**

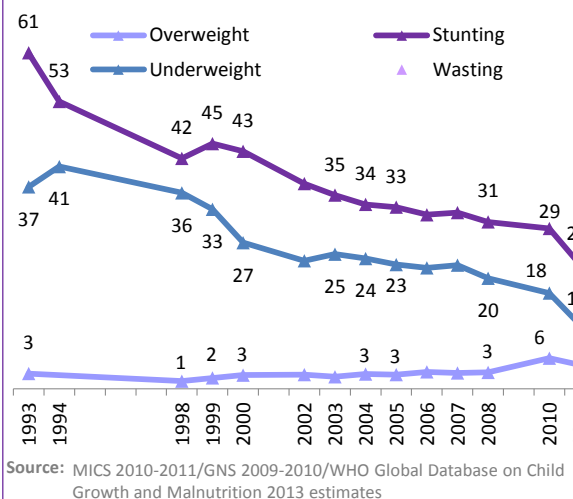
- From 1990 to 2012:
- GDP increased 227%
  - Undernourishment declined 83%



Source: GDP: WDI 2014 / Undernourished: FAO/FSI 2013

**Figure 1.3 Child Malnutrition**

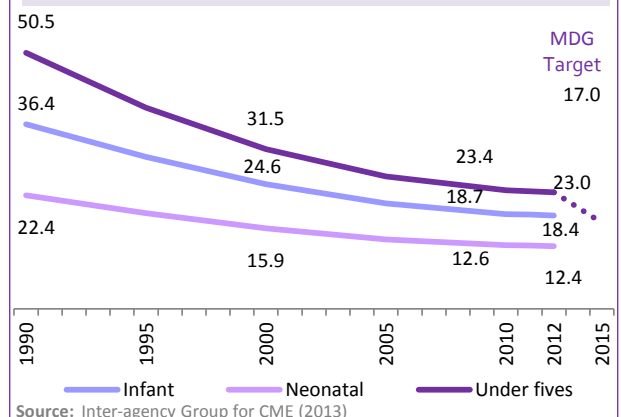
- From 1993 to 2011:
- Stunting declined 62%
  - Underweight declined 67%
  - in 2011, Wasting stood at 4%
  - Overweight increased to 4%



Source: MICS 2010-2011/GNS 2009-2010/WHO Global Database on Child Growth and Malnutrition 2013 estimates

**Figure 1.4 Child Mortality** From 1990 to 2012:

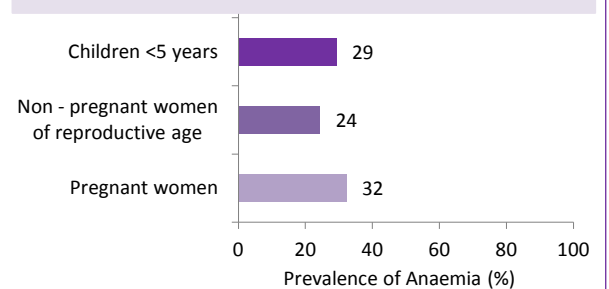
- Under-5 mortality reduced 54% and will not achieve the Millennium Development Goal (MDG) target
- Infant mortality reduced 49%
- Neonatal mortality reduced 45%



Source: Inter-agency Group for CME (2013)

**Figure 1.5 Anaemia**

- Anaemia is a public health issue for pregnant women (32%), non-pregnant women (24%) and under-5 children alike (29%); it is a severe issue among under-2 children (52%)



Source: GNS2009-2010/WHO World Anaemia prevalence(1993-2005)

**Anthropometry (Table 1.1)**

Underweight women (BMI < 18.5 kg/m <sup>2</sup> )	18.5 %	2010
Overweight adults (BMI ≥ 25 kg/m <sup>2</sup> )	5.6 %	2010
* BMI values calculated using adult cut off points, population < 20 should be analyzed using WHO growth reference for school aged children and adolescents		
Proportion of infants with low birth weight	5 %	2010-2011

