MINISTRY OF HEALTH

INFANT AND YOUNG CHILD FEEDING

Manuals for Health Workers on maternal and child health care at all levels

(TRAINER'S MANUAL)

Hanoi, January 2015

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ACRONYMS

ARV	Antiretrovirals
BF	Breastfeeding
BFHI	Baby-Friendly Hospital Initiative
CF	Complementary Feeding
EBF	Exclusive Breastfeeding
HIV	Human Immunodeficiency Virus
IYCF	Infant and Young Child Feeding
MCH	Maternal and Child Health
MOH	Ministry of Health
NIN	National Institute of Nutrition
Q&A	Questioning & Answering
UNICEF	United Nations Children's Fund
WHO	World Health Organization

NOTES FOR TRAINERS

Introduction of the manual

This manual is developed based on conclusions and recommendations of leading nutritional experts, aiming at protecting, promoting and supporting exclusive breastfeeding (EBF) in the first six months of life, appropriate complementary feeding (CF) and continued breastfeeding (BF) up to two years of age or beyond.

The agenda and training manual on Infant and Young Child Feeding (IYCF) issued by the Ministry of Health aims at meeting the continuous training needs for health staff working in maternal and child health at all levels. After completing this training course, health staff will be able to provide counseling and support to mothers and caregivers in feeding children aged 0 - 24 months appropriately.

Training manuals attached to the training agenda include a Trainee's Handbook and a Trainer's Manual. These manuals provide IYCF knowledge and skills according to the World Health Organization (WHO)'s recommendations and practical contexts of Vietnam. Appendices include information for reference, illustrations and existing documents related to IYCF.

Training contents are designed as 40 periods, including 25 theory periods and 15 practice periods, and organized in a five-day training course. Training contents focus on the two main IYCF components, i.e. BF and CF, as recommended by WHO.

Use of the manual

This manual is designed for use by trainers in preparation for IYCF training courses with detailed facilitating instructions. Sessions are developed based on the detailed time frame scheduled in the training agenda.

Before facilitating a session, trainers should review all details in the session instructions, including notes for trainers, training facilities and equipment and checklists (if any), objectives and duration of the session.

Facilitating contents for each session are composed of the session structure, duration for each part and facilitating steps.

SESSION 1. OVERVIEW OF INFANT AND YOUNG CHILD FEEDING

Notes for trainer:

- Trainees are obstetricians, pediatricians and nutritionists from hospitals, health centers, centers for nutrition counseling and maternal and child health.
- Key training methods include brainstorming, questioning and answering before presenting contents and explaining slides.

Training facilities and materials: Projectors and slides.

Pre-test: Trainer asks trainees some questions related to main contents of the session and note down their answers on papers stuck on the board.

Objectives of the session:

- To be able to point out the significance of IYCF.
- To be able to point out the objectives and main contents of the Global Strategy on IYCF.

Duration: 1 period (50 minutes).

Session format:

Content	Duration	Trainer's activities: Methodology/ Process/ Slides	Trainees' activities	Quick Response
Pre-test	5'	Brainstorming, questioning and answering (Q&A). Immediate assessment	Some trainees answer the trainer's questions	Use results for adjustment during the training process
Objectives	5'	Instruct trainees to read and comment	Read and comment	Give quick, and more detailed explanation
Significance of IYCF	15'	Presentation in combination with Q&A. Explain slides	Listen/ answer	Provide comments and inputs by trainer
Global Strategy on IYCF	15'	Presentation in combination with Q&A. Explain slides	Listen/ answer	Provide comments and inputs by trainer
Post-test	5'	Q&A	Listen/ answer	Immediate correction in the classroom
Summarize the session	5'	Give brief summary	Listen	

SESSION 2. IMPORTANCE OF BREASTFEEDING

Notes for trainer:

- Trainees are obstetricians, pediatricians and nutritionists from hospitals, health centers, centers for nutrition counseling and maternal and child health.
- Key training methods include brainstorming, questioning and answering before presenting contents and explaining slides.

Training facilities and materials: Boards, markers, A0 paper, projectors, and slides.

Pre-test: Trainer asks trainees some questions related to main contents of the session and note down their answers on paper stuck on the board.

Objectives of the session:

- To be able to point out six benefits of BF.
- To be able to explain BF recommendations.
- To be able to list out 10 disadvantages of feeding children with breast milk substitutes.

Duration: 2 periods (100 minutes).

Session format:

Content	Duration	Trainer's activities: Methodology/ Process/ Slides	Trainees' activities	Quick Response
Pre-test	5'	Brainstorming, Q&A. Immediate assessment	Some trainees answer the trainer's questions	Use results for adjustment during the training process
Objectives of the session	5'	Instruct trainees to read and comment	Read and comment	
Benefits of BF	25'	Presentation in combination with Q&A. Benefits of BF for infants and young children Show and explain slides: Differences in the quality of proteins in different milks Comparison of nutrients in human and animal milks Nutrients in human and animal milks	Listen/ answer	

Content	Duration	Trainer's activities: Methodology/ Process/ Slides	Trainees' activities	Quick Response
		Protecting babies against infections Research results on the relationship between the number of children having diarrhea and IYCF practices in Vietnam Benefits of BF		
Changes in breast milk components	15'	Show and explain slide: Differences between colostrum and mature milk	Listen	Provide comments and inputs by trainer
BF in the first week after delivery	15'	Presentation in combination with Q&A. Emphasize contents in the table of BF recommendations	Listen/ answer	Provide comments and inputs by trainer
Nutritional role of breast milk in the second year	10'	Presentation in combination with Q&A. Show slides: Breast milk in the second year Energy required by age and the amount supplied from breast milk	Listen/ answer	Provide comments and inputs by trainer
Disadvantages of feeding children with breast milk substitutes, bottle-feeding and dummies	10'	Presentation in combination with Q&A.	Listen/ answer	Provide comments and inputs by trainer
Post-test	10'	Q&A	Listen/ answer	Immediate correction in the classroom
Summarize the session	5'	Give brief summary	Listen	

SESSION 3. BREAST MILK PRODUCTION

Notes for trainer: Review slide contents carefully. Emphasize that breast milk production mechanism is the same in mothers after a normal delivery or a Caesarian section. Based on the mechanism of breast milk production, emphasize and make the trainees understand clearly the importance of frequent and proper BF to adequate breast milk production.

Training facilities and materials: Projector and slides

Pre-test: Trainer prepares the same pre- and post-test questions to assess how effective the session is and contents that trainees do not understand well will be emphasized in the next sessions.

Objectives of the session:

- To be able to describe the anatomy and functions of the breast.
- To be able to describe hormonal control of breast milk production and ejection.
- To be able to explain the meanings of factors affecting breast milk production.

Duration: 2 periods (100 minutes).

Session format:

Content	Duration	Trainer's activities: Methodology/ Process/ Slides	Trainees' activities	Quick Response
Pre-test	5'	Brainstorming, Q&A. Immediate assessment.	Some trainees answer the trainer's questions	Use results for adjustment during the training process
Objectives of the session	5'	Co-participation Instruct trainees to read the objectives, explain and emphasize	Read	
Anatomy and functions of the breast	15'	Presentation in combination with showing slides and making questions to trainees Slow the slide "Anatomy of the breast" Ask trainees: Does the size of breasts affect milk production?	Listen Q&A	Provide more inputs by trainer

Content	Duration	Trainer's activities: Methodology/ Process/ Slides	Trainees' activities	Quick Response
Breast milk production - Prolactin reflex	12'	Presentation in combination with showing slides and making questions to trainees Show the slide "Prolactin Reflex" Ask trainees: How to increase a mother's milk supply?	Listen Answer	Provide more inputs by trainer
Breast milk secretion - Oxytocin reflex	13'	Show slides Oxytocin Reflex Ask trainees: What is the importance of these reflexes to breast milk production?	Listen Answer	Provide more inputs by trainer
Signs and sensations of an active Oxytocin reflex	10'	Presentation	Listen Answer	Provide more inputs by trainer
Factors affecting breast milk production	15'	Show slides Helping and hindering Oxytocin Reflex Inhibitor in breast milk	Listen Answer	Provide more inputs by trainer
A child's reflexes	10'	Presentation in combination with showing slide A child's reflexes	Listen Answer	Provide more inputs by trainer
Post-test	10'	Use questions of the pre-test	Do the written test	Assess trainees' knowledge, acquisition and progress.
Summarize the session	5'	Give brief summary	Listen	

SESSION 4. POSITIONING AND ATTACHMENT

Notes for trainer: Remind trainees of the previous sessions on Breast Milk Production and Assessing a Breastfeed in order for them to understand more about how to help a mother with correct positioning and attachment.

Training facilities and materials: Dolls, breast models, Breastfeed Observation Job Aid, blankets, 2 pillows.

Pre-test: Trainers ask trainees some questions in the pre- and post-test. Contents that trainees do not understand well will be emphasized when facilitating the session.

Objectives of the session:

- To be able to describe good positioning and attachment.
- To be able to use the Breastfeed Observation Job Aid to observe and assess a breastfeed.
- To practice helping a mother breastfeed her baby properly based on real situations.

Duration: 3 periods (150 minutes).

Session format:

Content	Duration	Trainer's activities: Methodology/ Process/ Slides	Trainees' activities	Quick Response
Pre-test	5'	Brainstorming, Q&A. immediate assessment	Some trainees answer the trainer's questions	Use results for adjustment during the training process
Objectives of the session	5'	Co-participation Trainer presents or asks trainees to read	Listen or read as required	
Key points of Good positioning and attachment	20'	Present and emphasize the key points of good positioning and attachment How to position a baby How to attach a baby to the breast Trainer presents and demonstrate different positions using dolls, blankets, and pillows: + Special sitting positions, including underarm and across + Lying-down position	Listen and discuss	Provide inputs by trainees

Content	Duration	Trainer's activities: Methodology/ Process/ Slides	Trainees' activities	Quick Response
Observe and assess a breastfeed	10'	Introduce the Breastfeed Observation Job Aid Present and explain how to use the Breastfeed Observation Job Aid	Listen	Provide inputs by trainees
Help a mother with good positioning and attachment	5'	Presentation. Role-play illustration and explain the messages clearly. Highlight the key points to be noted when helping a mother to position her baby at the breast. Show trainees the steps to help a mother attach her baby to her breast. Demonstrate how to help a mother attach her baby to her breast: trainer plays the role of a health worker and a trainee plays the role of a mother + Health worker assesses the breastfeed, explains and helps the mother to hold her baby in a correct position with four key points + Health worker explains and demonstrates to the mother how to hold and support her breast + Health worker explains and shows the mother how to attach her baby correctly to the breast with four key points	Listen	Provide inputs by trainees
Practice	95'	Show the slide of how to attach a baby to the breast. Ask trainees to use the Breastfeed Observation Job Aid to comments on signs of correct or incorrect attachment	Participate in the practice/ discuss	
Post-test	5'	Use the pre-test questions	Do the written test	Check answers, compare results with those of the pre-test, and give comments
Summarize the session	5'	Give brief summary	Listen	

SESSION 5. EXPRESSING AND STORING BREAST MILK

Notes for trainer: Providing theory in combination with illustrations using a breast model in order to help trainees know how to express breast milk.

Training facilities and materials: A0 papers, board markers, board, breast model, glass/cup, breast pump, water and basin.

Pre-test: Trainer asks trainees some questions of the pre- and post-test. Contents that trainees do not understand well will be emphasized in the session.

Objectives of the session:

- To be able to describe seven cases when breast milk expression is needed.
- To be able to show mothers how to prepare and practice expressing breast milk by hand and by a breast pump.
- To be able to show mothers how to store and feed her baby with expressed breast milk.

Duration: 1 period (50 minutes).

Session format:

Content	Duration	Trainer's activities: Methodology/ Process/ Slides	Trainees' activities	Quick Response
Pre-test	5'	Brainstorming, Q&A. Immediately assessment.	Some trainees answer the trainer's questions	Use results for adjustment during the training process
Objectives of the session	2'	Co-participation Trainer presents or asks trainees to read	Listen or read as required	
Cases when expressing breast milk is needed	5'	Brainstorming. Presentation in combination with questioning and answering about reasons for expressing breast milk. Trainer asks trainees about cases when expressing breast milk is needed and notes down their answers in A0 papers or on the board. After that, trainer summarizes and explains when breast milk expression is needed.	Listen and answer	Provide comments and inputs
Preparation for expressing breast milk	10'	Brainstorming in combination with asking trainees.	Listen and answer A trainee	Provide inputs by trainees

Content	Duration	Trainer's activities: Methodology/ Process/ Slides	Trainees' activities	Quick Response
		How to prepare tools for expressing breast milk How to stimulate the Oxytocin reflex Ask trainees "Why do we need to stimulate the Oxytocin reflex before expressing breast milk?" Wait for some replies, then explain why. Recall trainees to the knowledge on Oxytocin reflex learned in the session "Breast Milk Production". Ask trainees how to stimulate the Oxytocin reflex of a mother. Wait for some replies, then summarize trainee's ideas and explain. Trainer illustrates how to rub a mother's back to stimulate the Oxytocin reflex (Ask a trainee to play the role of a mother)	plays the role of a mother so that the trainer can illustrate how to rub her back	
Some breast milk expression techniques	10'	Expressing breast milk by hand Give instruction and demonstrate using a breast model Present how to prepare a container for expressed breast milk Demonstrate the steps of expressing breast milk using a breast model Ask trainees how often a mother should express breast milk in a day. Wait for some replies, then present how often a mother should express breast milk in general and in some particular situations. Give instructions and demonstrate how to express breast milk by a breast pump.	Listen and observe the demonstration on the breast model	Provide inputs by trainees
Purposes of breast milk expression	5'	Presentation	See slides and listen	Provide inputs by trainees
How to feed a child with expressed breast milk	5'	Present how to store expressed breast milk How to feed a baby with expressed breast milk	Listen and ask	Provide inputs by trainees
Post-test	5'	Use the same questions of the pre-test	Do the written test	
Summarize the session	3'	Give brief summary	Listen	

SESSION 6. PRACTICING TEN STEPS FOR SUCCESSFUL BREASTFEEDING AT HEALTH FACILITIES

Notes for trainer: Trainer should prepare some hospitals' BF Regulations for illustration. In addition, trainer should try to ask trainees to relate to the reality in their community when presenting each step.

Training facilities and materials: Ten steps for successful BF written on an A0 paper, some hospitals' BF regulations. Projector and slides arranged in order.

Pre-test: Trainer asks trainees some questions of the pre- and post-test. Contents that trainees do not understand well will be emphasized in the session.

Objectives of the session:

- To be able to list out the ten steps for successful BF.
- To be able to describe IYCF practices in the ten steps for successful BF.

Duration: 1 period (50 minutes).

Session format:

Content	Duration	Trainer's activities: Methodology/ Process/ Slides	Trainees' activities	Quick Response
Pre-test	5'	Brainstorming, Q&A. Immediately assessment.	Some trainees answer the trainer's questions	Use results for adjustment during the training process
Objectives of the session	5'	Co-participation Trainer presents or asks trainees to read	Listen or read as required	
Introducing the ten steps for successful BF	5'	Presentation	Listen	Provide inputs by trainees
IYCF practices in the ten steps for successful BF	25'	Presentation in combination with Q&A and relating each step to real situations in local health facilities. Write beforehand the 10 steps on an A0 paper and hang it up before presenting. Trainer points to each step when presenting. Show slides: Steps 1, 2, 3	Listen, answer, and present the real situation in local health facilities as required	Provide comments and inputs

Content	Duration	Trainer's activities: Methodology/ Process/ Slides	Trainees' activities	Quick Response
		Emphasize Step 3 - Antenatal education Present Step 4 and ask trainees to relate to the real situations: Skin-to-skin contact after delivery (current practice at hospitals, difficulties, shortcomings). Step 5. Relate to the implementation of this step at local health facilities, especially to successful BF support for mothers with C-section deliveries. Step 6. Emphasize the consequences of feeding babies with breast milk substitutes in the first few days after delivery; baby's stomach size in the first few days of birth. Steps 7, 8, 9, 10.		
Post-test	5'	Use the same questions of the pre-test. Ask trainees to do the written test	Do the written test	Assess and compare pre-test and post-tes results
Summarize the session	5'	Give brief summary	Listen	

SESSION 7. COMMON BREASTFEEDING DIFFICULTIES

Notes for trainers: Review the slide and session contents in advance. When presenting information, do not read the slide titles before asking trainees. Read the "Further Reading" in advance to get more information for answering the trainees' questions.

