

NORTHERN MOUNTAIN INTEGRATED CHILD NUTRITION IMPROVEMENT PROJECT

Implementing Agency: **Save the Children in Vietnam**

Grant Amount: USD 2,820,000

Award Start Date: 1 January 2017

Award End Date: 31 December 2021

The project context

The northern mountainous area is home to half of the ethnic minority groups in Vietnam, including some of the poorest. Over 66 percent of the ethnic minority population is considered poor, compared with that of the majority Kinh group (13 percent). Child malnutrition is another underlying, poverty-related issue for remote ethnic minority groups.

Statistics of the Institute of Nutrition show that Vietnam has made remarkable achievements in improving the nutritional status of the people, such as the rate of child malnutrition has decreased rapidly and sustainably (underweight stunt children decreased from 30.1% in 2000 to 13.4% in 2017). However, the disparity between regions, especially mountainous areas, disadvantaged areas and rural areas when compared with cities and plains is very high. Specifically, the rate of stunt children in Son La and Yen Bai provinces was 20.4% and 18%, respectively, much higher than the national rate of 13.4% (according to data from the Institute of Nutrition in 2017).

The Vietnamese government has been conducting some programs aiming to alleviate poverty for these groups, such as Program 135, Northern Mountain Poverty Reduction Project Phase 2 (NMPPR-2). The Ministry of Health (MOH) has designated child malnutrition, particularly among ethnic minority groups, as one of its highest priorities. In 2011, the MOH launched the second National Strategy on Nutrition (NSN) 2011-2020. Despite their successful implementation, the impacts of these programs have not fully reached the poor and remote ethnic minority groups, which were mainly dependent on subsistence farming in very small plots.

Therefore, in consideration of these issues, the World Bank and the Save the Children in Vietnam (SCiV) developed a new project to tackle child malnutrition by applying an integrated approach involving the agriculture sector and health sector to improve nutrition intake and target mothers and children in the most vulnerable ethnic minority groups living in the northern mountainous area.

The Project Development Objective (PDO) was to improve the nutrition status of children under five years of age in the target villages through improving the child feeding practices, maternal and child care, and diversifying sources of nutrition for pregnant women, infants, and young children. The main target beneficiaries were the poor ethnic minority households with pregnant women and mothers with children under the age of five living in selected disadvantaged northern region villages.

Coverage areas: The project was implemented in twenty selected mountainous communes of four districts of Yen Bai and Son La provinces in the northern mountainous region of Vietnam.

Project components:

Component 1: Improving Food and Nutrition Security (FNS)

The objective of this component was to improve the food and nutrition security of children, mothers, and pregnant women in the target villages.



A happy mother feeding fast-growing chickens which provide eggs and meat for their children' meals (April 2021 - Chieng Kheo commune, Mai Son district, Son La province)



A mother harvesting vegetable from nutrition vegetable garden (November 2020 – Ban Mu commune, Tram Tau district, Yen Bai province)

Component 2. Strengthening community-based nutrition care and practice

The objective of this component was to establish an ethnic minority mother-to-mother network (mother's and women's groups). This network has played an important role in overcoming the superstitious beliefs of ethnic minority mothers through dialogue among the participants.



Village health worker and Women Union staff conducted Child Growth Monitoring day (September 2021, Tuc Dan commune, Mu Cang Chai district, Yen Bai province)



Nutrition Education and Rehabilitation Program center (December 2020 - Khao Mang commune, Mu Cang Chai district, Yen Bai province)

Component 3: Support the Establishment of a policy platform at provincial level and Replication of the Integrated Rural Nutrition Care Approach

The objective of this component was to support the provincial Department of Health (DOH) and Department of Agriculture and Rural Development (DARD) in establishing a platform at provincial level to jointly review the progress and outcomes of the Project and develop concrete action to implement existing nutrition sensitive national policy for the first time on the ground.

Component 4: Project Management and Administration, Monitoring and Evaluation (M&E) and Knowledge Dissemination.

The objective of this component was to support overall management of the Project through a Project Management Unit (PMU) established at the SCiV.