Source: General Nutrition Survey 2009-2010/MICS 2010-2011



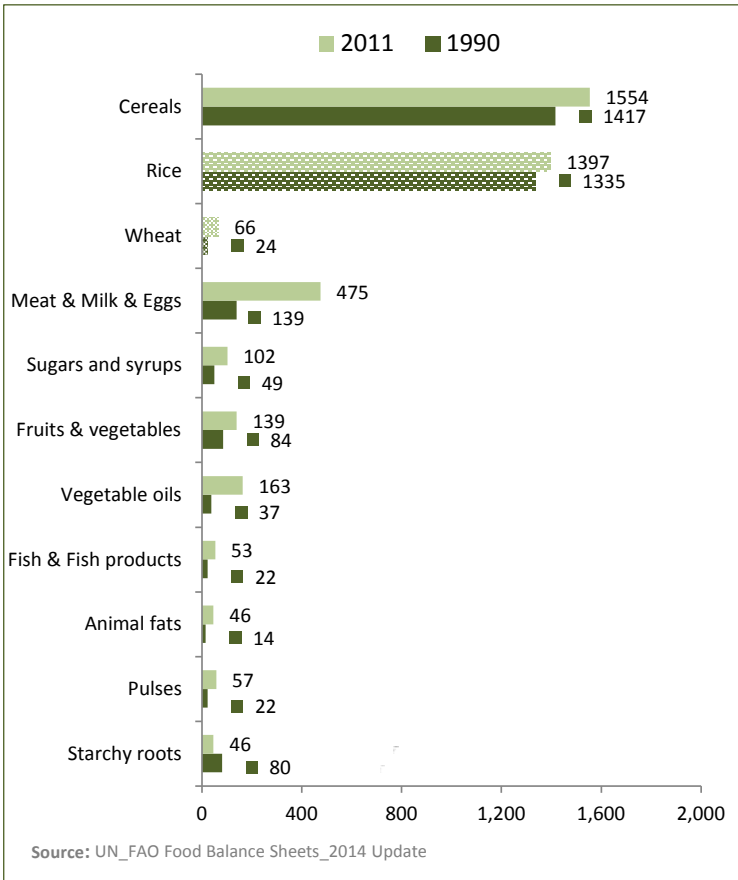
## Food Availability / Food Access



### Food Availability

Figure 2.1 Food supply by food group -

(kcal/person/year) Total dietary energy supply= 2,703 (2011)