Training facilities and materials: Projectors, slides, board markers, A0 paper, dolls, breast model, 20 cc syringes, knife for cutting the syringe.

Pre-test: Trainer asks trainees some questions of the pre- and post-test. Contents that trainees do not understand well will be emphasized in the session.

Objectives of the session:

- To be able to give instruction to mothers about BF in cases of insufficient milk, crying babies, and breast refusal
- To be able to handle with the common breast conditions.

Duration: 4 periods (200 minutes)

Session format:

Content	Duration	Trainer's activities: Methodology/ Process/ Slides	Trainees' activities	Quick Response
Pre-test	5'	Brainstorming, Q&A. Immediately assess	Some trainees answer the trainer's questions	Use results for adjustment during the training process
Objectives of the session	5'	Co-participation Trainer presents or asks trainees to read	Listen or read as required	
BF in case of insufficient milk	40'	Presentation in combination with Q&A. Ask trainees about the reasons for insufficient milk and show slides. Show and present the slides: - Insufficient milk - Reliable signs that a baby is not getting enough milk - Possible signs that a baby is not getting enough milk - Reasons why a baby does not get enough breast milk - Help a mother with BF in case of "Insufficient milk"	Listen, see slides, and answer	Provide inputs by trainees

Content	Duration	Trainer's activities: Methodology/ Process/ Slides	Trainees' activities	Quick Response
BF in case of breast refusal	40'	Presentation Several signs to recognize a baby who refuses to breastfeed and the reasons How to help a mother to get her baby to breastfeed again	Listen, Q&A	Provide inputs by trainees
Helping a mother to get her baby to breastfeed again	10'	Presentation in combination with Q&A	Listen/ answer	Provide inputs by trainees
How to deal with crying babies related to BF	30'	Presentation in combination with Q&A. Ask trainees about the reasons why a baby cries, then present and explain each reason. When presenting the reasons, ask the trainees to open the manual in order to see the contents. For Helping a mother whose baby cries a lot: ask trainees how to support the mother. Wait for some replies, then present each way to help the mother. After that, use the doll for illustrating how to hold a baby who cries a lot. Demonstrate how to hold a "colicky" baby. Ask a male trainee to demonstrate how to hold a baby as shown in Figure 37 in the manual with the trainer's support.	Listen/ answer	Provide inputs by trainees
BF when mothers having breast problems	60'	Presentation in combination with questioning and answering. Flat nipples with the possibility of stretching out Inverted nipples Full breasts/ Engorged breasts Mastitis and blocked ducts Mastitis in HIV-infected mothers Sore and cracked nipples Nipples with Candida infection	Listen/ answer	Provide inputs by trainees

Content	Duration	Trainer's activities: Methodology/ Process/ Slides	Trainees' activities	Quick Response
Post-test	5'	Use the same questions of the pre-test	Do the written test	Assess trainees' knowledge, acquisition, and progress
Summarize the session	5'	Give brief summary	Listen	

SESSION 8. BREASTFEEDING LOW BIRTH WEIGHT BABIES

Note for trainer: Prepare all necessary equipment for illustration before facilitating the session.

Pre-test: Trainer asks trainees some questions of the pre- and post-test. Contents that trainees do not understand well will be emphasized in the session.

Training facilities and materials: Pitchers, a milk box, a milk bottle for use as a measuring tool, measuring cups.

Objectives of the session:

- To be able to show mothers how to breastfeed low birth weight babies.
- To be able to estimate the amount of milk needed for low birth weight babies when they cannot breastfeed.

Duration: 1 period (50 minutes).

Session format:

Content	Duration	Trainer's activities: Methodology/ Process/ Slides	Trainees' activities	Quick Response
Pre-test	5'	Brainstorming, Q&A. Immediately assess.	Some trainees answer the trainer's questions	Use results for adjustment during the training process
Objectives of the session	5'	Co-participation Trainer presents or asks trainees to read	Listen or read as required	
Common characteristics of low birth weight babies	5'	Presentation in combination with asking trainees.	Listen and answer	Provide inputs by trainees
Feeding low birth weight babies	10'	Presentation in combination with asking trainees.	Listen and answer	Provide inputs by trainees
Feeding low birth weight babies who can breastfeed	5'	Presentation in combination with asking trainees. Feeding babies with expressed breast milk	Listen and answer	Provide inputs by trainees

Content	Duration	Trainer's activities: Methodology/ Process/ Slides	Trainees' activities	Quick Response
Feeding low birth weight babies who cannot breastfeed	5'	Presentation in combination with asking trainees. Choose the type of milk Estimate the amount of milk needed	Listen and answer	Provide inputs by trainees
Showing a mother to feed her baby using a cup	5'	Presentation in combination with asking trainees. Illustration for cup feeding.	Listen and answer	Provide inputs by trainees
Post-test	5'	Use the same questions of the pre-test	Do the written test	Assess trainees' knowledge, acquisition, and progress.
Summarize the session	5'	Give brief summary	Listen	

SESSION 9. HEALTH AND NUTRITION CARE FOR PREGNANT WOMEN AND LACTATING MOTHER

Notes for trainer: Review the slide and session contents in advance. Trainer should prepare in advance some specific examples on how to calculate the amount of weight gain needed during pregnancy according to the Body Mass Index (BMI).

Pre-test: Trainer asks trainees some questions of the pre- and post-test. Contents that trainees do not understand well will be emphasized in the session.

Training facilities and materials: A0 papers, board markers, boards

Objectives of the session:

- To be able to point out the importance of nutrition care for pregnant women and lactating mothers.
- To be able to give instruction to mothers about the appropriate dietary and health care during pregnancy and lactation.

Duration: 1 period (50 minutes).

Session format:

Content	Duration	Trainer's activities: Methodology/ Process/ Slides	Trainees' activities	Quick Response
Pre-test	5'	Brainstorming, Q&A. Immediately assess.	Some trainees answer the trainer's questions	Use results for adjustment during the training process
Objectives of the session	4'	Co-participation Trainer presents or asks trainees to read	Listen or read as required	
The importance of nutrition care for pregnant women and lactating mothers	5'	Trainer presents and asks trainees Emphasize the role of nutrition care during pregnancy in increasing energy and nutrient storage, helping mothers to breastfeed their babies well	Listen and answer	Provide comments and inputs by trainer
Changes in women's body weight during pregnancy	5'	Explain to trainees: micronutrient supplementation during the first trimester of pregnancy is important because this is the period for the development of the	Listen	Provide comments and inputs

Content	Duration	Trainer's activities: Methodology/ Process/ Slides	Trainees' activities	Quick Response
		fetus' body organs; the second trimester is the period for the development of the fetus' body length so maternal undernutrition will lead to stunting for the fetus; and the third trimester is the period for the development of the fetus's body weight so maternal undernutrition will affect the baby's birth weight.		
Nutritional needs of pregnant women and lactating mothers	5'	Presentation	Listen, raise/ answer questions	Provide inputs by trainees
Appropriate dietary for pregnant women and lactating mothers	8'	Presentation in combination with asking questions and discussing about locally available foods	Listen and answer	Provide comments and inputs
Health care for pregnant women and lactating mothers	5'	Presentation	Listen, and observe the demonstration on the breast model or breasts if possible	Provide inputs by trainees
Work and rest schedule for pregnant women	3'	Presentation in combination with Q&A	Listen and answer	Present and Q&A
Post-test	5'	Use the same questions of the pre-test	Do the written test	
Summarize the session	5'	Give brief summary	Listen	

SESSION 10. INTERNATIONAL CODE AND VIETNAM'S REGULATIONS ON THE MARKETING OF NUTRITIOUS PRODUCTS FOR INFANTS AND YOUNG CHILDREN

Notes for trainer: When facilitating the session, trainer needs to encourage trainees to relate to the real situation.

Training facilities and materials: Projector, board markers or A0 papers. Advertising materials from milk companies (newspapers, magazines, gifts, etc.) are ideal materials. Vietnam's regulation should be printed.

Pre-test: Trainer asks trainees some questions of the pre- and post-test. Contents that trainees do not understand well will be emphasized in the session.

Objectives of the session:

- To be able to describe different advertising forms of milk companies.
- To be able to point out the main points of the International Code and Vietnam's regulations on the marketing of breast milk substitutes.

Duration: 1 period (50 minutes)

Session format:

Content	Duration	Trainer's activities: Methodology/ Process/ Slides	Trainees' activities	Quick Response
Pre-test	5'	Brainstorming, Q&A. Immediately assess.	Some trainees answer the trainer's questions	Use results for adjustment during the training process
Objectives of the session	5'	Co-participation Trainer presents or asks trainees to read	Listen or read as required	
Introduction	2'	Presentation	Listen	
Advertising forms of milk companies	10'	Presentation in combination with Q&A Trainer asks trainees to list out different ways of advertising of milk companies. Trainer notes down trainees' ideas on the board or an A0 paper. Trainer asks trainees to read aloud each point, and relate it to	Listen, answer and relate to the real situation where possible Two selected trainees	Identify trainees who do not understand clearly to pay more attention to. More Q&A with such trainees.

Content	Duration	Trainer's activities: Methodology/ Process/ Slides	Trainees' activities	Quick Response
		the real situation at their health facilities. Ask two trainees to do the role-play "Bad consequences of giving free milk to mothers"	will do the role-play "Giving free milk", and point out the risks of giving free milk samples in a long-term period.	
Overview of the International Code on the marketing of breast milk substitutes	10'	Presentation in combination with showing slides Summarize the main points of the International Code	Listen	
Vietnam's Regulations on the marketing of breast milk substitutes	8'	Presentation Trainer presents the main points of Vietnam's regulations	Listen, relate to the real situation	
Post-test	5'	Use the pre-test questions	Do the written test	Assessing trainees' knowledge, acquisition, and progress
Summarize the session	5'	Give brief summary	Listen	

Role-playing: a charity worker and Mrs. P

(Two trainees do the role-play)

Mrs. P had been counseled on HIV and child feeding. She decided to feed her baby with formula milk. The counselor introduced her to a charity organization to get free milk. She was talking to a charity worker.

Minh họa 26.A Sữa phát không

Charity worker *"Hello, how can I help you?"*

Mrs. P *(Nervous and worried - looking around to check if anyone is looking at her. Giving a letter to the charity worker)*

"Hello, Madame. A counselor at the health facility gave me this letter to give to you. She said that I could get free milk here, and would not have to buy milk anymore."

Charity worker *"Oh, I see. Of course we can help you. I will give you 4 cans of milk. That is enough for your baby in one month. Did you learn how to prepare milk at the hospital? The next time you come, if your baby gains weight, we will give you a different type of milk."*

Mrs. P *"Thank you. I have been worrying how to get milk for my baby. We do not have much money. But now I know that I will have sufficient milk to feed my baby." (Mrs. P going home)*

A month later, Mrs. P returns to see the charity worker.

Charity worker *Well, I am terribly sorry. I'm afraid that we run out of milk so we cannot give you free milk any more. At the present, we do not have any supplies of milk, and we have distributed all the milk we had. I don't know how to help you – I am so sorry but I don't know what to do. Can you come back next week? Perhaps, some milk will be available.*

Mrs. P *"What should I do now? I don't have enough breast milk and I don't have money to buy formula milk. How can I feed my baby?"*

SESSION 11. INTERPERSONAL COUNSELING SKILLS

Notes for trainer:

- Trainees are health workers who often do counseling jobs; however, they are not fully aware of the importance and effects of counseling. Thus, they do not pay appropriate attention to counseling skills, often have one-way communication, and regularly use complicated terms.
- The session mainly aims at practicing infant and young child feeding counseling skills.
- Training method of the session is to learn counseling skills through case studies of infant and young child feeding counseling sessions.

Training facilities and materials: Board, board markers, A0 papers, dolls, chairs, case studies for role-playing.

Pre-test: Trainer selects some questions in the pre- and post-test of the session to ask trainees. Note down their answers on the board and use the results to make suitable adjustment in the training contents and timing when facilitating the session.

Objectives of the session:

- To be able to describe six skills of listening and learning.
- To be able to describe six skills of building confidence and giving support.
- To be able to apply interpersonal counseling skills to provide counseling on IYCF to mothers and caregivers.

Duration: 3 periods (150 minutes).

Session format:

Content	Duration	Trainer's activities: Methodology/ Process/ Slides	Trainees' activities	Quick Response
Pre-test	5'	Brainstorming, Q&A. Immediate assessment.	Some trainees answer the trainer's questions	Use results for adjustment during the training process
Objectives of the session	5'	Co-participation. Instruct trainees to read and comment on the objectives	Read and comment	
Listening and learning skills	65'	Role-playing in combination with giving explanation Present the skills one by one	Listen Ask, answer	Provide inputs by trainer and trainees

Content	Duration	Trainer's activities: Methodology/ Process/ Slides	Trainees' activities	Quick Response
		Write the title "Listening and learning Skills" on an A0 paper. List out each of the 6 skills as it is mentioned.		
Building confidence and giving support skills	65'	Case study role-playing in combination with giving explantion Write the title "Building confidence and giving support skills" on an A0 paper List out each of the 6 skills as it is mentioned Ask six pairs of trainees to play the role of mothers who will hold the dolls and to play the role of health workers who will illustrate each skill by counseling the mothers using the case studies written at the end of the session. After each case study, trainer asks questions and gives comments so that trainees can understand each skill more clearly.	Role-play in pairs Listen to understand clearly each skill	Provide inputs by trainer and trainees
Post-test	5'	Q&A with the post-test questions	Listen/ answer	
Summarize the session	5'	Trainer summarizes the skills and asks/answers questions	Listen/ take notes	

EXAMPLES TO ILLUSTRATE THE SKILLS OF LISTENING AND LEARNING

1. Illustration for effective non-verbal communication

Good morning/afternoon. How has your baby been doing with breastfeeding/eating recently?

Position:

- Ineffective: Stand, with your head higher than the mother's
- Effective: Sit, with your head at the same height with the mother's

Eye contact:

- Effective: Look at the mother and pay attention to what the mother is saying
- Ineffective: Look away or look down at your notes

Remove barricades between counselors and mothers:

- Ineffective: Sit behind the table or take notes while talking
- Effective: Do not sit behind the table, do not take notes

Take time:

- Effective: Always make the mother feel that you have time for her, do not appear in a hurry, sit down, greet the mother, smile at her, watch the mother breastfeed her baby and wait for her replies.
- Ineffective: Greet the mother quickly, show signs of impatience, and look at the clock/ watch.

Communicate appropriately:

- Effective: Communicate with the mother and her baby in an appropriate manner
- Ineffective: Touch the mother and her baby inappropriately

2. Illustration for using open-ended and close-ended questions

Using close-ended questions

Health worker	*"Good morning/afternoon. My name is …, I am the commune's midwife. How is your baby?"*
Mother	*"S/he is fine. Thank you."*
Health worker	*"Are you breastfeeding your baby?"*
Mother	*"Yes, I am."*
Health worker	*"Do you have any difficulties?"*
Mother	*"No, I don't."*
Health worker	*"Do you breastfeed him/her regularly?"*
Mother	*"Yes, I do."*
Trainer's comments	The counselor just receives answers with Yes or No without getting any information about how the mother breastfeeds her baby.

Using open-ended questions

Health worker	*"Good morning/afternoon. My name is …, I am the commune's midwife. How is your baby?"*
Mother	*"Thank you. S/he is fine, but s/he is often hungry."*
Health worker	*"Can you tell me how you feed him/her?"*
Mother	*"S/he is breastfed. I only feed him/her with a bottle of milk in the evening."*

Health worker	*"Why do you decide to feed him/her like that?"*
Mother	*"S/he usually wants to be breastfed at that time, but I think I don't have enough milk."*
Trainer's comments	The counselor asks open-ended questions, and the mother cannot just answer Yes or No but have to provide information. Therefore, the counselor get more information about how the mother breastfeeds her baby.

