Background

1. Country and Sector Background. IDA’s long-term objective in Viet Nam is to promote broad-based and sustainable development that results in a rapid reduction in poverty. The Country Assistance Strategy argues that the main challenge the Government faces with respect to poverty is to reorient public expenditures toward investments in rural infrastructure and basic social services. The central thrust of IDA’s assistance for human resource development therefore will be to support the expansion and quality improvement of pro-poor primary education and basic health services. The Primary Education project aims to rehabilitate the primary education system. The National Health Support Project and the Population and Family Health Project will, among other things, improve the delivery of basic health services in thirty of Viet Nam’s fifty-three provinces. Bank involvement in nutrition would undergird and complement the Government’s investments in education and health. There is increasing evidence that undernutrition in early life undermines the benefits of schooling, since malnutrition affects enrolment, attendance, aptitude and achievement. Similar concerns apply in health, where the Government is making major investments to improve health status. Moderate and severe undernutrition worldwide contribute to 56% of the deaths of children under five. Thus, in the absence of improvements in nutrition, the full returns from investments in education and health will not be fully realized.

2. Sector Issues and Government Strategy. Viet Nam has a considerable child nutrition problem. The Bank’s 1993 Viet Nam: Population Health and Nutrition Sector Review indicates that the proportion of children malnourished is 45% as measured by weight-for-age, 57% by height for age, and 9% for weight for height (data from the 1989 General Nutrition Survey). These are some of the highest rates in Asia. As the data show, the main child nutrition problem is stunting from longer-term, chronic undernutrition rather than wasting from short-term, acute food deficits. The 1992-93 VLSS data suggest that for children aged 1-2 years, when the
impact of malnutrition has its most serious longer-term consequences, 9% (or almost one in ten) are wasted. The VLSS data also indicate that around three out of every five Vietnamese children in this particularly vulnerable age group are already stunted. Stunting varies by income but even in the highest income quintile affects two out of every five Vietnamese children aged 1-2.

3. In 1995 the Government issued the National Plan of Action (NPA) for Nutrition (1995-2000), which has three goals: (a) eliminate food insecurity; (b) reduce the prevalence of undernutrition; and (c) reduce micronutrient deficiencies. Recognizing that malnutrition represents an unacceptable and reversible drag on national development, the Government has given the Committee for the Protection and Care of Children (CPCC) implementation responsibility for the National Nutrition Program (NNP) whose objective is the prevention and control of malnutrition for under fives. The principal interventions are nutrition education, growth monitoring and promotion, and food supplementation for severely malnourished children under 5 years of age and selected pregnant women. An organizational structure extending to the community level has been successfully established. CPCC-funded "collaborators" operate at the community level to undertake growth promotion and other nutrition education and supplementation activities, under the local CPCC's guidance. Budget constraints and limited technical expertise, however, are seriously hampering implementation effectiveness. The proposed project would support measures to strengthen the NNP and help deepen and extend its coverage and impact.

Project Objectives

4. The project’s overall objective would be to improve the nutritional status of rural Vietnamese children on a sustainable basis—-a tentative target is to reduce underweight in children under 3 years of age by 50% and stunting by 35%, wherever the project operates at 70% coverage for four years. Specifically, the project would achieve this objective by funding interventions that would aim to: 1) achieve the birth of healthy children to healthy mothers; and 2) maintain satisfactory growth patterns for children under 3 years of age.

Project Description

5. The project would have three main components, implemented under the direction of the CPCC at the national, provincial and commune level:

6. (i) Service Delivery. To meet its objectives the project would develop a core package of services to be offered in project areas. The objective of healthy children born by healthy mothers would be achieved by implementation of at least six measures to improve the health of pregnant women and reduce low birth weight:

- early registration of pregnancy;
- timely ante-natal checkups;
- completion of tetanus immunization;
- promotion of appropriate weight gain in pregnancy;
- control of micronutrient deficiencies; and
- suitable counseling on breastfeeding and infant care.