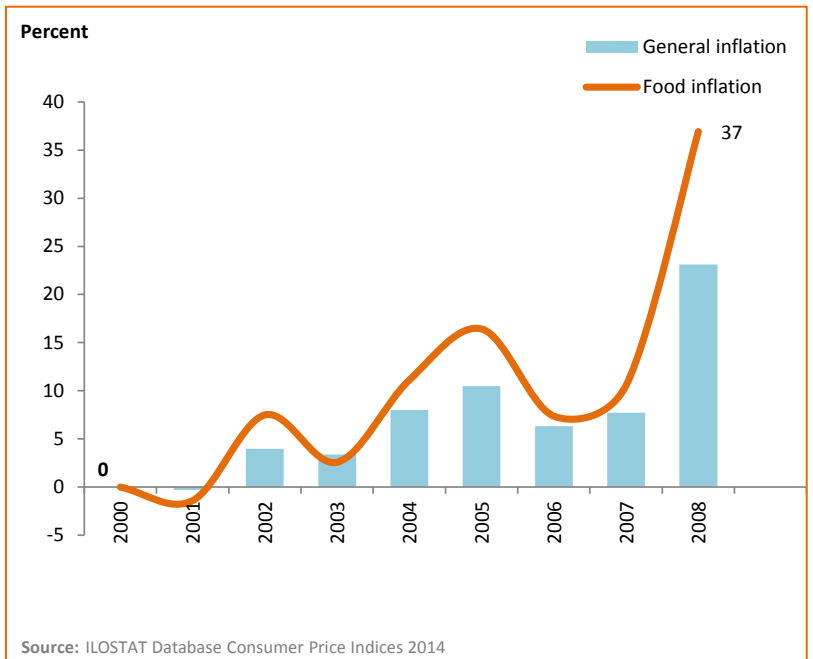


- Although cereals remain the most important source of food energy, their contribution declined from 70% in 1990 to 57% in 2011.
- While animal fats doubled their availability (229%) and meat and milk increased by 242%.

### Access to food

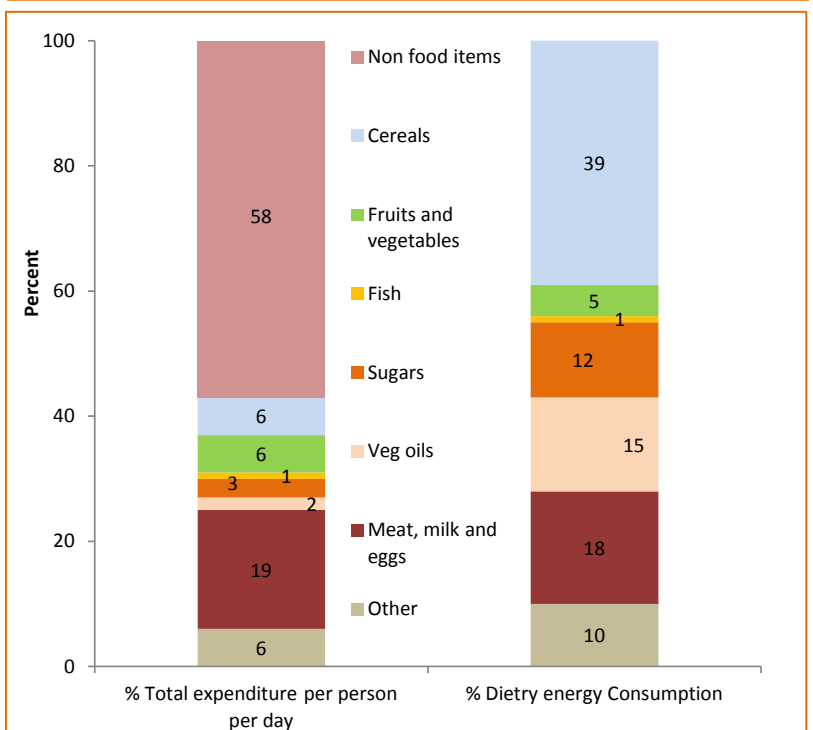
Figure 2.2 Economic access to food

General and food inflation



- During the global food crisis in 2008, food prices increased 37% while general prices increased 23%
- In 2011:
- Families generally spent more than 42 % of their income on food. While cereals contributed a significant share (39%) of food intake, they only affected 6% of food expenditure at household level
- Meat, milk, and eggs contribute 18% of food intake

Figure 2.3 Share of food expenditure (2011)



Sources: UN\_FAO RAP based on national HIES, ECS, SES, HLSS\_2013 Update, Viet Nam



## Food Utilization

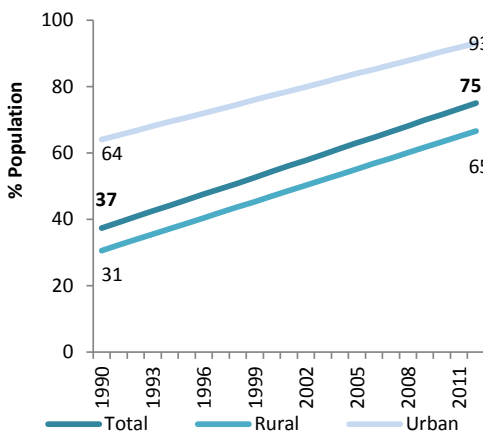
Food utilization refers both to household preparation practices of foods, which influence nutrient content of consumed foods, and to the absorption of nutrients by the human body after consumption. Nutrient absorption in the gut is strongly influenced by health status, particularly the presence of diarrhoea. Hygienic environmental conditions related to improved water and sanitation are important determinants of health and infection incidence and prevalence. In Viet Nam, water and sanitation conditions have improved during the past 20 years; these improvements have contributed to the reduction in malnutrition among under-5 children shown in Fig 1.3.