3. Illustration for using words and gestures to show attention

Health worker	*"Good morning/afternoon. How is your baby now that complementary feeding started?"*
Mother	*"Good morning/afternoon. I guess s/he is fine."*
Health worker	*"Mmm… (smiling and nodding)"*
Mother	*"Well, I was a bit worried because s/he vomited the other day."*
Health worker	*"Really. (raising eyebrows, showing attention)"*
Mother	*"I am wondering if it was because I fed him/her with fish."*
Health worker	*"Aha (nodding to show sympathy)"*
Trainer's comments	The counselor encourages the mother to talk by using words and gestures to show his/her attention.

4. Illustration for repeating what the mother say

Health worker	*"Good morning/afternoon. How are you and your baby today?"*
Mother	*"S/he wants to feed too much and is taking my breast all the time!"*
Health worker	*"Does s/he always want to feed?"*
Mother	*"Yes. S/he seemed to be hungry this week, I assume I did not have enough milk."*
Health worker	*"During this week, s/he seemed to be more hungry, didn't s/he?"*
Mother	*"My sister told me to feed him/her with formula milk a few times a day."*
Health worker	*"She said that your baby needed formula milk?"*
Mother	*"Yes. Can you tell me which formula milk is the best?"*
Trainer's comments	The counselor repeats the mother's information, so the mother provides more information.

5. Illustration for empathizing - showing that you understand the mother's thoughts and feelings

Health worker	*"Good morning/afternoon. How are you and your baby today?"*
Mother	*"S/he refused to eat, I am afraid s/he is sick."*
Health worker	*"Are you worried about the baby?"*
Mother	*"Yes, some children in my village are also sick, and I am afraid s/he has been infected."*
Health worker	*"It must be very worrying for you."*
Trainer's comments	The counselor shows his/her empathy with the mother's situation through two statements "Are you worried about the baby?" and "It must be very worrying for you."

6. Illustration for using judgmental and non-judgmental words

Using judgmental words

Health worker	*"Good morning/afternoon. Is your baby breastfeeding fine?"*
Mother	*"Yes, I think so."*
Health worker	*"Do you think you have enough milk for your baby?"*
Mother	*"I have no idea … I hope I do, but maybe not..." (The mother looks worried).*
Health worker	*"Has your baby gained weight well this month?"*
Mother	*"I am not sure...."*
Health worker	*"Can I see his/her growth chart?"*
Question	*What did the health worker learn about the mother's feelings?*
Trainer's comments	The health worker learns nothing useful but just makes the mother feel worried.

Using non-judgmental words

Health worker	*"Good morning/afternoon. How are you and your baby doing with breastfeeding?"*
Mother	*"Everything seems to be fine. I have not fed him/her anything else."*
Health worker	*"How is his/her weight? Can I see his/her growth chart?"*

Mother	*"The nurse said she has gained half a kilo this month. I am quite happy."*
Health worker	*"S/he must have got enough breast milk."*
Question	*What did the health worker learn about the mother's feeling?*
Trainer's comments	In the conversation, the health worker understands what the mother needs to know without making her feel worried. The health worker uses open-ended questions to avoid using judgmental words.

EXAMPLES TO ILLUSTRATE THE SKILLS OF BUILDING CONFIDENCE AND GIVING SUPPORT

1. Illustration for accepting the mother's opinion

Mother:	*"My milk is so thin that I have to feed my baby with formula milk."*
Health worker:	*"Oh, no! It looks like that but it is not thin at all" (nodding your head, smiling)."*
Trainer's question:	*Does the health worker agree, disagree or accept the mother's opinion?*
Trainer's comment:	*It is not an effective response because it shows his/her disagreement.*
Mother:	*"My milk is so thin that I have to feed my baby with formula milk."*
Health worker:	*Oh, yes! Thin milk might be a problem.*
Trainer's question:	*Does the health worker agree or disagree?*
Trainer's comment:	*It is not an effective response because it shows his/her agreement.*
Mother:	*"My milk is so thin that I have to feed my baby with formula milk."*
Health worker :	*"I know! You are worried about your milk, aren't you?"*
Trainer's question:	*Does the health worker agree, disagree or accept the mother's opinion?*
Trainer's comment:	*It is an effective response because it shows his/her acceptance.*

2. Illustration for identifying and praising what the mother is doing well

Play the role of a health worker who is measuring a baby and his/her mother is standing next to you. The baby is exclusively breastfed and next to the mother is the baby's growth chart showing that s/he has gained little weight this month. However, the growth line is different from the reference line and rises slightly. This is a picture of poor growth.

The health worker says:

"The growth line shows that your baby is gaining weight too slowly."

"I think your baby is gaining weight too slowly."

"You baby's weight gain in this month is thanks to your breast milk."

Trainer's comment: the statement *"Your baby's weight gain in this month is thanks to your breast milk"* **is a compliment to the mother.**

3. Illustration for providing short and appropriate information

A mother has a three month old baby. She has recently given the baby with formula milk. The baby has diarrhea and the mother talks to the health worker: *"My baby has diarrhea. Shall I stop breastfeeding him/her?"*

The health worker replies:

"It is good that you seek for advice before making your own decision. Normally, diarrhea tends to stop more quickly if your baby continues to be breastfed."

Trainer's comment: The health worker provides short and simple information that does not make the mother feel she does something wrong.

The health worker replies:

"Oh no. Do not stop breastfeeding. Diarrhea will become worse if you stop breastfeeding."

Trainer's comment: The health worker provides inappropriate and judgmental information that makes the mother feel she does something wrong.

4. Illustration for using simple language

Health worker	*"Good morning/afternoon. How can I help you?"*
Mother	*"My baby is 6 months old. Can you give me advice on complementary foods for him/her?"*
Health worker	*"I am very glad that you ask me the question. Children need complementary foods at six months of age because breast milk does not provide sufficient nutrients. If the baby is only breastfed, s/he can absorb only 1mg of iron and about 450 calories from breast milk, which is lower than his/her need (700 calories). In addition, breast milk does not provide enough vitamin A, zinc, and other micronutrients to meet the demand of children above six months of age.*
Trainer's question:	*What is your observation?*
Trainer's comment:	The health worker provides too much unnecessary information and use many inappropriate technical terms.

SESSION 12. INDIVIDUAL AND GROUP COUNSELING STEPS

Notes for trainer:

- Trainees are health workers who often do counseling jobs; however, they are not fully aware of the importance and effects of counseling. Thus, they do not pay appropriate attention to counseling skills, often have one-way communication, and regularly use complicated terms.
- The session mainly aims at practicing group counseling skills on IYCF.
- Training method of the session is to learn counseling skills through case studies of infant and young child feeding counseling sessions.

Training facilities and materials: Board, board markers, A0 papers, dolls, chairs, case studies.

Pre-test: Trainer selects some questions in the pre- and post-test of the session to ask trainees. Note down their answers on the board and use the results to make suitable adjustment in the training contents and timing when facilitating the session.

Objectives of the session:

- To be able to describe six steps of individual and group counseling on IYCF.
- To be able to provide individual and group counseling sessions on IYCF based on the six steps.

Duration: 2 periods (100 minutes).

Session format:

Content	Duration	Trainer's activities: Methodology/ Process/ Slides	Trainees' activities	Quick Response
Pre-test	5'	Brainstorming, Q&A. Immediate assessment.	Some trainees answer the trainer's questions	Use results for adjustment during the training process
Objectives of the session	5'	Instruct trainees to read and comment on the objectives	Read and comment	
Overview of individual and group counseling steps	5'	Presentation	Listen	Provide inputs by trainees

Content	Duration	Trainer's activities: Methodology/ Process/ Slides	Trainees' activities	Quick Response
Summarize the six steps of individual and group counseling (including similar and different features)	15'	Presentation	Listen	Provide inputs by trainees
Using individual counseling skills in counseling mothers on BF	60'	Presentation Role-playing	Take part in the role-play	Provide inputs by trainees
Post-test	5'	Q&A using the pre- and post-test questions of the session	Listen/ answer	Provide inputs by trainees
Summarize the session	5'	Repeat the main points of the session Q&A	Listen/ take notes	

SESSION 13. FIELD PRACTICE AT HOSPITALS ON COUNSELING AND GIVING INSTRUCTIONS ON BREASTFEEDING

Notes for trainer:

- In order to well organize the field practice, trainer should coordinate with the training organizer to contact with the hospital in advance (obstetrics department, post-delivery room).
- Prepare the following form and checklist for trainees: the Breastfeed Observation Job Aid to assess a breastfeed and the checklist of counseling skills.
- Trainer should bring the checklist for discussion of the field practice
- Before going to the field for practice, trainer should give instruction to trainees on the objectives of the field practice, what need to be practiced, which methods will be applied and how the field practice will be organized.

Pre-test: Not applicable

Training facilities and materials: The checklist of individual counseling and the Breastfeed Observation Job Aid, pencils with erasers, dolls, breast models for trainees. The checklist for discussion of the field practice for trainer.

Objectives of the session:

- To be able to use appropriate counseling skills to counsel mothers on IYCF.
- To be able to assess a breastfeed using the Breastfeed Observation Job Aid.
- To illustrate how to support mothers with good positioning and attachment.

Duration: 4 periods (200 minutes)

Session format:

Content	Duration	Trainer's activities: Methodology/ Process/ Slides	Trainees' activities	Quick Response
Giving instructions to trainees before the field practice	15'	Trainer gives instructions Objectives of the field practice Methods and how to organize the field practice. Divide trainees in groups	Some trainees answer the trainer's questions	
Practice at hospital	180'	Co-participation Trainees work in groups with mothers Trainer goes to the groups and provides support	Work in groups and based on the case studies	
Closing	5'	Summarizing and Q&A		

CHECKLIST FOR DISCUSSION OF THE FIELD PRACTICE

In order to practice well the skills in the field practice, trainees should be instructed, demonstrated, observe the skills, and then discuss and receive comments. When providing comments to trainees, trainer should encourage what trainees have done well and give gentle comments on what they have not done well. Use the following checklist to discuss and give comments to trainees.

Questions for trainees at the completion of practice *(to be applied for the field practice at hospitals or the practice using case studies)*

For those who practice:	**For those who observe:**
What did you do well?	*What did you observe that s/he did well?*
What difficulties did you have?	*What difficulties did you have during the observation?*
What did you see as differences	
in what you did compared to the past?	

Listening and learning *(to respond in all practice sessions using these skills)*

Which listening and learning skills did you used?

Were the mothers willing to talk to you?

Did the mothers ask any questiosn? How did you respond to them?

Did you show your empathy with the mothers? Give an example

Building confidence and giving support *(to respond in all practice sessions using these skills)*

Which building confidence and giving support skills did you used?

(put a especial mark to the skill of praising mothers and 2 relevant recommendations)

Which skill is the most difficult to use?

How did the mothers respond to your recommendations?

General questions at the end of each practice session

Did the mothers have any difficulty or a special situation that helped you have deeper learning?

CHECKLIST OF COUNSELING SKILLS

Listening and learning skills

- Use non-verbal communication effectively
- Use open-ended questions
- Use words and gestures to show attention
- Repeat what the mother says
- Empathize - showing that you understand the mother‘s thoughts and feelings
- Avoid judgmental words

Building confidence and giving support skills

- Accept the mother’s opinions
- Identify and praise what the mother is doing well
- Provide short and appropriate information
- Provide practical help
- Use simple language
- Make 1-2 recommendations, not commands

SESSION 14. IMPORTANCE OF COMPLEMENTARY FEEDING

Notes for trainer:

Trainees are health workers who, upon the completion of this training course, will become trainers for local health workers or health workers at lower levels, or become counselors who are responsible for providing inter-personal counseling, care and treatment to mothers or caregivers of young children going to be fed with or being fed with complementary foods. They need to understand the importance of complementary feeding (CF) and the time to begin complementary feeding to ensure appropriate practices.

Training facilities and materials: Board, board markers, A0 papers, projector, slides

Pre-test:

Trainer prepared pre- and post-test questions with the same contents to compare and evaluate the effectiveness of the training session. Contents that trainees do not fully understand will be focused on in the next sessions.

Objectives of the session:

- To be able to explain the importance of appropriate CF
- To be able to describe 10 CF principles
- To be able to point out the risks of too early or too late CF

Duration: 1 period (50 minutes)

Session format:

Content	Duration	Training methodology - facilities	Trainees' activities	Quick Response
Pre-test	5'	Q&A or giving a paper test. Immediate assessment	Answer questions orally or do the written test	Use results for adjustment during the training process
Objectives of the session	5'	Instruct trainees to read and comment on the objectives of the session	Read and comment	
Importance of complementary feeding	20'	Short presentation in combination with Q&A Definition of CF Optimal age to start CF	Listen and answer questions	Provide comments and inputs by trainer and trainees

Content	Duration	Training methodology - facilities	Trainees' activities	Quick Response
CF principles	10'	- Give instructions on in-place small group discussion: common reasons for families to start giving complementary foods to children - Brainstorming: Ask trainees: what are the signs showing that a child is ready to eat?	Discuss quickly in small group in place and give answers as appointed by trainers	Provide comments and inputs by trainer and trainees
Post-test	5'	Q&A with the pre- and post-test questions of the session	Listen/ answer	
Summarize the session	5'	Ask	Repeat main contents of the session	Provide comments and inputs, show slides

SESSION 15. COMPLEMENTARY FOODS

Notes for trainers: Trainees are health workers who, upon the completion of this training course, will become trainers for local health workers or health workers at lower levels, or become health counselors who are responsible for providing direct counseling, care and treatment to mothers or caregivers of children at the age of 6 to 23 months, the age of CF. They need to understand the quantity and quality of CF in order to be able to give instructions to mothers/caregivers on appropriate practices, particularly on how to increase the density of complementary foods, and on vitamin A and iron-rich foods.

Training facilities and materials:

- Board, board markers, A0 papers, projectors, slides
- Two bowls of cooked semi-solid soup (one thin and one thick), 2 baby feeding spoons

Pre-test:

Trainer prepared pre- and post-test questions with the same contents to compare and evaluate the effectiveness of the training session. Trainer quickly assesses trainees's answers. Contents that trainees do not fully understand will be emphasized in the session.

Objectives of the session:

- To be able to list out four main food groups of CF
- To be able to explain the importance of giving children diverse foods, food rich in iron and Vitamin A.

Duration: 1 period (50 minutes)

Session format:

Content	Duration	Training methodology - facilities	Trainees' activities	Quick Response
Pre-test	5'	Q&A or giving a paper test. Immediate assessment	Answer questions orally or do the written test	Use results for adjustment during the training process
Objectives of the session	3'	Instruct trainees to read and comment on the objectives of the sessions	Read and comment	

Content	Duration	Training methodology - facilities	Trainees' activities	Quick Response
Four main CF food groups	5'	- Presentation: Introduce the four main food groups - Brainstorming: identify foods that are available at their localities	Listen and answer questions	Provide comments and inputs by trainer and trainees
Foods to fill gaps in Iron	5'	- Presentation: Show slides and present the iron needs of young children and the amount provided by breast milk - Brainstorming: ask trainees about the consequences of iron deficiency and names of iron-rich foods that are available in their localities - Presentation: Show the slide on ideal practices (feed children iron-rich foods daily)	Listen and answer questions	Provide comments and inputs by trainer and trainees
Foods to fill gaps Vitamin A	5'	- Presentation: Show slides and present the vitamin A needs of young children and the amount provided by breast milk - Brainstorming: ask trainees to list out the foods that are rich in vitamin A-rich	Listen and answer questions	Provide comments and inputs by trainer and trainees
Importance of animal source foods	5'	- Brainstorming: ask trainees to list out the animal source foods that are available in their localities - Brainstorming: ask trainees to analyse the nutritional values of these foods	Write on papers and stick to the board Answer questions	Provide comments and inputs by trainer and trainees
Importance of legumes and nuts	5'	- Brainstorming: ask trainees about how to prepare foods from legumes and nuts for young children - Presentation	Listen and analyze Answer	Compare with and add information from slides

Content	Duration	Training methodology - facilities	Trainees' activities	Quick Response
Micronutrient fortified foods	5'	- Brainstorming: ask trainees if they have heard of any micronutrient fortified foods - Presentation: Introduce to trainees micronutrient fortified foods: iron-fortified fish sauce, iron-fortified seasoning, iron-fortified flour, vitamin A - fortified sugar	Answer questions Read for further information after the session	Answer questions if any
Fuild needs of young children	2'	Presentation: fluid needs of young children	Listen	Provide comments and inputs by trainees
Post-test	5'	Q&A with the pre- and post-test questions of the session	Listen/ answer	
Summarize the session	5'	Ask	Repeat main contents of the session	Provide comments and inputs, show slides

SESION 16. QUANTITY AND QUALITY OF COMPLEMENTARY FEEDING

Notes for trainer:

Trainees are health workers who, upon the completion of this training course, will become trainers for local health workers or health workers at lower levels, or become health counselors who are responsible for providing direct counseling, care and treatment to mothers or caregivers of young children at the age of 6 to 23 months, the age of CF. They need to understand the responsive feeding technique in order to give instructions to mothers/caregivers on appropriate CF practices and ways to prevent fussy/ freaky eating among young children.