PROJECT RESULTS

Project beneficiaries:

Number of target children from 0 – 2 years old:	14,953
Number of mothers with target children:	14,190
Number of pregnant women:	5,260
Number of beneficiary households:	18,045
Number of local authority officials:	762 (from village to province level)

Table 1. Improvement of food security of target households

Indicators	Yen Bai province		Son La province		General	
	Baseline	Endline	Baseline	Endline	Baseline	Endline
Average number of months in short of vegetables (month)	4.35	3.16	5.70	3.00	4.96	3.10
Average number of months lacking self-produced food (months)	3.90	2.16	6.70	2.48	5.67	2.35
Average number of protein meals (meals)	2.60	4.35	10.20	10.90	6.60	8.40

Table 2. The prevalence of stunting among children under 5 years old (%)

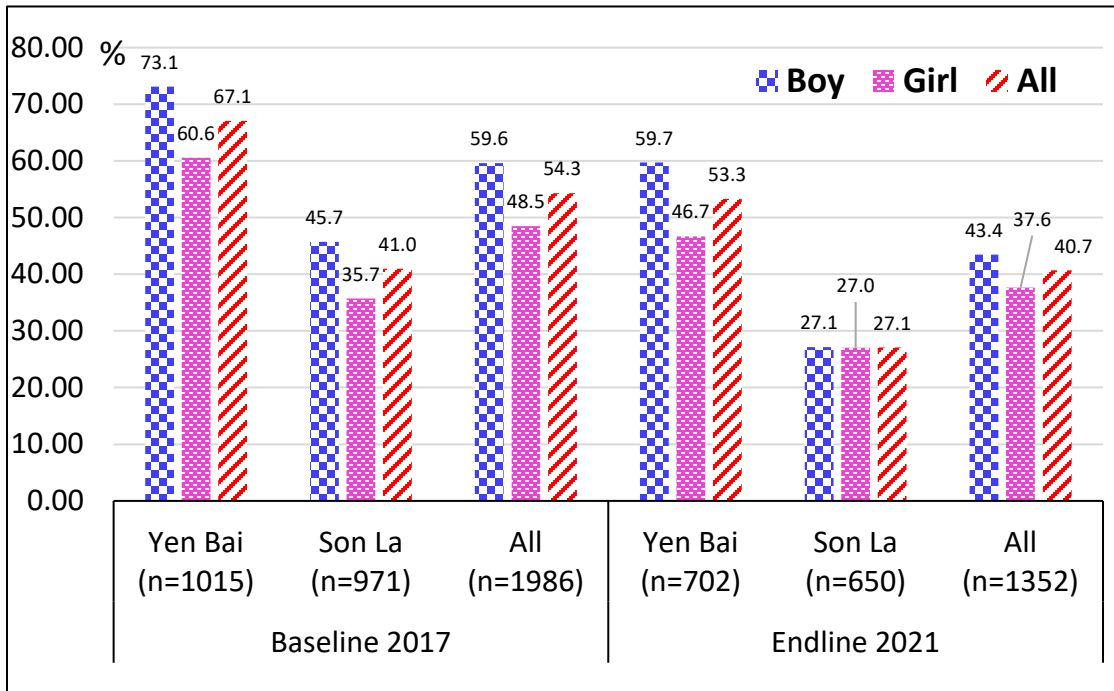


Table 3. The prevalence of underweight among children under 5 years old (%)