## Water and Sanitation

**Figure 3.1 Access to Improved Sanitation**

From 1990 to 2012:

- Access to improved sanitation increased 101% in 22 years
- Disparities between rural and urban areas continue, although they have decreased to 22%
- 25% of the population does not have access to improved sanitation

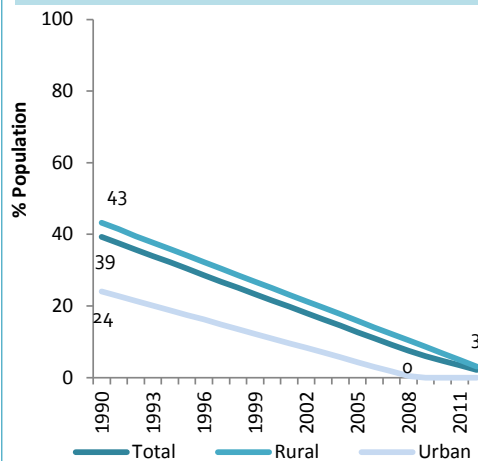


Source: WHO-UNICEF Joint Monitoring Programme, 2014

**Figure 3.2 Open Defecation**

From 1990 to 2012:

- Open defecation decreased 95% in 22 years
- The practice still occurs in 3% of rural households.

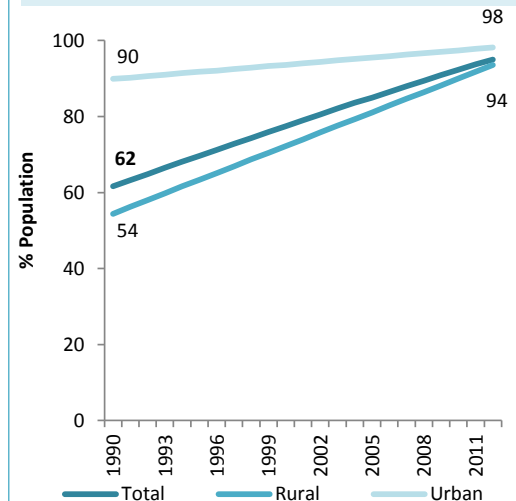


Source: WHO-UNICEF Joint Monitoring Programme, 2014

**Figure 3.3 Access to Improved Water Sources**

From 1990 to 2012:

- Disparities between urban and rural areas in access to improved water sources have been significantly reduced
- At least 95% of the population has sustainable access to improved water



Source: WHO-UNICEF Joint Monitoring Programme, 2014

## Food Safety

Quality and food safety efforts cover the entire complex chain of agriculture production, processing, transport, food production and consumption. On the production side, food safety challenges exist at farm level and in the processing stage. On the consumption side, the prevalence of diarrhoea among under-5 children is relatively low for all wealth quintiles (Fig 3.4).

**Figure 3.4 Diarrhoea**

- Diarrhoea in young children is most common among the poorest wealth quintiles, reflecting disparities in sanitation as well as in general hygiene and food safety.
- Only 1% of children younger than age 5 receive zinc treatment during episodes of diarrhoea. Chronic diarrhoea in children can lead to stunting, underweight and death.