Training facilities and materials:

- Board, board markers, A0 papers, projector
- Case studies 1, 2, and 3 of Session 18

For the demonstration:

1 spoon, 1 bowl of smashed food, 1 piece of biscuits or bread or a small piece of other foods (soft cooked meat or vegetables), 1 bib, 1 basin, water, soap, hand towel, 1 mat or feeding chair for children which is available at your locality.

Pre-test:

Trainer prepared pre- and post-test questions with the same contents to compare and evaluate the effectiveness of the training session. Trainer quickly assesses trainees's answers. Contents that trainees do not know or understand correctly will be emphasized in the session.

Objectives of the session:

- To be able to present the number of CF meals and amount of complementary foods that is appropriate to each age group
- To be able to explain the reasons why children need to be fed with thick foods and describe how to increase the density of complementary foods
- To be able to give instruction to mothers and caregivers on good feeding techinques
- To be able to give instruction to mothers and caregivers on ensuring food safety and hygiene in CF

Duration: 4 periods (200 minutes)

Session format:

Content	Duration	Training methodology - facilities	Trainees' activities	Quick Response
Pre-test	5'	Q&A or giving a paper test. Immediate assessment	Answer questions orally or do the written test	Use results for adjustment during the training process
Objectives of the session	5'	Instruct trainees to read and comment on the objectives of the sessions	Read and comment	
Amount of foods and number of meals	40'	Presentation and Q&A	Listen and answer questions	Provide inputs by trainer and trainees
Consistency of complementary foods	30'	Presentation and Q&A	Listen and answer	Provide inputs by trainer and trainees
Selecting and replacing complementary foods	30'	Presentation	Answer/ analyze	Provide inputs by trainees
Feeding techniques	60'	Presentation in combination with role-playing about feeding techniques Present the feeding techniques	Listen/ analyze	Provide inputs by trainees
Ensuring food safety and hygiene in CF	20'	Presentation	Listen	Provide inputs by trainees
Post-test	5'	Q&A with the pre- and post-test questions of the session	Listen/ answer	
Summarize the session	5'	Ask	Repeat main contents of the session	Provide comments and inputs, show slide on the ideal practices

CASE STUDIES FOR ROLE-PLAYING

Ask 2 trainees *(who were asked to prepare for the role-play)* to illustrate the feeding techniques. A trainee will play the role of an 18-month-old child, the other will play the role of the *"caregiver"* following these case studies. It should be noted that they will just do the roleplaying without telling which the case study it is.

Case study 1: Forced feeding

- *"The child"* sits opposite to the caregiver *(or on the caregiver's lap)*, the caregiver holds the child's hands so that he/she cannot reach the dining bowl."
- The caregiver brings the spoon of food into the child's mouth.
- If the child turns his/her face away, the caregiver forces the child to turn his/her face back to the first position.
- If the child does not want to eat, he/she will be forced to eat.
- The caregiver decides when the child finishes the meal and takes away the bowl.

Ask: In your opinion, what feeding technique is this?

Wait for some trainees to answer, and then continue.

Ask: In your opinion, how does the child feel then?

Wait for some answers from trainees, then ask "the child "directly

"The child" might say s/he feels afraid or even terrified of eating.

Conclusion: This is an example of forced feeding, in which the child is not allowed to regulate the amount of food intake. This feeding technique can cause obesity to the children and make them reluctant to eat or afraid of eating.

Case study 2: Letting children eat by themselves

- The *"child"* sits on the floor, on the bed, on the plank bed, etc.
- The caregiver puts a bowl of food and spoon beside the child.
- The caregiver turns away to do something else, paying no attention to the child.
- The caregiver does not make eye contacts with the child, just gives the child some help with the food from time to time.
- The food falls out of the bowl, the child looks at the caregiver for help; the child eats in small amounts, holds the spoon in an unfirm way; the child tries to take the food, but the food keeps spilling out of the spoon; the child stops eating and goes to another place.
- The caregiver says, *"Oh, you are not hungry, aren't you?"* and puts the bowl away.

Ask: In you opinion, what feeding technique is this?

Wait for some trainees to answer, and then continue.

- This is an example of letting children eat by themselves. If the child ony eat a small amount of foods, or is too young to eat on his/her own, this may lead to malnutrition.

Case study 2: Letting children eat by themselves

Ask: In your opinion, how does the child feel then?

Wait for some trainees to give their answers before continuing.

- The *"child"* might say s/he finds eating very difficult. The child might feel hungry or sad.
- Conclusion: If children are left to eat by themselves without any support or encouragement from adults, s/he will not eat enough when feeling bored, sad, or stops eating if the food does not suit his/her taste, etc., especially for a baby under 12 months of age.

Case study 3: Responsive feeding

- The caregiver washes the hands of both *(the child and the caregiver)*, sitting at the same height as the child. The caregiver looks at the child and smiles, uses a small spoon and a bowl, takes some food out of the bow and puts it on the child's lip; the child opens his/her mouth and eats the food.
- The caregiver praises and encourages the child - *"Good boy/girl", "such a yummy meal"*, feeds the child slowly.
- The child no longer opens his/her mouth and turns his/her face away. The caregiver tries 1 more spoon while saying *"be nice, sweetie, just 1 more spoon"*. The child does not eat; the caregiver stops feeding.
- The caregiver gives the child a piece of food *(a piece of bread, biscuits, etc.)* for him/her to hold and says *"Do you want to eat by yourself?"* The child holds the food, smiles and eats it.
- The caregiver encourages the child by saying *"You like to eat by yourself, don't you?"*
- After some minutes, the caregiver gives the child some more food in the bowl; the child continues eating.

Ask: In your opinion, how does the child feel this time?

Wait for some trainees to answer, and then continue.

- The child enjoys eating, love to have contact with the caregiver, be complimented and eat by him/herself.

Ask: In your opinion, what feeding technique is this?

Wait for some answers from the trainees, and then continue.

- In the last illustration, the caregiver feeds the child based on the responses and signs from the child.
- Signs of hunger: being tired, asking for food or crying
- Signs showing that the child does not want to eat any more are turning away, pushing/throwing food away or crying.
- The caregiver should recognize the signs from the child and respond appropriately.

SESSION 17. FUSSY EATING AND REFUSAL TO EAT IN YOUNG CHILDREN

Notes for trainer: Trainees are health workers who, upon the completion of this training course, will become trainers for local health workers or health workers at lower levels, or become health counselors who are responsible for counseling or giving instructions to mothers or caregivers on how to deal with fussy eating among young children.

Training facilities and materials: Board, board markers, A0 papers, projector

Pre-test:

Trainer prepared pre- and post-test questions with the same contents to compare and evaluate the effectiveness of the training session. Trainer quickly assesses trainees's answers. Contents that trainees do not know or understand correctly will be emphasized in the session.

Objectives of the session:

- To be able to identify the problems of fussy eating and refusal to eat and the reasons why
- To be able to give instructions to mothers and caregivers on prevention of and nutrition care for children with fussy eating and refusal to eat

Duration: 1 period (50 minutes)

Session format:

Content	Duration	Training methodology - facilities	Trainees' activities	Quick Response
Pre-test	5'	Q&A or giving a paper test. Immediate assessment	Answer questions orally or do the written test	Use results for adjustment during the training process
Objectives of the session	4'	Instruct trainees to read and comment on the objectives of the sessions	Read and comment	
Definition of fussy eating and refusal to eat	3'	Presentation	Listen	Provide inputs by trainees
Early signs of fussy eating and refusal to eat	3'	Presentation	Listen	Provide inputs by trainees

Content	Duration	Training methodology - facilities	Trainees' activities	Quick Response
Identifying the reasons for fussy eating and refusal to eat	10'	Presentation and Q&A Brainstorming: Ask trainees about the reasons for fussy eating and refusal to eat among children	Listen and answer	Provide feedback by trainees
Preventing fussy eating and refusal to eat	5'	Presentation	Listen, take notes	Provide feedback by trainees
Nutrition care for babies with fussy eating and refusal to eat	10'	Presentation and Q&A	Listen and discuss	Provide feedback by trainees
Post-test	5'	Q&A with the pre- and post-test questions of the session	Listen/ answer	Provide feedback by trainees
Summarize the session	5'	Ask	Repeat main contents of the session	Provide inputs by trainees

SESSION 18. IN-CLASSROOM PRACTICE: COUNSELING AND GIVING INSTRUCTIONS ON APPROPRIATE COMPLEMENTARY FEEDING

Notes for trainer: Read carefully all the notes when preparing the practice session.

Training facilities and materials: Case studies on complementary feeding counseling *(make sure each trainee is given 1 case study)*

Checklist of individual counseling skills *(3 checklists for each trainee)*

Pre-test:

Review the key messages of CF from previous sessions

Review the individual counseling skills and how to use the checklist

Objectives of the session:

- To be able to practice counseling for mothers, caregivers and families on appropriate CF for young children
- To be able to give instructions to mothers on how to prepare a bowl of appropriate complementary foods for young children

Duration: 4 periods (200 minutes)

Session format:

Content	Duration	Training methodology - facilities	Trainees' activities	Quick Response
Pre-test	5'	Q&A or asking trainees to write down their answers on a paper	Answer the questions orally or do the written test	Provide inputs on missing contents
Objectives of the session	5'	Instruct trainees to read and comment on the objectives of the session	Read and comment	
Instructions for role-playing	80'	Instruction: Ask trainees to arrange themselves into groups of 4 members and give each group 4 counseling case studies Each trainee plays the role of a mother in one case study, the next member of the group plays the	Play the roles that they are assigned	Trainer to give support to groups if trainees are not clear of the case studies or are not doing the role-play correctly

Content	Duration	Training methodology - facilities	Trainees' activities	Quick Response
		role of the counselor and the other 2 members will be observers (marking in the checklist) Instruct trainees to read carefully the handout on how to do the role-play: as the child caregiver, as the counselor, and as the observer. Do the role-play: Each pair of mother-counselor takes turn to do the role-play The observers marks in the checklist When each role-play is completed, the group members switch their roles and do the next role-play clockwise until all 4 case studies have practiced. Support: Trainer goes around the class and observes the groups to provide support and give them feedback at the end of the practice session		
Preparation for the practice session	20'	Notes for preparation of the practice session Prepare cooking tools Prepare foods Select foods		
Conducting the practice session	80'	Conduct a food demonstration in the classroom Use the Observation checklist for CF practice and the Supervision checklist for CF practice	Observe, take notes based on the the Observation checklist for CF practice and the Supervision checklist for CF practice	Provide feedback by trainer and trainees based on the checklists
Summarize the session	10'	Ask trainees about the lessons learned from the practice session	Exchange experiences	Answer questions. Draw general lessons learned

SESSION 19. FEEDING CHILDREN DURING ILLNESS AND RECOVERY, CHILDREN WITH HIV - INFECTED MOTHERS

Notes for trainer: Give instructions to mothers/ caregivers on how to take care of their children properly in case of common illnesses.

Training facilities and materials: Board, board markers, A0 papers, projector, slides

Pre-test:

Trainer prepared pre- and post-test questions with the same contents to compare and evaluate the effectiveness of the training session. Trainer quickly assesses trainees's answers. Contents that trainees do not know or understand correctly will be emphasized in the session.

Objectives of the session:

- To be able to give instructions to families and community on child feeding during illness and recovery
- To be able to give instructions to families and community on feeding children with HIV-infected mothers

Duration: 1 period (50 minutes)

Session format:

Content	Duration	Training methodology - facilities	Trainees' activities	Quick Response
Pre test	5'	Q&A or giving a paper test. Immediate assessment	Answer questions orally or do the written test	Use results for adjustment during the training process
Objectives of the session	5'	Instruct trainees to read and comment on the objectives of the session	Read and comment	
The significance of feeding a child during illness (sickness) and recovery	10'	Brainstorming: Ask trainees about the reasons why children often eat less when they are sick	Answer	Provide inputs and explain. Emphasize that sick children often lose weight since they do not want to eat or are fed with less food. Healthy children will lose less

Content	Duration	Training methodology - facilities	Trainees' activities	Quick Response
				weight during illness and recover more quickly after illness. It is similar in the case of breastfed children
Feeding children during illness (sickness) and recovery	5'	Presentation: show slides and explain	Listen	Provide inputs by trainees
Feeding children with diarrhea	5'	Presentation: show slides and explain about how to feed a child with diarrhea	Listen	Provide inputs by trainees
Feeding children with a high fever	5'	Brainstorming: Ask trainees which kinds of food should be given to children with a high fever Presentation: show slide on the diet for a child with a high fever	Listen/ answer questions	Provide inputs
Feeding children with HIV-infected mothers	5'	Presentation: Explain about mother-to-child transmission and emphasize that mothers should not practice mixed feeding Show the diagram on feeding children for HIV–infected mothers and explain Explain about the ARV treatment criteria, definition of replacement feeding and requirements of replacement feeding Give instructions on how to wean HIV-infected children if they are breastfed	Listen/ answer questions	Provide inputs by trainees
Post-test	5'	Q&A with the pre- and post-test questions of the session	Listen/ answer	
Summarize the session	5'	Ask	Repeat the main contents of the session	Provide inputs and show slides

SESSION 20. ASSESSING NUTRITIONAL STATUS OF CHILDREN

Notes for trainer:

Trainees are health workers who, upon the completion of this training course, will become trainers for local health workers or health workers at lower levels, or become health counselors who are responsible for providing direct counseling, care and treatment to mothers or caregivers. They need to know how to measure children's height and weight and categorize nutritional status of children, how to mark on the growth chart and use it as a tool to provide counseling to mothers/caregivers.

Training facilities and materials:

- Board, board markers, A0 papers, projector, slides
- Weight scale, three-piece height board, arm circumference measuring tool
- Nutritional status reference chart under WHO 2006 growth standards
- Growth chart, exercises for using growth chart

Pre-test:

Trainer prepared pre- and post-test questions with the same contents to compare and evaluate the effectiveness of the training session. Trainer quickly assesses trainees's answers. Contents that trainees do not know or understand correctly will be emphasized in the session.