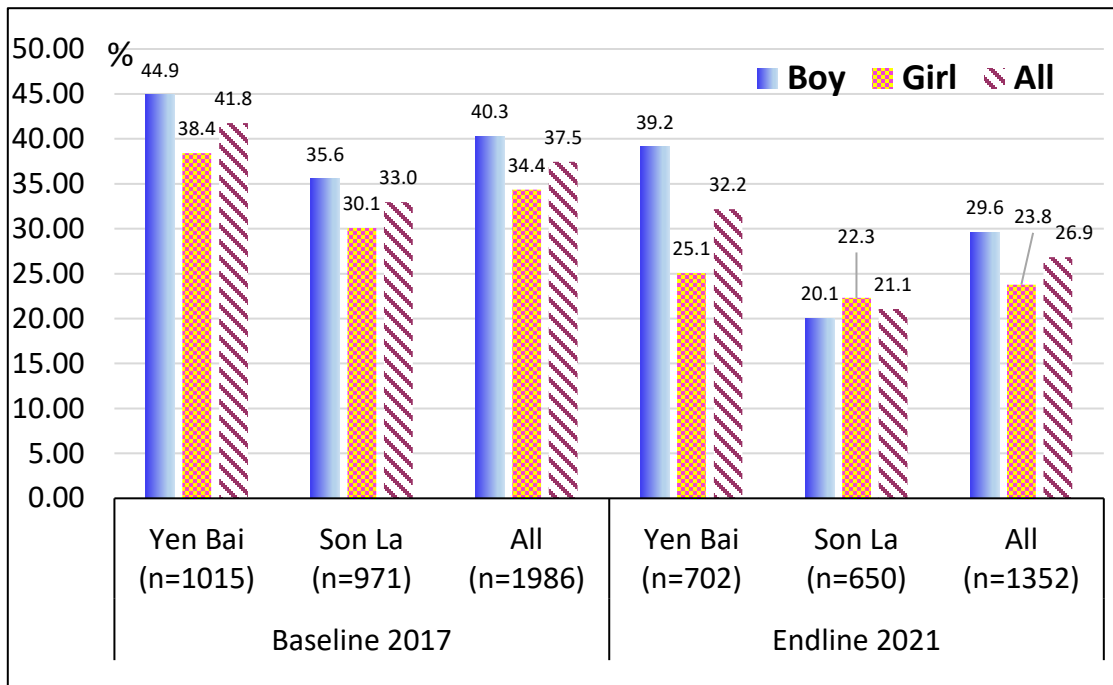


Table 4. The prevalence of wasting among children under 5 years old (%)