Source: VNM\_MICS 2010-2011

### Management of Diarrhoea (Table 3.1)

#### Zinc

Share of children under age 5 with diarrhoea receiving zinc treatment	1%
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#### Existing policy framework

Zinc Supplementation and Reformulated Oral Rehydration Salt in the Management of Diarrhea

Source: VNM\_MICS 2010-2011

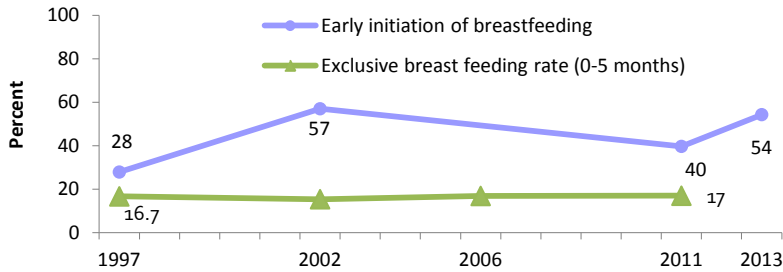


## Food Utilization

## Nutrition and Health

**Figure 3.5 Exclusive Breastfeeding :**

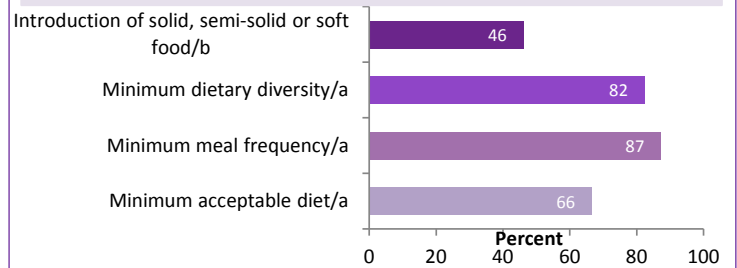
- From 1997 to 2011, Exclusive breastfeeding for first six months of age has not changed and about 4 out of 5 of infants are not exclusively breastfed
- More than half of the new borns are breast fed within the first hour of life



Source: Nutrition Surveillance Profiles 2013/ VNM\_MICS 2010-2011

**Figure 3.6 Complementary Feeding**

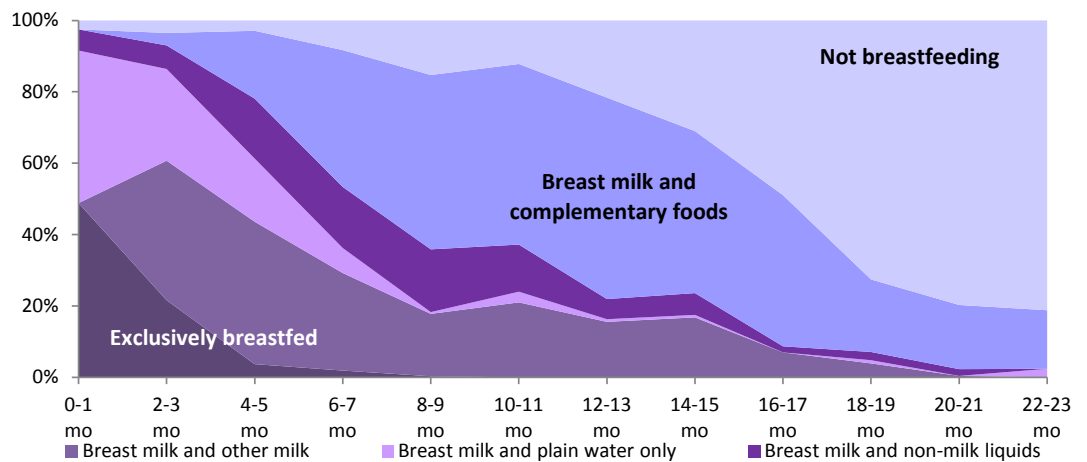
- Introduction of complementary feeding (46%) is not timely for most children.
- 87 % of children aged 6-23 months meet the minimum meal frequency and 82% meet adequate diversity
- Two thirds of children (66%) got the minimum acceptable diet.