Objectives of the session:

- To be able to state the definition of nutritional status
- To be able to categorize and assess nutritional status using the anthropometric method
- To be able to perform well the techniques of measuring children's height and weight, measuring arm circumference
- To be able to use growth charts to counsel mothers on how to assess a child's nutritional status

Duration: 2 periods (100 minutes)

Session format:

Content	Duration	Training methodology - facilities	Trainees' activities	Quick Response
Pre test	5'	Q&A or giving a paper test. Immediate assessment	Answer questions orally or do the written test	Use results for adjustment during the training process
Objectives of the session	5'	Instruct trainees to read and comment on the objectives of the session	Read and comment	
Definitions of the nutritional status	5'	Brainstorming – Presentation: Ask trainees to define what the nutritional status is, when the body shows the signs of overnutrition or undernutrition. Ask trainees how many types of Malnutrition there are and definition of each type.	Answer	Provide inputs and show slides for comparison
Methods to assess the nutritional status	5'	Presentation	Listen/ take notes	Provide inputs by trainees
Nutritional anthropometric method	5'	Presentation: show the slides on anthropometric method and age calculation		Provide inputs by trainees
Techniques to collect anthropometric data	25'	Brainstorming/ Demonstration: Introduce the weight and height measuring tools Ask trainees how to measure weight of children, how to measure the lying length and standing height, and what to note when measuring children's height and weight. Introduce the arm circumference measuring tool and how to measure (by showing slides and demonstrating on a trainee)	Observe, answer	Show slides for comparison

Content	Duration	Training methodology - facilities	Trainees' activities	Quick Response
Assessing the nutritional status of children	10'	Presentation: show slides and explain	Listen	Provide inputs by trainees
Using the growth chart	30'	Present and explain the purposes of using growth charts. Describe the grow chart and how to mark on the growth chart Group practice/role play: Divide the class into small groups of 3-4 and draw the case studies for using growth charts to provide counseling to mothers (one plays the role of a mother, one plays the role of a health worker, the others observe and give comments)	Listen. Practise group counseling using growth charts	Provide comments and correct the counseling practice
Post-test	5'	Q&A with the pre- and post-test questions of the session	Listen/ answer	
Summarize the session	5'	Ask	Repeat the main contents of the session	Provide inputs and show slides

APPENDICES

APPENDIX 1. SOME INFANT AND YOUNG CHILD FEEDING INDICATORS AND DEFINITIONS

1. Breastfeeding Indicators

- **Early initiation of breastfeeding:** The proportion of infants who are breasted within the first hour after delivery.
- **Exclusive breastfeeding in the first 6 months:** The proportion of infants who are fed exclusively with breast milk for the first six months. That means an infant receives only breast milk and no other liquids or solids, not even water, with the exception of drops or syrups consisting of vitamins, minerals supplements or medicine according to doctor's instructions.
- **Continued BF up to 24 months:** The proportion of children 20 - 23 months of age who are fed breast milk.

2. Complementary feeding indicators

- **Introduction of complementary foods:** The proportion of infants 6 months of age who receive solid, semi-solid, or soft food.
- **Dietary diversity:** The proportion of children 6-23 months of age who receive foods from four or more food groups.
- **Consumption of iron-rich or iron-fortified foods:** The proportion of children 6-23 months of age who receive iron-rich food or iron-fortified food that is specially designed for infants and young children, or that is fortified in the home.

3. Types of malnutrition

- **Underweight:** refers to children whose weight is under the standard of the same age and gender *(weight-for-age Z score <-2SD or low body mass index).*
- **Stunting:** is a reduced growth rate in human development, manifesting chronic malnutrition. It is a primary sign of malnutrition in early childhood, including malnutrition during fetal development brought on by the malnourished mother. It is identified when the height-for-age Z score <-2SD.
- **Wasting:** refers to the process by which a debilitating disease causes muscle and fat tissue to "waste" away. Wasting is sometimes referred to as *"acute malnutrition"* because it is believed that episodes of wasting have a short duration. It is identified when the weight-for-height Z score <-2SD.
- **Overweight:** refers to the process when accumulated muscle and fat tissue causes the body weight to be over the standard of the same age and gender. Overweight is identified when the weight-for-age Z score >2SD.

APPENDIX 2. SOME SUGGESTED COMPLEMENTARY FEEDING RECIPES FOR CHILDREN 6-23 MONTHS OF AGE

Recommended amount of food per day according to children's diet *(for breastfed children)*

TYPE OF FOOD	RECOMMENDED AMOUNT (GRAM)/DAY			
	Thin semi-solid soup	Thick semi-solid soup	Porridge	Watery rice
Rice flour	40-50	80		
Rice			100-120	120-150
Meat, fish, shrimp, egg	30	60-90	60-90	60-100
Oil (fat)	10	10-15	15-20	15-20
Legumes	5-10	10	10-20	20-30
Vegetables	10-20	30-50	30-50	30-50
Fruits	50	100	200	200
Fish sauce	5	10	10	10

1. Diet for children 6 - 7 months of age

1.1. Feeding methods

- Breastfeed the child on demand *(6-8 times/day)*
- Start with thin semi-solid soup a couple of times per day before transitioning to thicker soup
- Meal frequency: 1-2 times/day
- Quantity: start with a couple of teaspoons in the first few days and gradually increase to ½ bowl
- Green vegetables: use different types of vegetables *(katuk, morning glory, Chinese mustard, amaranth, Malabar nightshade, etc.)* - smashed and fed all

1.2. Some recipes

- **Egg soup:**

  Rice flour: 2 teaspoons

  Chicken eggs: ½ of an egg yolk *(or two quail eggs)*

  Fat *(oil)*: 1 teaspoon *(a teaspoon = 5ml)*

  Smashed green vegetables: 1 teaspoon

Water: approximately half a small bowl *(a bowl = 250 ml)*

- **Meat soup:**

  Rice flour: 2 teaspoons

  Lean meat: 1-2 teaspoons

  Fat *(oil)*: 1 teaspoon

  Smashed green vegetables: 1 teaspoon

  Water: approximately half a small bowl

- **Green bean + pumpkin soup:**

  Rice flour: 2 teaspoons

  Green bean flour: 2 teaspoons

  Smashed pumpkin: 2 small pieces

  Fat *(oil)*: 1 teaspoon

  Water: approximately half a small bowl

2. Diet for children 8-9 months of age

2.1. Feeding methods

- Breastfeed the child on demand
- Meal frequency: 1-2 times/day
- Quantity: ½ - 2/3 bowl
- Feed the child with smashed fruits: 1-2 times/day

2.2. Some recipes

- **Meat (pork, chicken, beef)/fish/shrimp/liver soup:**

  Rice flour: 4 teaspoons

  Finely minced meat or liver/fish fillet/smashed peeled shrimp: 2 teaspoons

  Fat *(oil)*: 1-2 teaspoons

  Smashed green vegetables: 2 teaspoons

  Water: a small bowl

- **Crab soup:**

  Rice flour: 4 teaspoons

  Fluid filtered from smashed crab mixed with water: 1 small bowl

  Fat *(oil)*: 1 teaspoon

Smashed green vegetables: 2 teaspoons

- **Pumpkin + peanut soup:**

Rice flour: 4 teaspoons

Smashed pumpkin: 4 small pieces

Smashed roasted peanut: 2-3 teaspoons

Water: a small bowl

3. Diet for children 10 - 12 months of age

3.1. Feeding methods

- Breastfeed the child many times in a day
- Frequency: 3 times/day of thick semi-solid soup *(or thick porridge)*
- Quantity: ¾ to 1 bowl
- Feed the child with fruit juices or smashed fruits: 2 times/day

3.1. Some recipes

- **Meat/fish/shrimp/liver soup:**

Rice flour: 4-5 teaspoons

Finely minced meat/fish fillet/smashed peeled shrimp/ minced liver: 3 teaspoons

Fat *(oil)*: 2 teaspoons

Finely cut green vegetables: 2 teaspoons

Water: a full bowl

- **Egg soup:**

Rice flour: 4-5 teaspoons

Chicken eggs: an egg yolk *(or four quail eggs)*

Fat *(oil)*: 2 teaspoons

Smashed green vegetables: 2 teaspoons

Water: a small bowl

- **Crab soup:**

Rice flour: 5 teaspoons

Fluid filtered from smashed crab mixed with water: 1 bowl

Fat *(oil)*: 2 teaspoons

Finely cut green vegetables: 2 teaspoons

- **Pumpkin + peanut soup:**

  Rice flour: 4-5 teaspoons

  Smashed pumpkin: 4 small pieces

  Smashed dried peanut: 2-3 teaspoons

  Water: a full bowl

4. Diet for children 1 - 2 years of age

4.1. Feeding methods

- Continue to breastfeed the child
- Meal frequency: 3-4 times of thick porridge or watery cooked rice/day
- Quantity: 1 bowl
- Feed the child with fruit juices or smashed fruits on demand

4.2. Some recipes

- **Meat/fish/shrimp/eel/liver porridge:**

  Rice: a handful *(or a bowl of cooked porridge)*

  Minced meat /fish fillet/ minced peeled shrimp/ minced steamed eel/ minced liver: 3-4 teaspoons

  Fat *(oil)*: 2 teaspoons

  Finely cut green vegetables: 3 teaspoons

  Water: adequate

- **Egg porridge:**

  Rice: a handful *(or a bowl of cooked porridge)*

  Chicken egg: an egg *(using both yolk and glair)*

  Fat *(oil)*: 2 teaspoons

  Finely cut green vegetables: 2 teaspoons

  Water: adequate

- **Black/green bean porridge:**

  Rice: a handful *(or a bowl of cooked porridge)*

  Black/green bean: ½ of rice amount

  Fat *(oil)*: 2 teaspoons

  Finely cut green vegetables: 2 teaspoons

  Water: adequate

Week menu for 7-9 month old children

TIME	MON/ WED	TUE/ THU	FRI/ SAT	SUN
06:00	Breast milk	Breast milk	Breast milk	Breast milk
08:00	Pork soup	Chicken soup	Beef soup	Egg soup
10:00	Banana: 1/3-1/2 banana	Papaya: 50g	Sapodilla: 1 sapodilla	Mango: 50g
11:00	Breast milk	Breast milk	Breast milk	Breast milk
14:00	Egg soup	Fish soup	Shrimp soup	Meat soup
17:00	Breast milk	Breast milk	Breast milk	Breast milk
19:00	Beef soup	Pork soup	Chicken soup	Pork soup

Week menu for 10-12 month old children

TIME	MON/ WED	TUE/ THU	FRI/ SAT	SUN
06:00	Breast milk	Breast milk	Breast milk	Breast milk
08:00	Pork soup	Chicken soup	Beef soup	Egg soup
10:00	Banana: 1/2-1 banana	Papaya: 100g	Sapodilla: 1 sapodilla	Mango: 100g
11:00	Breast milk	Breast milk	Breast milk	Breast milk
14:00	Egg soup	Crab soup	Shrimp soup	Fish soup
16:00	Orange juice*	Orange juice	Orange juice	Orange juice
17:00	Breast milk	Breast milk	Breast milk	Breast milk
19:00	Beef soup	Pork soup	Chicken soup	Pork soup

Week menu for 1-2 year old children

TIME	MON/ WED	TUE/ THU	FRI/ SAT	SUN
06:00	Breast milk	Breast milk	Breast milk	Breast milk
08:00	Pork porridge	Chicken porridge	Beef porridge	Egg porridge
10:00	Banana: 1 banana	Papaya: 100g	Sapodilla: 1 sapodilla	Mango: 100g
11:00	Breast milk	Breast milk	Breast milk	Breast milk
14:00	Beef and potato soup	Green bean and pumpkin soup	Shrimp porridge	Peanut and pumpkin porridge
16:00	Orange juice	Orange juice	Orange juice	Orange juice
17:00	Breast milk	Breast milk	Breast milk	Breast milk
19:00	Fish porridge	Eel porridge	Pork porridge	Eel porridge

** orange juice: ½ of an orange and 1 tea spoon of sugar*

APPENDIX 3.

APPENDIX 3.1. WEIGHT FOR AGE REFERENCE TABLE

(1) Select the appropriate table to the child's gender

(2) Calculate the child's months of age and refer to the Months of age column *(the first column)*

(3) Check the child's weight to see which range it belongs to in the columns equivalent to the z-scores and identify the child's nutritional status

Moderate underweight	*Under -2SD to ≥ -3SD*
Severe underweight	*Under -3SD to ≥ -4SD*
Normal	*From - 2SD to + 2SD*
Overweight	*Over +2SD*

3.1.1. WEIGHT FOR AGE (ZCORE)

Boys (0-5 years old)

Months of age	-3SD	-2SD	Median	+2SD	+3SD
0	2.1	2.5	3.3	4.4	5.0
1	2.9	3.4	4.5	5.8	6.6
2	3.8	4.3	5.6	7.1	8.0
3	4.4	5.0	6.4	8.0	9.0
4	4.9	5.6	7.0	8.7	9.7
5	5.3	6.0	7.5	9.3	10.4
6	5.7	6.4	7.9	9.8	10.9
7	5.9	6.7	8.3	10.3	11.4
8	6.2	6.9	8.6	10.7	11.9
9	6.4	7.1	8.9	11.0	12.3
10	6.6	7.4	9.2	11.4	12.7
11	6.8	7.6	9.4	11.7	13.0
12	6.9	7.7	9.6	12.0	13.3
13	7.1	7.9	9.9	12.3	13.7
14	7.2	8.1	10.1	12.6	14.0
15	7.4	8.3	10.3	12.8	14.3
16	7.5	8.4	10.5	13.1	14.6

Months of age	-3SD	-2SD	Median	+2SD	+3SD
17	7.7	8.6	10.7	13.4	14.9
18	7.8	8.8	10.9	13.7	15.3
19	8.0	8.9	11.1	13.9	15.6
20	8.1	9.1	11.3	14.2	15.9
21	8.2	9.2	11.5	14.5	16.2
22	8.4	9.4	11.8	14.7	16.5
23	8.5	9.5	12.0	15.0	16.8
24	8.6	9.7	12.2	15.3	17.1
25	8.8	9.8	12.4	15.5	17.5
26	8.9	10.0	12.5	15.8	17.8
27	9.0	10.1	12.7	16.1	18.1
28	9.1	10.2	12.9	16.3	18.4
29	9.2	10.4	13.1	16.6	18.7
30	9.4	10.5	13.3	16.9	19.0
31	9.5	10.7	13.5	17.1	19.3
32	9.6	10.8	13.7	17.4	19.6
33	9.7	10.9	13.8	17.6	19.9
34	9.8	11.0	14.0	17.8	20.2
35	9.9	11.2	14.2	18.1	20.4
36	10.0	11.3	14.3	18.3	20.7
37	10.1	11.4	14.5	18.6	21.0
38	10.2	11.5	14.7	18.8	21.3
39	10.3	11.6	14.8	19.0	21.6
40	10.4	11.8	15.0	19.3	21.9
41	10.5	11.9	15.2	19.5	22.1
42	10.6	12.0	15.3	19.7	22.4
43	10.7	12.1	15.5	20.0	22.7
44	10.8	12.2	15.7	20.2	23.0

Months of age	-3SD	-2SD	Median	+2SD	+3SD
45	10.9	12.4	15.8	20.5	23.3
46	11.0	12.5	16.0	20.7	23.6
47	11.1	12.6	16.2	20.9	23.9
48	11.2	12.7	16.3	21.2	24.2
49	11.3	12.8	16.5	21.4	24.5
50	11.4	12.9	16.7	21.7	24.8
51	11.5	13.1	16.8	21.9	25.1
52	11.6	13.2	17.0	22.2	25.4
53	11.7	13.3	17.2	22.4	25.7
54	11.8	13.4	17.3	22.7	26.0
55	11.9	13.5	17.5	22.9	26.3
56	12.0	13.6	17.7	23.2	26.6
57	12.1	13.7	17.8	23.4	26.9
58	12.2	13.8	18.0	23.7	27.2
59	12.3	14.0	18.2	23.9	27.6
60	12.4	14.1	18.3	24.2	27.9

3.1.2. WEIGHT FOR AGE (ZCORE)

Girls (0-5 years old)

Months of age	-3SD	-2SD	Median	+2SD	+3SD
0	2.0	2.4	3.2	4.2	4.8
1	2.7	3.2	4.2	5.5	6.2
2	3.4	3.9	5.1	6.6	7.5
3	4.0	4.5	5.8	7.5	8.5
4	4.4	5.0	6.4	8.2	9.3
5	4.8	5.4	6.9	8.8	10.0
6	5.1	5.7	7.3	9.3	10.6