7. The objective of satisfactory growth patterns for children under 3 years of age, which would considerably reduce their currently unacceptably high levels of wasting and stunting, would result from a combination of nutrition services, including:

- effective promotion of better breastfeeding and weaning practices;
- growth promotion and monitoring;
- communications to improve infant and child care practice, including feeding practices;
- effective health referral for children whose growth was inadequate; and
- targeted supplementary feeding of children whose growth falters.

8. (ii) Communications for Behavioral Change. This component would develop an overall communications strategy, combined with training at all levels, designed to improve nutrition-related child care practices. Its main objective is to motivate target populations to improve feeding and health care practices for children under the age of 3 and pregnant and nursing mothers. To achieve this goal, the project would: (a) improve nutrition counseling skills and support nutrition and health promotion of nutrition-related activities; and (b) develop messages and organize mass media campaigns (print, electronic and traditional media) to reinforce project activities—these would be targeted not just at mothers but the family, community and local government officials who influence the behavior of mothers. Where appropriate, NGOs and the private sector would also be utilized in this effort, especially in social marketing activities.

9. (iii) Management and Institutional Development Capacity. This component would strengthen the institutional capacity of the CPCC, and other relevant organizations to implement the service delivery and communications activities outlined above. It would fund training to improve managerial and technical capacity, including nutrition communications training; implementation of a baseline survey and a monitoring and evaluation system; and various research and studies on service delivery issues to refine program operations and management processes. It would also fund pre-service training and continuing in-service training of the nutrition collaborators, including training for appropriate officials in the supervision of collaborators.

Project Financing

10. Estimates of the total costs are preliminary at this stage but IDA’s contribution is unlikely to exceed US$30 million.

Project Implementation

11. The project would be administered by the CPCC at the national and provincial level. The Vice Chairman of the Peoples Committee in every province is automatically the Chairman of the provincial CPCC. This structure extends down to the commune. Thus, the CPCC is well positioned to play a coordinating role to mobilize local officials and
communities in a concerted focus on nutrition. At the district and commune level, CPCC committees would oversee the growth promotion and other nutrition education activities of the collaborators operating at the community level. The collaborators would also play a critical role in mobilizing mothers to seek care for themselves and their children at local commune health clinics—antenatal visits, treatment of severe diarrhea and other childhood diseases, iron supplementation, etc.

Project Sustainability

12. To ensure the sustainability of the project investments, a sustainability analysis will be undertaken during preparation missions, based on more refined cost estimates, to determine if Government revenues under reasonable scenarios would be adequate to fund the incremental recurrent cost burden of the project. However, it should be noted that experience elsewhere demonstrates that once good nutritional practices are firmly established in communities, and parents come to understand the value of these practices, these tend to be continued without significant continuing outside inputs.

Lessons Learned From Past Operations in the Country/Sector

13. Bank experience from other countries contains two lessons relevant to current investment decisions about Viet Nam’s malnutrition problem. First, rapid increases in GDP growth do not usually have a significant impact on child nutrition in the short-term—the first decade or two. While overall food availability may increase, this typically has relatively little influence on feeding patterns for very young children. Thus, in the absence of specific nutrition interventions, the potential is lost for improving the nutritional status of several generations during the period of initial rapid economic growth.

14. Second, improvements in health delivery systems are necessary but not sufficient for improvements in nutritional status. Health systems in themselves rarely “fix” the nutrition problem since the influence of health systems typically stops at the clinic level. Community-based organizations are necessary to: (a) improve the capacity of households to help themselves (i.e., promote preventative health); and (b) bring about critical behavioral change.

Poverty Category

15. Program of Targeted Interventions

Environmental Aspects

16. The project would not have an adverse impact on the environment.

Program Objective Categories

17. The POC is Human Resources Development-100%. The project would reduce malnutrition in children under three years of age. This would have both short-term direct effects on nutritional and health status as well as longer-term indirect impacts on educational achievement and economic productivity.
Note: This is information on an evolving project. Certain components may not necessarily be included in the final project.

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