Source: a.Nutrition Surveillance Profiles 2013/ b.MICS 2010-2011

**Figure 3.7 Duration of Breastfeeding**

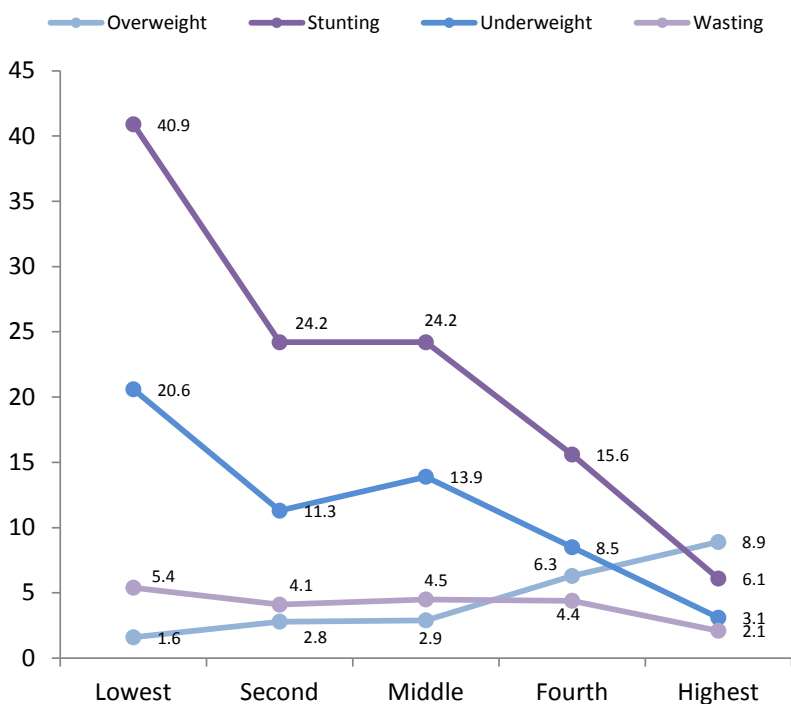
- Duration and frequency of breastfeeding affect the health and nutritional status of both mother and child
- Exclusive breastfeeding is recommended up to age 6 months, and continued breastfeeding with complementary feeding is recommended from age 6 months until 2 years and beyond



Source: VNM\_MICS 2010-2011

**Figure 3.8 Child Malnutrition and Poverty**

Stunting, underweight and wasting are more common in the lower wealth quintiles  
Overweight is more than 4 times more prevalent in the wealthiest quintile than in the poorest

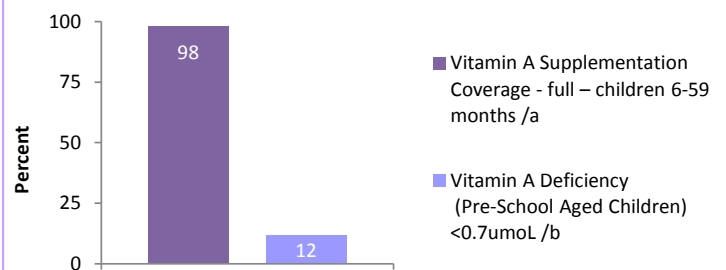


Source: VIET NAM MICS 2011

## Micronutrient Status

**Figure 3.9 Vitamin A**

- Successful Vitamin A supplementation (98%) is a likely contributor to the observed reductions in child mortality
- Vitamin A deficiencies (12% of pre-schoolers) indicate that Vitamin A has significantly improved in the daily diet.



\* VAD is a severe public health problem if >20% of preschool children (6-71 months) have low serum retinol (<0.7µmol/L)

Source: a/ UNICEF, State of the World's Children 2014, b/ WHO Global prevalence of vitamin A deficiency in population at risk 1995-2005 report.