Months of age	-3SD	-2SD	Median	+2SD	+3SD
7	5.3	6.0	7.6	9.8	11.1
8	5.6	6.3	7.9	10.2	11.6
9	5.8	6.5	8.2	10.5	12.0
10	5.9	6.7	8.5	10.9	12.4
11	6.1	6.9	8.7	11.2	12.8
12	6.3	7.0	8.9	11.5	13.1
13	6.4	7.2	9.2	11.8	13.5
14	6.6	7.4	9.4	12.1	13.8
15	6.7	7.6	9.6	12.4	14.1
16	6.9	7.7	9.8	12.6	14.5
17	7.0	7.9	10.0	12.9	14.8
18	7.2	8.1	10.2	13.2	15.1
19	7.3	8.2	10.4	13.5	15.4
20	7.5	8.4	10.6	13.7	15.7
21	7.6	8.6	10.9	14.0	16.0
22	7.8	8.7	11.1	14.3	16.4
23	7.9	8.9	11.3	14.6	16.7
24	8.1	9.0	11.5	14.8	17.0
25	8.2	9.2	11.7	15.1	17.3
26	8.4	9.4	11.9	15.4	17.7
27	8.5	9.5	12.1	15.7	18.0
28	8.6	9.7	12.3	16.0	18.3
29	8.8	9.8	12.5	16.2	18.7
30	8.9	10.0	12.7	16.5	19.0
31	9.0	10.1	12.9	16.8	19.3
32	9.1	10.3	13.1	17.1	19.6
33	9.3	10.4	13.3	17.3	20.0

Months of age	-3SD	-2SD	Median	+2SD	+3SD
34	9.4	10.5	13.5	17.6	20.3
35	9.5	10.7	13.7	17.9	20.6
36	9.6	10.8	13.9	18.1	20.9
37	9.7	10.9	14.0	18.4	21.3
38	9.8	11.1	14.2	18.7	21.6
39	9.9	11.2	14.4	19.0	22.0
40	10.1	11.3	14.6	19.2	22.3
41	10.2	11.5	14.8	19.5	22.7
42	10.3	11.6	15.0	19.8	23.0
43	10.4	11.7	15.2	20.1	23.4
44	10.5	11.8	15.3	20.4	23.7
45	10.6	12.0	15.5	20.7	24.1
46	10.7	12.1	15.7	20.9	24.5
47	10.8	12.2	15.9	21.2	24.8
48	10.9	12.3	16.1	21.5	25.2
49	11.0	12.4	16.3	21.8	25.5
50	11.1	12.6	16.4	22.1	25.9
51	11.2	12.7	16.6	22.4	26.3
52	11.3	12.8	16.8	22.6	26.6
53	11.4	12.9	17.0	22.9	27.0
54	11.5	13.0	17.2	23.2	27.4
55	11.6	13.2	17.3	23.5	27.7
56	11.7	13.3	17.5	23.8	28.1
57	11.8	13.4	17.7	24.1	28.5
58	11.9	13.5	17.9	24.4	28.8
59	12.0	13.6	18.0	24.6	29.2
60	12.1	13.7	18.2	24.9	29.5

APPENDIX 3.2. LENGTH/ HEIGHT FOR AGE REFERENCE TABLE

(1) Select the appropriate table to the child's gender and age

(2) Calculate the child's months of age and refer to the Months of age column *(the first column)*

(3) Check the child's height to see which range it belongs to in the columns equivalent to the z-scores and identify the child's nutritional status

Moderate stunting	*Under -2SD to ≥ -3SD*
Severe stunting	*Under -3SD to ≥ -4SD*
Normal	*From - 2SD*

3.2.1. LENGTH FOR AGE (ZCORE)

Boys (0-2 years old)

Months of age	-3SD	-2SD	Median	+2SD	+3SD
0	44.2	46.1	49.9	53.7	55.6
1	48.9	50.8	54.7	58.6	60.6
2	52.4	54.4	58.4	62.4	64.4
3	55.3	57.3	61.4	65.5	67.6
4	57.6	59.7	63.9	68.0	70.1
5	59.6	61.7	65.9	70.1	72.2
6	61.2	63.3	67.6	71.9	74.0
7	62.7	64.8	69.2	73.5	75.7
8	64.0	66.2	70.6	75.0	77.2
9	65.2	67.5	72.0	76.5	78.7
10	66.4	68.7	73.3	77.9	80.1
11	67.6	69.9	74.5	79.2	81.5
12	68.6	71.0	75.7	80.5	82.9
13	69.6	72.1	76.9	81.8	84.2
14	70.6	73.1	78.0	83.0	85.5
15	71.6	74.1	79.1	84.2	86.7
16	72.5	75.0	80.2	85.4	88.0
17	73.3	76.0	81.2	86.5	89.2

Months of age	-3SD	-2SD	Median	+2SD	+3SD
18	74.2	76.9	82.3	87.7	90.4
19	75.0	77.7	83.2	88.8	91.5
20	75.8	78.6	84.2	89.8	92.6
21	76.5	79.4	85.1	90.9	93.8
22	77.2	80.2	86.0	91.9	94.9
23	78.0	81.0	86.9	92.9	95.9
24	78.7	81.7	87.8	93.9	97.0

3.2.2. LENGTH FOR AGE (ZCORE)

Girls (0-2 years of age)

Months of age	-3SD	-2SD	Median	+2SD	+3SD
0	43.6	45.4	49.1	52.9	54.7
1	47.8	49.8	53.7	57.6	59.5
2	51.0	53.0	57.1	61.1	63.2
3	53.5	55.6	59.8	64.0	66.1
4	55.6	57.8	62.1	66.4	68.6
5	57.4	59.6	64.0	68.5	70.7
6	58.9	61.2	65.7	70.3	72.5
7	60.3	62.7	67.3	71.9	74.2
8	61.7	64.0	68.7	73.5	75.8
9	62.9	65.3	70.1	75.0	77.4
10	64.1	66.5	71.5	76.4	78.9
11	65.2	67.7	72.8	77.8	80.3
12	66.3	68.9	74.0	79.2	81.7
13	67.3	70.0	75.2	80.5	83.1
14	68.3	71.0	76.4	81.7	84.4
15	69.3	72.0	77.5	83.0	85.7
16	70.2	73.0	78.6	84.2	87.0
17	71.1	74.0	79.7	85.4	88.2
18	72.0	74.9	80.7	86.5	89.4
19	72.8	75.8	81.7	87.6	90.6

Months of age	-3SD	-2SD	Median	+2SD	+3SD
20	73.7	76.7	82.7	88.7	91.7
21	74.5	77.5	83.7	89.8	92.9
22	75.2	78.4	84.6	90.8	94.0
23	76.0	79.2	85.5	91.9	95.0
24	76.7	80.0	86.4	92.9	96.1

3.2.3. HEIGHT FOR AGE (ZCORE)

Boys (2-5 years old)

Months of age	-3SD	-2SD	Median	+2SD	+3SD
24	78.0	81.0	87.1	93.2	96.3
25	78.6	81.7	88.0	94.2	97.3
26	79.3	82.5	88.8	95.2	98.3
27	79.9	83.1	89.6	96.1	99.3
28	80.5	83.8	90.4	97.0	100.3
29	81.1	84.5	91.2	97.9	101.2
30	81.7	85.1	91.9	98.7	102.1
31	82.3	85.7	92.7	99.6	103.0
32	82.8	86.4	93.4	100.4	103.9
33	83.4	86.9	94.1	101.2	104.8
34	83.9	87.5	94.8	102.0	105.6
35	84.4	88.1	95.4	102.7	106.4
36	85.0	88.7	96.1	103.5	107.2
37	85.5	89.2	96.7	104.2	108.0
38	86.0	89.8	97.4	105.0	108.8
39	86.5	90.3	98.0	105.7	109.5
40	87.0	90.9	98.6	106.4	110.3
41	87.5	91.4	99.2	107.1	111.0
42	88.0	91.9	99.9	107.8	111.7
43	88.4	92.4	100.4	108.5	112.5
44	88.9	93.0	101.0	109.1	113.2
45	89.4	93.5	101.6	109.8	113.9

Months of age	-3SD	-2SD	Median	+2SD	+3SD
46	89.8	94.0	102.2	110.4	114.6
47	90.3	94.4	102.8	111.1	115.2
48	90.7	94.9	103.3	111.7	115.9
49	91.2	95.4	103.9	112.4	116.6
50	91.6	95.9	104.4	113.0	117.3
51	92.1	96.4	105.0	113.6	117.9
52	92.5	96.9	105.6	114.2	118.6
53	93.0	97.4	106.1	114.9	119.2
54	93.4	97.8	106.7	115.5	119.9
55	93.9	98.3	107.2	116.1	120.6
56	94.3	98.8	107.8	116.7	121.2
57	94.7	99.3	108.3	117.4	121.9
58	95.2	99.7	108.9	118.0	122.6
59	95.6	100.2	109.4	118.6	123.2
60	96.1	100.7	110.0	119.2	123.9

3.2.4. HEIGHT FOR AGE (ZCORE)

Girls (2-5 years old)

Months of age	-3SD	-2SD	Median	+2SD	+3SD
24	76.0	79.3	85.7	92.2	95.4
25	76.8	80.0	86.6	93.1	96.4
26	77.5	80.8	87.4	94.1	97.4
27	78.1	81.5	88.3	95.0	98.4
28	78.8	82.2	89.1	96.0	99.4
29	79.5	82.9	89.9	96.9	100.3
30	80.1	83.6	90.7	97.7	101.3
31	80.7	84.3	91.4	98.6	102.2
32	81.3	84.9	92.2	99.4	103.1
33	81.9	85.6	92.9	100.3	103.9
34	82.5	86.2	93.6	101.1	104.8
35	83.1	86.8	94.4	101.9	105.6

Months of age	-3SD	-2SD	Median	+2SD	+3SD
36	83.6	87.4	95.1	102.7	106.5
37	84.2	88.0	95.7	103.4	107.3
38	84.7	88.6	96.4	104.2	108.1
39	85.3	89.2	97.1	105.0	108.9
40	85.8	89.8	97.7	105.7	109.7
41	86.3	90.4	98.4	106.4	110.5
42	86.8	90.9	99.0	107.2	111.2
43	87.4	91.5	99.7	107.9	112.0
44	87.9	92.0	100.3	108.6	112.7
45	88.4	92.5	100.9	109.3	113.5
46	88.9	93.1	101.5	110.0	114.2
47	89.3	93.6	102.1	110.7	114.9
48	89.8	94.1	102.7	111.3	115.7
49	90.3	94.6	103.3	112.0	116.4
50	90.7	95.1	103.9	112.7	117.1
51	91.2	95.6	104.5	113.3	117.7
52	91.7	96.1	105.0	114.0	118.4
53	92.1	96.6	105.6	114.6	119.1
54	92.6	97.1	106.2	115.2	119.8
55	93.0	97.6	106.7	115.9	120.4
56	93.4	98.1	107.3	116.5	121.1
57	93.9	98.5	107.8	117.1	121.8
58	94.3	99.0	108.4	117.7	122.4
59	94.7	99.5	108.9	118.3	123.1
60	95.2	99.9	109.4	118.9	123.7

APPENDIX 3.3. WEIGHT FOR HEIGHT REFERENCE TABLE

Growth standards of the World Health Organization are established differently for boys and girls. In the following tables *(for BOYS - on the Left and for GIRLS - on the Right)*, the middle column is the child's length or height in cm.

Use the table to identify the nutritional status of children as follows:

1. Identify the value that is closest to the child's length/ height in the middle column.
2. If the value falls between the two numbers in the column, round it in the following ways: if the number after the comma is smaller than 5, round it down *(e.g., 99.4 cm will be rounded down to 99 cm)*; if the number after the comma is equal to or higher than 5, round it up *(e.g., 99.5 will be rounded up to 100)*.
3. Check the child's weight to see which range it falls in the columns corresponding to the length/ height row, compare and read the result on the child's nutritional status. For boys, read the weight table on the left; for girls, read the weight table on the right.

Moderate wasting	*Under -2SD to - 3SD*
Severe wasting	*Under -3SD*
Normal	*From - 2SD to + 2SD*
Overweight	*Above +2SD*

Boy's weight (kg)			Length	Girl's weight (kg)		
-3SD	-2SD	Median	Cm	Median	-2SD	-3SD
2.4	2.6	3.1	49	3.2	2.6	2.4
2.6	2.8	3.3	50	3.4	2.8	2.6
2.7	3.0	3.5	51	3.6	3.0	2.8
2.9	3.2	3.8	52	3.8	3.2	2.9
3.1	3.4	4.0	53	4.0	3.4	3.1
3.3	3.6	4.3	54	4.3	3.6	3.3
3.6	3.8	4.5	55	4.5	3.8	3.5
3.8	4.1	4.8	56	4.8	4.0	3.7
4.0	4.3	5.1	57	5.1	4.3	3.9
4.3	4.6	5.4	58	5.4	4.5	4.1
4.5	4.8	5.7	59	5.6	4.7	4.3

Boy's weight (kg)			Length	Girl's weight (kg)		
-3SD	-2SD	Median	Cm	Median	-2SD	-3SD
4.7	5.1	6.0	60	5.9	4.9	4.5
4.9	5.3	6.3	61	6.1	5.1	4.7
5.1	5.6	6.5	62	6.4	5.3	4.9
5.3	5.8	6.8	63	6.6	5.5	5.1
5.5	6.0	7.0	64	6.9	5.7	5.3
5.7	6.2	7.3	65	7.1	5.9	5.5
5.9	6.4	7.5	66	7.3	6.1	5.6
6.1	6.6	7.7	67	7.5	6.3	5.8
6.3	6.8	8.0	68	7.7	6.5	6.0
6.5	7.0	8.2	69	8.0	6.7	6.1
6.6	7.2	8.4	70	8.2	6.9	6.3
6.8	7.4	8.6	71	8.4	7.0	6.5
7.0	7.6	8.9	72	8.6	7.2	6.6
7.2	7.7	9.1	73	8.8	7.4	6.8
7.3	7.9	9.3	74	9.0	7.5	6.9
7.5	8.1	9.5	75	9.1	7.7	7.1
7.6	8.3	9.7	76	9.3	7.8	7.2
7.8	8.4	9.9	77	9.5	8.0	7.4
7.9	8.6	10.1	78	9.7	8.2	7.5
8.1	8.7	10.3	79	9.9	8.3	7.7
8.2	8.9	10.4	80	10.1	8.5	7.8
8.4	9.1	10.6	81	10.3	8.7	8.0
8.5	9.2	10.8	82	10.5	8.8	8.1
8.7	9.4	11.0	83	10.7	9.0	8.3
8.9	9.6	11.3	84	11.0	9.2	8.5
9.1	9.8	11.5	85	11.2	9.4	8.7
9.3	10.0	11.7	86	11.5	9.7	8.9

Boy's weight (kg)			Height	Girl's weight (kg)		
-3SD	-2SD	Median	Cm	Median	-2SD	-3SD
9.6	10.4	12.2	87	11.9	10.0	9.2
9.8	10.6	12.4	88	12.1	10.2	9.4
10.0	10.8	12.6	89	12.4	10.4	9.6
10.2	11.0	12.9	90	12.6	10.6	9.8
10.4	11.2	13.1	91	12.9	10.9	10.0
10.6	11.4	13.4	92	13.1	11.1	10.2
10.8	11.6	13.6	93	13.4	11.3	10.4
11.0	11.8	13.8	94	13.6	11.5	10.6
11.1	12.0	14.1	95	13.9	11.7	10.8
11.3	12.2	14.3	96	14.1	11.9	10.9
11.5	12.4	14.6	97	14.4	12.1	11.1
11.7	12.6	14.8	98	14.7	12.3	11.3
11.9	12.9	15.1	99	14.9	12.5	11.5
12.1	13.1	15.4	100	15.2	12.8	11.7
12.3	13.3	15.6	101	15.5	13.0	12.0
12.5	13.6	15.9	102	15.8	13.3	12.2
12.8	13.8	16.2	103	16.1	13.5	12.4
13.0	14.0	16.5	104	16.4	13.8	12.6
13.2	14.3	16.8	105	16.8	14.0	12.9
13.4	14.5	17.2	106	17.1	14.3	13.1
13.7	14.8	17.5	107	17.5	14.6	13.4
13.9	15.1	17.8	108	17.8	14.9	13.7
14.1	15.3	18.2	109	18.2	15.2	13.9
14.4	15.6	18.5	110	18.6	15.5	14.2
14.6	15.9	18.9	111	19.0	15.8	14.5
14.9	16.2	19.2	112	19.4	16.2	14.8

APPENDIX 4. SUMMARY OF THE NATIONAL NUTRITION STRATEGY FOR THE PERIOD OF 2011 - 2020 WITH A VISION TOWARDS 2030

1. Principles

a) Improving nutrition status is the responsibility of each person, including all levels of authority and all sectors.

b) Balanced and proper nutrition is essential for achieving comprehensive physical and intellectual development of Vietnamese people and improved quality of life.

c) Nutrition activities should involve multiple sectors, under the guidance and leadership of the Party and Government at all levels, with social mobilisation of mass organisations and the general population. Priority should be given to poor, disadvantaged areas and ethnic minority groups, and for mothers and small children.