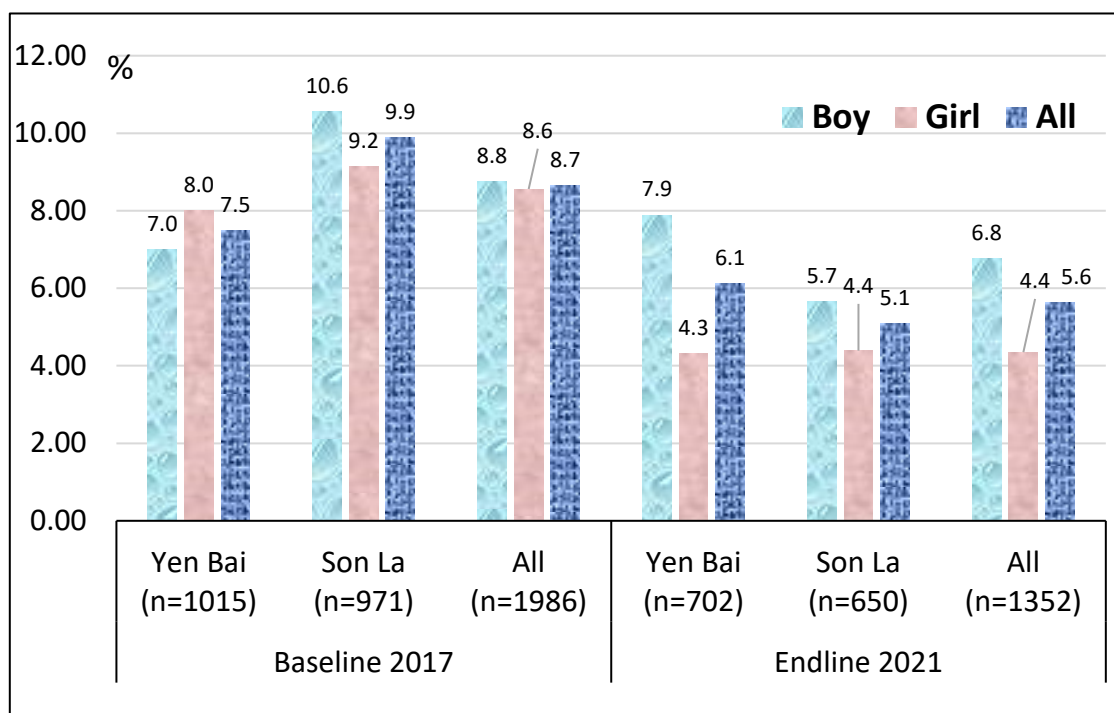


Table 5. PDO indicator completion

PDO Level Results Indicators	Unit of Measure	Baseline	End target	Achievement
Indicator 1: Proportion of infants 0 – 5 months of age who are fed exclusively with breast milk	%	17.4	20.9	71.2
Indicator 2: Proportion of children 6 – 23 months of age who received foods from 4 or more food groups	%	37.5	45.0	70.6
Indicator 3: Proportion of pregnant women who received at least 3 antenatal care checkups during pregnancy	%	11.1	14.4	71.8
Indicator 4: Submission of proposal to integrate nutrition sensitive agriculture approach into the provincial agriculture and forestry 5-year plan from DARD to Province people’s council/ people’s committee		No proposal	Have proposal	Have two province agri. and forestry development Plans integrated with NSA of two provinces models approved

Lessons Learned from the project

- **Integration of agriculture and health section in improving nutrition status of children.** The combination of the two components Nutrition and Agriculture proved to be very efficient in improving the nutrition for children. The end line survey results showed that for those households having good application of nutrition sensitive agriculture models had better child nutritional improvement. Besides, in addition to health sector, it is necessary to have participation of local authorities and mass organization in planning, implementing, monitoring and evaluating of nutrition interventions.
- **Communication.** Local language and local culture are two of the most important factors when working with ethnic minority people and is the key to success. Trainings need to be performed in local languages and need repetition, especially for ethnic minority people, so that they can change their mindset and behavior gradually. A good method for communication is to have well-perform households as role models, so that the surrounding households can follow, and the more distant households can visit and learn the models. Diversity in communication approach, use of visual aids and local language is a must.
- **Close and frequent supervision.** Given the distance and the mountainous nature of the remote communes, frequent visit and meeting with local authorities and households were useful to build local capacity as well as to provide timely supports.
- **Suitability.** Project intervention should be decided based on people's needs and suitability with local social, economic and cultural conditions. Interventions should be simple, easy to apply, easy to maintain and based on local available resources. Training materials which focus on simplicity and illustrations (video, pictures, photos), which are suitable with local culture and languages should be promoted.
- **Sufficient attention on M&E.** MEAL (monitoring evaluation, accountability and learning) is important in improving quality, ensuring progress and monitoring results in strengthen effectiveness, efficiency and reach the set targets. MEAL should be developed clearly since the beginning and should involve all relevant stakeholders during implementation. A mechanism should be developed to receive feedbacks of relevant stakeholders and respond in a timely and transparent manner.
- **Collaboration with the NGO.** The project had a right approach to work with the NGO in implementing pilot scale activities in disadvantage area. As an NGO, the SCV had an advantage of working closely with community people, providing hand-on training and support, and more importantly, having very close supervision and monitoring of the project interventions.
- **Close collaboration with the line Ministry** from the design of the project and throughout the implementation is very essential to ensure that the project results and interventions can be disseminated and scaled up widely after the project closes. All of the communication

products, training document and guidelines were transferred to the MCH Department and already integrated in the Government's document. It was a strategic way to sustain the project results.

Case study: Effective Integrated Management of Acute malnutrition (IMAM) program



The child was born on 25 February 2018 in Phieng Luong commune, Moc Chau district, Son La province. Similar to other families in the village, his parents worked far from home and he stayed with his grandfather who took care of him daily. In June 2019, when a village health worker screened all children under five in the village for malnutrition, the grandson was identified as a severely acute malnourished child without complication. His grandfather reported that he cooked rice porridge daily and only add meat sometimes,

which identified as the root cause for his grandson's nutritional problem. After informed that his grandson was malnourished, the grandfather felt very sad. He brought the grandson to the commune health center weekly in order to have checkup and receive Ready-to-Use Therapeutic Food (RUTF). As shown in the table, after 8 weeks, the child gained his weight enough to be discharged from the program. The grandfather expressed "I fed RUTF and gave more care to him at home. I also applied hygiene practices following health staff's instruction. Then my grandson changed a lot. He no longer had small sicknesses. He looked much healthier and more active. I and my family received a lot of supports from health staff about taking care of him."

Table1: Change in the child anthropometric measurements

	Weight (kg)	Height (cm)	MUAC (cm)
At admission time	7.2	73.1	12.1
After 8 weeks	8.4	74.0	13.0

* MUAC: Mid-upper arm circumference