## Iodine (Table 3.2)

Households consuming iodized salt (2011)a	45%
Iodine deficiency (Urinary Iodine Concentration <100ug/L) among school-age children	-
*Optimal UIE 100 - 199ug/L	

Source: a/Viet Nam MICS 2011



# Viet Nam - Food and Nutrition Security Profiles



Policy Table - 1

Enabling environment for Nutrition and Food security - Policy documents			
<b>1. National Child Survival Action Plan 2010-2015, MOH 2009 - M&amp;E by Mother and Child Health Department, Ministry of Health</b>			
Plan aims to address health care disparities and increasing coverage; multi sectorial collaboration and coordination mechanisms need strengthening; progress monitoring not yet integrated in MoH routine monitoring and reporting system.			
<b>2. 226 /QĐ-TTg - National Nutrition Strategy 2011-2020, With a Vision Toward 2030 (ratified Feb 2012)</b>			
Strategy focused on stunting reduction and emerging issues; highlights importance of equity approach and public-private partnerships to address malnutrition; related plan of action with detailed approach for first 1,000 days is under development.			
<b>3. Government Decree No: 21/2006/ND-CP on Trading In and Use of Nutritious Products for Infants</b>			
Decree will be updated to reflect stricter rules banning BMS advertisement for children up to 24 months in the new law on advertisement approved in June 2012 and with effect from January 2013			
<b>4. Socio-economic plan, Ministry of Planning and Investment 2011-15</b>			
Plan has a sub-component on improving the quality and healthcare and people's wellbeing which addresses nutrition (Strengthen physical growth and reduce malnutrition and ensure food safety). Includes a nutrition indicator (% of underweight children) in its M&E framework			
<b>5. IYCF National Plan of Action 2012-2015</b>			
Developed and approved by MOH in 2013 provided guidances for IYCF implementation.			
Nutrition related issues covered in these policies		Covered	Comments
Maternal and Child Undernutrition	Child undernutrition	yes	Covers stunting, wasting and underweight MAM/SAM management guidelines (2010) Interim guidelines for integrated management of acute malnutrition for piloting
	Low Birth Weight	yes	
	Maternal undernutrition	yes	
Obesity and diet related NCDs	Child obesity	yes	No specific guidelines
	Adult obesity	yes	
	Diet related NCDs	yes	
Infant and Young Child Nutrition	Breastfeeding	yes	IYCF guidelines (2013) guidances for IYCF implementation. Decree 21 being revised to be in line with law on advertisement and Intl Code
	Complementary feeding	yes	
	Int'l Code of Marketing of BMS	yes	
Vitamins and Minerals	Supplementation: Vitamin A children/women	both	Vitamin A Supplementation guidelines for children 6-59 mo. and postpartum women Deworming guidelines (2007) target children aged 24-59 months in 18 disadvantaged provinces Diarrhoea management guidelines include zinc (2009) A new national guidelines for micro-nutrient deficiencies prevention and control are being developed and will be approved by the MOH.
	Iron Folate children/women	both	
	Zinc children	yes	
	Other vitamins & min child/women	child	
	Food fortification	yes	
Underlying and contextual factors	Food Safety	yes	Food safety law last updated in 2010; Food safety agency coordination mechanism in place Emergency nutrition mainstreamed in Disaster Risk Management programmes; local Ready-to-Use-Supplementary-Foods under development. There is a sector policy on elimination of open defecation, as well as policy for universal access to safe drinking water
	Food security	yes	
	Food Aid	yes	
	Nutrition and Infection	yes	
	Gender	no	
	Maternal leave	6 months	
Social Protection policies or legislation including food or nutrition component			
<b>1. Party Resolution 15-NQ/T.Ư' on key social policy issues, 2012-2020</b>			
Range of policies aiming at providing basic social security for all, prioritizing disadvantaged, poor and ethnic minorities, ensuring minimum levels in income and basic needs including reduction of malnutrition of U5 children to lower than 10% by 2020			
<b>2. Resolution 80/NQ-CP on sustainable poverty reduction during 2011-2020</b>			
Range of policies focusing on increased income per capita of poor households, including food subsidies (15 kg rice pp/mo), targeting elderly, disabled, women and children in poor districts and remote areas .			
<b>3. Support food subsidies for children under 5 in pre-schools (29/2011/TTLT-BGDĐT-BTC)</b>			
Aims at reaching universal preschool participation of children under 5, particularly disadvantaged, poor and ethnic minority areas.			