2. Objectives

a) General objective

By the year 2020, the diet of Vietnamese people will be improved in terms of quantity, balanced in quality, hygienic and safe; Child malnutrition will be further reduced, especially prevalence of stunting, contributing to improved physical status and stature of Vietnamese people; and obesity/overweight will be managed, contributing to the control of nutrition-related chronic diseases.

b) Specific objectives

➢ **Objective 1:** To continue to improve the diet of Vietnamese people, in terms of quantity and quality.

Indicators:

- The proportion of households with low energy intake *(below 1800 Kcal)* will be reduced to 10 % by 2015 and 5 % by 2020.
- The proportion of households with a balanced diet *(Protein:Lipid:Carbohydrate ratio - 14:18:68)* will reach 50% by 2015 and 75% by 2020.

➢ **Objective 2:** To improve the nutrition status of mothers and children

Indicators:

- The prevalence of chronic energy deficiency in reproductive-aged women will be reduced to 15% by 2010 and less than 12% by 2020.
- The rate of low birth weight *(infants born less than 2,500g)* will be reduced to under 10% prevalence by 2015 and less than 8% by 2020.

- The rate of stunting in children under 5 years old will be reduced to 26% by 2015, and to 23% by 2020.
- The prevalence of underweight among children under 5 years old will be reduced to 15% by 2015 and to 12.5% by 2020.
- By 2020, the average height of children under 5 will increase by 1.5 – 2cm in both boys and girls; and height in adolescents by sex will increase by 1-1.5 cm compared with the averages from 2010.
- The prevalence of overweight in children under 5 will be less than 5% in rural areas and less than 10% among urban populations by 2015, and will be maintained at the same rate by 2020.
- Giảm tỷ lệ thiếu năng lượng trường diễn ở phụ nữ tuổi sinh đẻ xuống còn 15% vào năm 2015 và dưới 12% vào năm 2020.

➢ **Objective 3:** To improve micro-nutrient status.

Indicators:

- The prevalence of children under five with low serum vitamin A *(<0.7 µmol/L)* will be reduced to 10 % by 2015 and below 8 % by 2020.
- The prevalence of anaemia in pregnant women will be reduced to 28% by 2015 and to 23 % by 2020.
- The prevalence of anaemia among children under five years will be reduced to 20% by 2015 and 15% by 2020.
- By 2015, standardised iodized salt *(≥20 ppm)* will be regularly available throughout the country, with coverage of more than 90% of households. Mean urinary iodine levels in mothers with children under 5 will be between 10-20 ㎎/dl, and these concentrations will be maintained by 2020.

➢ **Objective 4:** To effectively control overweight and obesity and risk factors of nutrition related noncommunicable chronic disease in adults.

Indicators:

- The prevalence of overweight and obesity in adults will be controlled to a rate of less than 8% by 2015 and will increase to no more than 12% by 2020.
- The proportion of adults with elevated serum cholesterol *(over 5.2 mmol/L)* will be less than 28% in 2015 and will remain relatively controlled with less than 30% prevalence in 2020.

➢ **Objective 5:** To improve knowledge and practices regarding proper nutrition.

Indicators:

- The rate of exclusive breast feeding *(EBF)* for the first 6 months will reach 27% by 2015 and 35% by 2020.

- The proportion of mothers with proper nutrition knowledge and practices when caring for a sick child will reach 75% by 2015 and 85% by 2020.
- The proportion of adolescent females receiving maternal and nutrition education will reach 60% by 2015 and 75% by 2020.

➢ **Objective 6:** To reinforce capacity and effectiveness of the network of nutrition services in both community and health care facilities.

Indicators:

- By 2015, the proportion of nutrition coordinators receiving training in community nutrition *(from 1 to 3 months)* will reach 75% among provincial level employees and 50% of those at the district level. By 2020, this proportion will be 100% and 75%, respectively.
- By 2015, 100% of communal nutrition coordinators and nutrition collaborators will be trained and updated on nutrition care practices. Training of all nutrition staff will be maintained in 2020.
- The proportion of central and provincial hospitals with dieticians will reach 90% at central level, 70% at provincial level and 30% at district level by 2015. By 2020, this proportion will be 100%, 95%, and 50% respectively.
- The proportion of hospitals applying nutrition counseling and therapeutic treatment for conditions such as aging health, HIV/AIDS and TB, will reach 90% among central, 70% among provincial, and 20% among district hospitals by 2015. By 2020, the coverage will be 100%, 95% and 50%, respectively.
- The proportion of provinces qualified for performing nutrition surveilance will reach 50% by 2015 and 75% by 2020. Nutrition data will be monitored with particular focus in vulnerable provinces, in emergency situations, and in provinces with high prevalence of malnutrition.

c) Vision toward 2030

By 2030, Vietnam aims to reduce child malnutrition below the level of public health significance *(stunting rate to be less than 20% and underweight rate to be less than 10%)* and to remarkably increase the mean height in adults. In addition, increased awareness about proper nutrition and behavior change should be improved in the general population for the prevention of nutrition related chronic diseases, which are on the rise. Ongoing monitoring and evaluation should be completed among different population groups in order to ensure appropriate and balanced diets. Additionally, adequate food safety controls should be ensured. Meeting these objectives will contribute to the overall goal of all population groups meeting nutrition requirements needed to maximise quality of life, especially for school children.

3. Main approaches

a) Approaches for policy

- Leadership and guidance from all levels of the Party and Government should be reinforced in order to achieve the reduction of underweight. Nutrition indicators, particularly the rate of stunting, should soon be considered a socioeconomic development indicator for the nation, as well as each locality. Monitoring and evaluation of the nutrition indicators should be strengthened in order to determine if the goals are being achieved.
- In order to effectively implement interventions for improved nutritional status, a multi-sector cooperation mechanism should be finalised, particularly involving the Ministry of Health, Ministry of Agriculture and Rural Development, Ministry of Education and Training, Ministry of Culture, Sport and Tourism, Ministry of Labor, Invalids and Social Affairs. In addition, there is a need to establish policies and procedures to mobilise and promote the involvement of mass organisations and industries in implementation of the National Nutrition Strategy.
- The legislative framework dealing with issues of food and nutrition should be developed and finalised. Specific areas of focus include: regulations on production, marketing and utilisation of nutrition products for small children, food fortification laws, adequate maternity leave, breast feeding promotion, school nutrition policy focusing on pre-school and primary school children, and encouraging increased production of specialised nutrition products in the private sector to be used specifically among poor and disadvantaged groups, ethnic minority groups, pregnant women, children under 5, and children with special needs.

b) Approaches for developing resources

- *Capacity building:*
  - Nutrition, dietetics, and food safety professionals should be extensively trained and effectively used.
  - A variety of nutrition specialists should be trained to fill various roles including post-graduate, bachelor, and technician programs in nutrition and dietetics.
  - A staff network for professionals working in the field of nutrition should be developed and reinforced, particularly for those working in local communities. Capacity building of managerial staff should be strengthened from central to local levels, including those in relevant sectors and ministries.
  - The training format should be adapted according to socioeconomic needs and should be designed to meet the education level of its target audience. Priority should be given to people from ethnic minorities, disadvantaged groups, and areas with high prevalence of malnutrition. International cooperation in capacity building for development of nutrition programs should be promoted.
- *Financial resources:*
  - The main approaches to raising financial resources are from social mobilisation and diversification of funding sources, with gradual increase projected toward investment of addressing nutrition issues. Potential funding sources include: state and local

government budgets, international aid, and other legal financial supports which the state will allocate to national program and projects.

- Financial resources should be managed and coordinated effectively, ensuring the equality and equity in nutrition care for all people. Monitoring, supervision and evaluation of the effectiveness of budget utilisation should be strengthened.

c) Approaches for nutrition advocacy, education and communication:

- Communication of health messages should be promoted, to raise awarenes on the importance of nutrition in the comprehensive physical and mental health development of children, targeting authorities and managers at all levels.
- Mass media communication should be conducted using various methods and formats, with content appropriate for each region, area or target group to whom it is aimed in order to improve nutrition knowledge and practices. These messages are especially vital in the goals to reduce prevalence of stunting and the control of overweight and obesity and nutrition-related non-communicable diseases in all population groups.
- A focus on nutrition and health education should be continued in the school system, from pre-school onwards. Furthermore, a school nutrition program should be developed and implemented with the gradual introduction of school meals and milk available in pre-schools and primary schools. Appropriate models should be developed according to region and target group.

d) Technical approaches

- Specific food and nutrition interventions should be developed to improve nutritional status of target groups. Priority should be given to poor, disadvantaged and ethnic minority areas, as well as those at risk.
- Proper nutrition care should be given to mothers during prenatal and postnatal periods. Exclusive breastfeeding should be promoted during the first 6 months with appropriate complementary feeding for children 6 months through 2 years of age.
- The Food and Nutrition Surveillance Center should be strengthened at both central and regional level institutions in order to provide systematic monitoring of food consumption and nutritional status trends.
- A network of nutrition services including counseling and rehabilitation should be developed and improved.
- Local food production, processing and utilisation should be promoted and diversified. The Vegetation - Aquaculture - Cage for Animal husbandry (VAC) ecosystem should be further developed, ensuring the production, circulation and distribution of safe foods. Daily consumption of fish, milk and vegetables should be promoted in order to encourage the population toward the goal of increased dietary diversity to meet the ideal Protein:Lipid: Carbohydrate ratio.

- A system to monitor and forecast food insecurity at both national and household levels should be established. Furthermore, a plan to respond to nutrition issues following emergencies should be developed.

đ) Approaches for science and technology and international cooperation

- Capacity building and management of scientific research in nutrition and food should be strengthened. Research, development and technology applications should be promoted to develop creation and selection of new breeds of livestock, production and processing of nutritionally fortified foods and specialised products.
- Information technology and database development should be promoted in the areas of food and nutrition.
- The utilisation of evidence-based information should be promoted in policy development, planning, and development of nutrition programs and projects at different levels, with particular focus on the reduction of stunting and micronutrient deficiencies.
- Experiences and advances of nutrition sciences should be applied in the prevention of obesity, metabolic syndrome and nutrition related non-communicable diseases.
- Active cooperation with scientifically advanced countries, institutes, and universities both regionally and globally should be cultivated in order to improve research and training needed to rapidly progress toward advanced science and technology standards and to build up nutrition capacity.
- Comprehensive cooperation with international organisations should be promoted to support the implementation of National Nutrition Strategy (NNS).
- International cooperation projects should be integrated into the activities of the NNS in order to achieve the NNS objectives.

4. Implementation phases

a) *Phase 1 (2011-2015):* Implementation of key activities for nutrition improvement, focusing on education, training, capacity building and strengthening of policies that support nutrition initiatives, institutionalisation of state direction for nutrition activities, and continuation of National target programs.

b) *Phase 2 (2016-2020):* based on the evaluation of the implementation of phase 1 (2011-2015), phase 2 will involve policy modification, appropriate intervention, and comprehensive implementation of solutions and tasks in order to successfully carry out the objectives of the strategy. Furthermore, the nutrition database will be utilised for planning purposes and to sustain and evaluate implementation of the NNS.

5. Main projects/programs to implement NNS

a) Project for nutrition education, communication and capacity building

- Responsible agency: The Ministry of Health.

- Cooperating agencies: The Ministry of Education and Training, the Ministry of Information and Communication, Vietnam Television, related ministries, sectors, agencies, and Provincial People's Committees.

b) Project for maternal and child malnutrition control, and improved stature

- Responsible agency: The Ministry of Health.
- Cooperating agencies: Related ministries, sectors, agencies, and Provincial People's Committees.

c) Project for micronutrient deficiency control

- Responsible agency: The Ministry of Health.
- Cooperating agencies: The Ministry of Agriculture and Rural Development, the Ministry of Industry and Trade, the Ministry of Education and Training, the Ministry of Information and Communication, related ministries, sectors, agencies, and Provincial People's Committees.

d) Program for school nutrition

- Responsible agency: The Ministry of Health.
- Cooperating agencies: The Ministry of Education and Training, other related ministries, sectors, agencies, and Provincial People's Committees.

đ) Project for overweight/obesity and nutrition-related non-communicable chronic disease control

- The Ministry of Health is responsible, with cooperation from other related ministries, sectors, agencies, and Provincial People's Committees, for the activities in hospitals and the community.
- The Ministry of Education and Training is responsible, with cooperation from the Ministry of Health and other related ministries, sectors, agencies, and Provincial People's Committees, for the activities in school system.

e) Program for household food and nutrition security and nutrition following emergencies

- Responsible agency: The Ministry of Agriculture and Rural Development.
- Cooperating agencies: The Ministry of Health, other related ministries, sectors, agencies, and Provincial People's Committees.

g) Nutrition surveillance project

- Responsible agency: The Ministry of Health.
- Cooperating agencies: The Ministry of Agriculture and Rural Development, the Ministry of Planning and Investment *(GSO)*, other related ministries, sectors, agencies, and Provincial People's Committees.

APPENDIX 5.

DECREE NO. 100/2014/NĐ-CP Regulating the trade in and use of nutritious products for infants and young children, feeding bottles and dummies

THE GOVERNMENT

No.: 100/2014/ND-CP

SOCIALIST REPUBLIC OF VIETNAM

Independence - Freedom - Happiness

Hanoi,06th November 2014

DECREE

On trading in and use of nutritional products for young children, feeding bottles and teats, and pacifiers

Pursuant to the Law on Organization of the Government dated December 25, 2001;

Pursuant to the Law on Child Protection, Care and Education dated June 15, 2004

Pursuant to the Law on Advertisement dated June 21, 2012;

Pursuant to the Law on Food Safety dated June 17, 2010;

Pursuant to the Law on Commerce dated June 14, 2005;

At the proposal of the Minister of Health,

The Government promulgates Decree on trading in and use of nutritional products for infants, feeding bottles and teats, and pacifiers.

Chapter I

GENERAL PROVISIONS

Article 1. Scope of regulation

This Decree provides information, education, communication on, advertisement for trading in and use of nutritional products for infants, feeding bottles and teats; responsibilities for trading in and using nutritional products for young children in order to reduce the malnutrition prevalence based on the promotion and protection of breastfeeding – best food for young children's health and comprehensive development.

Article 2. Interpretation of terms

In this Decree, the following terms are interpreted as below:

1. *Nutritional products for young children* are defined as breast milk substitutes and complementary foods for children up to 24 months which are produced by industrial methods, up to the prescribed standards and suitable to each period of growth or special physiological conditions of young children.

2. *Breast milk substitutes for young children up to the age of 24 months include:*

a) Formulated nutritional products in form of liquid or powder produced from the milk of cow or other animals with the appropriate components which can be used as breast milk replacement for young children up to the age of 12 months (infant formula)

b) Formulated nutritional products in form of liquid or powder produced from the milk of cow or other animals with the appropriate components or originated from animal and vegetable, which can be used in the complementary feeding period for young children from the age of 06 to 24 months (follow-up formula);

c) Other formulated nutritional products in form of liquid or powder produced from the milk of cow or other animals with the appropriate components or originated from animal and vegetable, which are presented or introduced as suitable to use for the young children under the age of 24 months, but do not include the complementary foods in the nutritional regime for young children over the age of 06 months.

3. *Complementary nutritional products (or complementary food for short)* are a kind of solid or semisolid food including 04 food groups: starch, protein, fat, vitamin and minerals; which are ready made to supplement breast milk or substitute breast milk for children under 24 months.

4. *Young children* are defined as those who are from newborn to 24 months old.

5. *Label of nutritional products for young children* is in the form of writing, printing, drawing, photocopying versions, or images which are pasted, printed, attached, molded, laid, or carved directly on products, commercial package of products or other materials attached to the products and commercial package of nutritional products for infants.

6. *Sample of nutritional products for young children* is to provide for free of charge a small amount of these products.

7. *Health facilities* include general hospitals having pediatric and obstetric clinics, obstetric or pediatric hospitals, maternity house; general clinics, obstetric or pediatric clinics; regional general clinics, and commune and township's health centers; facilities for research or counseling on nutrition for young children.

8. *Physicians and health professionals* comprise medical doctors, nurses, intermediate-level physicians, nutritional counselors, midwives or other health practitioners, including unpaid voluntary employees working at health facilities.

9. *Staff at manufacture and business establishments of nutritional products* for young children include contracted staff, sales staff who are entitled to sales commission, collaborators, and staff who promote nutritional products for young children.

Chapter II

INFORMATION, EDUCATION, COMMUNICATION AND ADVERTISEMENT

Article3. Information, education and communication on benefits of breastfeeding

Information, education and communication on the benefits of breastfeeding and on the methods of feeding young children must be given priority in programs on information, education and communication program on the protection of mother' and child's health, and on improvement of children's nutritional status.

Article 4. Information, educational and communication documents on young child feeding

1. Contents of information, educational and communication materials on young child feeding must be clear, easy-to-read, easy-to-understand, objective and scientific.
2. Information, education and communication materials on young child feeding must cover the following contents:
   a) Benefits and superiority of breastfeeding, affirming that breast milk is the best food for the health and overall growth of infants; antibacterial elements, especially antibodies, available in breast milk only, which help children prevent and fight against diarrhea, respiratory infections and other infectious diseases;
   b) Guidelines on exclusive breastfeeding until the age of 06 months and continuation of breastfeeding until the age of 24 months or older, correctly and properly feeding them with complementary foods from the age of 7 months;
   c) Disadvantages of non-breastfeeding and feeding with breast milk substitutes, such as inability to provide children with immune factors available in breast milk, high cost and time-consuming; bacterial contamination in cases of preparing the formula improperly, and so one;
   d) Adverse impacts of bottle-feeding, using teats and pacifiers, and providing complementary foods for children before they are 06 months old;
   đ) Instructions on how to prepare, preserve, choose and use complementary food for young children at home by simple methods, ensuring hygiene, safety and proper nutrition with all kinds of food available.
   e) Proper nutrition for mothers to maintain breast milk supply for breastfeeding.
3. Information, education and communication materials on young child feeding that contain the following contents are prohibited:

a) Pictures, words or other ways used to encourage the use of breast milk substitutes, bottle-feeding or discourage breastfeeding;

b) Comparing formula for young children with breast milk, or stating that it is even better than breast milk;

c) Names or logos of breast milk substitutes, bottles and teats for infants.

Article 5. Information, education and communication materials on the use of nutritional products for young children

Contents of information, education and communication materials on the use of nutritional products for young children must provide information on the following:

1. How to correctly choose and use nutritional products for young children;
2. How to clean and sterilize utensils used for feeding young children; .
3. How to feed young children with clean cups and spoons.
4. Warnings on possible harms to young children's health caused by teats, bottle-feeding or providing complementary food for young children before they are 06 months old;
5. Information on risks of getting infected from bottle-feeding and when breast milk substitutes are not prepared and given to children properly.
6. Warning about cost incurred of feeding young children with breast milk substitutes.

Article 6. Advertisement of nutritional products for young children

1. All forms of advertisement for breast milk substitutes for under-24 month children; complementary food for under-6 month infants; feeding bottles and teats; and image of fetus or young children in advertisements for milk products for pregnant women are strictly prohibited;
2. The advertisement of complementary foods for under-24 month young children must meet the following requirements:

   a) The beginning of the advertisement must have the statement: *"Breast milk is the best food for the health and comprehensive growth of young children";*

   b) In the advertisement, there must be a clear statement that, *"This product is complementary food and can supplement with breast milk and be used for over-06 month infants"*; in line with the provisions of Articles 4 and 5 of this Decree and other regulations of laws on advertisement and food safety.

3. Content, conditions and procedures of advertisement are in line with regulations on advertisement.

Chapter III

TRADING IN and USE of NUTRITIONAL PRODUCTS for YOUNG CHILDREN, BOTTLES and TEATS and PACIFIERS

Article 7. Announcement on regulation conformity and on conformity with food safety regulations

1. Nutritional products for young children must be published about its regulation conformity or its conformity with food safety regulations in accordance with laws on food safety before being introduced into the market.

2. The Minister of Health issues the National Technical Standards for formulated nutritional products for young children.

Article 8. Regulations on labelling of breast milk substitutes for young children

1. Labelling of breast milk substitutes for young children must meet the following requirements:

   a) There must be the words *"ATTENTION"* in upper case, followed by the words in lower case that highlight the following contents: *"Breast milk is the best food for the health and comprehensive growth of infants. Antibacterial elements, especially antibodies, available in breast milk only, help children prevent and fight against diarrhea, respiratory infections and several other infectious diseases."* The height of letters must not be less than 2 mm. The color of letters must be clear and contrast with the background color of the label;

   b) There must be the following words in lower case: *"Use this product only under physicians' instructions. Strictly follow preparation instructions. Feed children by hygiene cups and spoons."* The height of letters must not be less than 1.5 mm;

   c) Infants' ages that are suitable for using the substitute must be clearly written;

   d) Labels of the breast milk substitutes must not have pictures or drawings of infants, breastfeeding mothers, feeding-bottles or teats; words and images implying that the substitute is equivalent to or better than breast milk in quality or encouraging bottle-feeding must not be used; the labels of these products must not be similar to those for pregnant women;

   đ) Labels of breast milk substitutes must be printed with the number of the acceptance document of conformity announcement or the number of the document confirming their conformity with regulations on food safety.

2. Other contents on labels of breast milk substitutes for young children must be in line with the regulations on labeling of domestically circulated, imported or exported goods, on food safety and must meet the following required contents:

   a) Correct guide on the proper way of preparation, illustrated with simple and easy-to-understand tables in Vietnamese;

b) Instruction on sterilizing the feeding tools;

c) Preservation conditions, expiry date before and after opening the can.

Article 9. Regulations on labelling of complementary foods for young children

1. Labels of complementary foods for young children must meet the following requirements:

   a) They should clearly state that: “This product is complementary food and can supplement breast milk for over-6 month infants”. The text should be placed on the front face of the product, in upper case letters which are as high as 2mm or more. The color of the letters must be clear and contrast with the background color of the label.

   b) There must be the word: *“ATTENTION”* in upper case, followed by the words in lower case that highlight the following message: *"Breast milk is the best food for the health and comprehensive development of young children"* The height of the letters must not be less than 2 mm;

   c) Infants' age that is suitable for using the products must be clearly written;

   d) Labels of the products must not have pictures or drawings of infants, breastfeeding mothers, feeding-bottles or teats; words and images implying that the product is equivalent to or better than breast milk in quality or encouraging bottle-feeding must not be used;

   đ) Labels of the products must be printed with the number of the acceptance document of conformity announcement or the number of of the document confirming their conformity with regulations on food safety.

2. Other contents on labelling of complementary foods for young children must comply with the regulations on labeling of domestically circulated, imported or exported goods, and on food safety.

Article 10. Labelling of feeding bottles and teats and pacifiers

1. Labels of feeding bottles and teats must meet the following requirements:

   a) There must be the words in lower case: *“Strictly follow instructions on hygiene and sterilization. Using feeding bottles and teats can make young children refuse to breastfeed and have the risk of getting diarrhea.”* The height of these lower-case letters must not be less than 2 mm. The color of these letters must be clear and contrast with the background color of the label.

   b) Provide correct guidelines on cleaning and sterilization;

   c) Provide precise names and addresses of producers and distributors.

2. Packages of or labels of bottles and teats must display the words in lower case: *"Using teats, and pacifiers negatively affects breastfeeding."* The height of these lower-case letters must not be less than 2 mm. The color of these letters must be clear and contrast with the background color of the label.

3. Labels of feeding bottles and teats, and pacifiers must not contain pictures or drawings of newborns and infants, breastfeeding mothers, or pictures or words implying that the product is similar to mother's nipples.

4. The regulations on labels of feeding bottles and teats, and pacifiers specified in Item 1, 2 and 3 of this Article are applied to both domestically manufactured products and imported ones.

Chapter IV

RESPONSIBILITIES IN TRADING IN AND USE OF NUTRITIONAL PRODUCTS FOR YOUNG CHILDREN

Article 11. Responsibilities of production and business establishments of nutritional products for young children

1. The production and business establishments are responsible for:

   a) Selling nutritional products for young children that ensure quality and food safety according to the published standards or regulations;

   b) Providing medical doctors, health workers and consumers with accurate scientific information and proper usage of nutritional products for young children as regulated in Article 4 and 5 of this Decree.

2. The production and business establishments must not:

   a) Produce and trade in nutritional products for young children which are not pursuant to the published standards or regulations, or are expired or have no packages or labeling.

   b) Appoint their employees to directly or indirectly contact mothers, pregnant women or members of their families at health facilities or other venues with purposes of advertising, communicating and promoting the use of breast milk substitutes;

   c) Display breast milk substitutes and complementary foods for children under 06 months at health facilities; display names and logos of breast milk substitutes on banners, posters and other advertising materials in supermarkets, retail stores and health facilities;

   d) Apply different forms of promotion for breast milk substitutes, such as offering sample products, discount coupons, awards and gifts, accumulating points for reward bonus, discount or any other forms;

   đ) Provide scholarships, funds for research projects, training activities, conferences, workshops, courses, concerts, organizing contests, drama performance, developing films and video clips, telephone counseling service or other forms to propagandize, introduce, or promote the business and use of breast milk substitutes;

e) Implement or support the education and communication related to young child feeding in order to communicate, introduce, and promote the business and use of breast milk substitutes.

Article 12. Responsibilities of health facilities

1. Health facilities are responsible for:

   a) Conducting the counseling sessions on breastfeeding for pregnant women, mothers who have young children and their family members;

   b) Organizing communication sessions, hanging posters and banners or broadcasting images that have contents as regulated in Article 4 and 5 of this Decree at pregnancy check-up rooms, prepartal and postpartum rooms, nutrition counseling rooms or places which are easily observed and gather pregnant women, mothers having young children and their family members;

   c) Creating condition for mothers to initiate breastfeeding their newborns within one hour after birth, exclusively breastfeed them in the first 6 months and continue breastfeeding until24 months of age or beyond.

2. Health facilities must not:

   a) Sell or allow the sale of breast milk substitutes for young children at health facilities, except for hospital pharmacies;

   b) Permit production and business establishments of breast milk substitutes to display and post any tools and devices that have names or logos of the breast milk substitutes, feeding bottles and teats, and pacifiers at health facilities;

   c) Allow employees of production and business establishments of breast milk substitutes to approach mothers who have young children and pregnant women under any form;

   d) Receive breast milk substitutes, material benefits and tools that have names or logos of breast milk substitutes, which are offered by production and business establishments.

Article 13. Responsibilities of physicians and health workers in health facilities

1. Physicians and health workers in health facilities have responsibilities for:

   a) Promoting, supporting and protecting breastfeeding; understanding and strictly implementing the regulations of this Decree;

   b) Informing pregnant women and mothers who have young children about benefits of breastfeeding and how to practice it;

   c) Supporting mothers in breastfeeding their newborns within one hour after birth;

   d) Instructing mothers to breastfeed and maintain lactation even when they have to be away from their babies;

   e) Counseling mothers and family members to exclusively breastfeeding their children in the first 06 months;

f) Providing guidelines and help for mothers so that they can stay with their babies immediately after birth;

g) Encouraging mothers to breastfeed their babies on demand;

h) Requesting mothers and family members not to give babies any feeding bottle and teat or pacifier;.

i) Encouraging the establishment of breastfeeding mothers' support groups and referring mothers to these groups after discharging from hospital.

j) Prescribe breast milk substitutes if needed.

2. Physicians and health workers in health facilities must not:

a) Instruct mother to use breast milk substitutes for children under 06 months, except for cases with physician's prescription of using breast milk substitutes; .

b) Inform pregnant women, mothers who have young children or members of their families that feeding young children with breast milk substitutes is equivalent to or better than breastfeeding in value;

c) Receive directly or indirectly nutritional products for infants, material benefits, or tools that have names or logos of breast milk substitutes;

d) Allow production and business establishments to give sample products or gifts related to breast milk substitutes;

đ) Provide employees of production and business establishments with lists of names, ages, addresses and telephone contact numbers of mothers having young children or pregnant women, or permit them to approach pregnant women and mothers having young children at health facilities.

Article 14. Management Responsibilities

1. The Ministry of Health and other ministries, sectors, people's committees at all levels within the scope of their authorities and responsibilities, shall manage the use of nutritional products for young children, quality and safety management of nutritional products for young children, and conduct monitor and inspection of compliance with laws on trading in and use of nutritional products for young children, feeding bottles and teats, and pacifiers.

2. The Ministry of Culture, Sports and Tourism chairs and coordinates with the Ministry of Health, the Ministry of Commerce and Industry, the Ministry of Information and Communication to manage the information and advertisement of nutritional products for young children in accordance with laws .

3. The Ministry of Health chairs and coordinates with the Vietnam Women's Union, socio-political organizations, and social organizations to disseminate and guide the implementation of laws on trading in and use of nutritional products for young children, feeding bottles and teats, and pacifiers for pregnant women, mothers and their family members.

Chapter V
IMPLEMENTATION PROVISIONS

Article 15. Implementation provisions

1. This Decree takes effect since 01 March 2015.
2. The Government's Decree No. 21/2006/ND-CP dated February 27, 2006, on trading in and use of nutritional products for young children becomes invalid as this Decree takes effect.
3. In cases where nutritional products for young children are circulating in the market, the continued circulation is permitted according to the expiry date shown on the packaging.

Article 16. Implementation responsibilities

1. The Minister of Health hold the responsibilities for instructing, and implementing the enforcement of this Decree.
2. Ministers, heads of ministerial-level agencies, heads of Government agencies, and Chairmen of People's Committees at all levels, and related agencies and individuals hold the responsibilities for implementing this Decree.

Recipients:
- *Secretariat of the Central Committee of the Vietnamese Communist Party;*
- *Prime Minister and Deputy Prime Ministers;*
- *Ministries, ministerial-level agencies and Government agencies;*
- *People's Councils and People's Committees of provinces and cities under the Central Government;*
- *Central Office and other committees of the Party;*
- *The Office of the Party's General Secretary;*
- *The Office of the President;*
- *The Ethnic Council and Committees of the National Assembly;*
- *The Office of the National Assembly;*
- *The People's Supreme Court;*
- *The People's Supreme Procuracy of Vietnam;*
- *The National Auditing;*
- *The National Finance Supervisory Committee;*
- *The Vietnam Bank for Social Policies;*
- *The Vietnam Development Bank;*
- *The Central Committee of the Vietnam Fatherland Front;*
- *The Central agencies of organizations;*
- *The Office of the Government: Chairman/Chairwoman of the Office of the President, Functional Offices, Prime Minister's Assistants, Directors of Electronic Portal, Departments, Bureaus, attached units and Official gazette;*
- *Archived at: Clerical Office, Department of Science, Education, Culture and Social Affairs (5b)*

ON BEHALF OF
THE GOVERNMENT
PRIME MINISTER
(Signed and stamped)

NGUYEN TAN DUNG

INFANT AND YOUNG CHILD FEEDING

Manuals for Health Workers
on maternal and child health care at all levels
(TRAINER'S MANUAL)