**4. Health Insurance Law – 2008**  
Includes children under six and near-poor people into a compulsory scheme to increase coverage of universal health insurance. Under revision to include nutrition services and therapeutic food for children with severe acute malnutrition, which will facilitate integrated management of acute malnutrition.

**Food safety policies or legislation**

**1. Viet Nam National Food Safety Law - 2010**  
The law specifies tasks along the food chain and management responsibility and coordination mechanisms of related government agencies and sanctioning of violations. Under this law, MoH developed technical standards for food additives, and micronutrient fortification

**2. Vietnam Food Safety and Agricultural Health Action Plan -2011**  
Plan under the National Strategy on Food Hygiene and safety 2011-2020 and the vision to 2030

**Other policies addressing food security**

**1. Resolution No 63/ NQ-CP on National Food Security - National strategy of food security to 2020 and vision 2030.**  
Aims to protect rice land and further step up intensive rice farming and productivity, especially in Mekong and Red river deltas

**2. Resolution No.24/2008/NQ-CP On the issuance of Action Plan**  
Resolution on Agriculture and Rural development for the uplifting targets development and modernization of agriculture to ensure food security; considering aspects of human resources, socio-economic infrastructure, environment and culture and disaster risk reduction.

Demographic Indicators (Table - 5.1)		Year	Economic Indicators (Table - 5.3)		Year	
Population size (thousands) /a	88,773	2012	GDP annual growth rate /c	5.24 %	2012	
Average annual population growth/a	1.1 %	2012	GDP per capita (PPP) (constant 2011 international dollars) /c	4,912	2012	
Proportion of population urbanised/c	31.7 %	2012				
Number of children <5 years (thousand)/a	7,046	2012	Gini index /c (100= complete inequality; 0= complete equality)	35.57	2008	
Education level of mothers of under-fives: None (%) /f	6	2011		35.75	2006	
Life expectancy at birth (Years) /c	Male	71	2012	Unemployment rate /c	2 %	2012
	Female	80.0	2012	Population below US \$ 1.25 (PPP) per day /c (%)	16.85	2008
Agriculture population density(people/ ha of arable land /b)	5.8	2006-2008				
Employment in agriculture sector (% of total employment) /c	47.4 %	2012	Poverty gap ratio /e	2.3	2008	
Women employed in agriculture sector (% of total female employment) /c	49.5 %	2012	Income share held by households /c	Poorest 20%	7.42 %	2008
				Richest 20%	43.41 %	2008
<b>Adolescents (Table - 5.2)</b>		<b>Year</b>	<b>Sources:</b> a/ World Bank, Health Nutrition and Population Statistics Database 2014 Update b/ FAOSTAT 2013 Update; c/ World Bank, World Development Indicators Database, 2014 Update; d/ UNICEF, State of the World Children 2014 (data refer to the most recent year available during the period specified) e/ UN Statistics Division, MDG database 2013 Update. f/ Viet Nam MICS 2011			
Adolescent birth rate (number of births per 1,000 adolescent girls aged 15-19) /e	35	2011				
Adolescent girls aged 15-19 currently married or in union /f	8.4 %	2011				
Women aged 20-24 who gave birth before age 18 /f (%)	3	2011				

The information included in this Food Security and Nutrition profile, is backed by recognized, validated and properly published information available until June 2014. Although updated information might be available at national level from different sources, until requirements of quality, validity and proper publication are met, it has not been included in this profile.

