

The role of social protection in tackling food insecurity and under-nutrition in Viet Nam, and its gendered dimensions

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* Disclaimer: The views presented in this paper are those of the authors and do not necessarily represent the views of IFGS, ODI or AusAID.

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Acronyms

ADB	Asian Development Bank
AusAID	Australian Agency for International Development
CIE	Centre for International Economics
CPRC	Chronic Poverty Research Centre
Danida	Danish International Development Agency
DFID	Department for International Development
FAO	Food and Agricultural Organization
Finida	Finnish International Development Agency
GAIN	Global Alliance for Improved Nutrition
GSO	General Statistics Office
GTZ	German Technical Cooperation
HDR	Human Development Report
HEPR	Hunger Eradication and Poverty Reduction
IFAD	International Fund for Agricultural Development
IFGS	Institute of Family and Gender Studies
ILSSA	Institute of Labour Studies and Social Affairs
INGO	International NGO
I-PRSP	Interim Poverty Reduction Strategy Paper
MARD	Ministry of Agriculture and Rural Development
MDG	Millennium Development Goal
MICS	Multiple Indicator Cluster Survey
MOLISA	Ministry of Labour, Invalids and Social Affairs
NERP	Nutritional Education and Rehabilitation Programme (Save the Children)
NGO	Non-Governmental Organisation
NIN	National Institute of Nutrition
NTPPR	National Targeted Programme for Poverty Reduction
NTPRWSS	National Target Programme on Rural Water Supply and Sanitation
ODI	Overseas Development Institute
PANP	Poverty Alleviation and Nutrition Programme (USAID)
SEDP	Socio-Economic Development Plan
SEDS	Socio-Economic Development Strategy
UN	United Nations
UNCT	UN Country Team
UNDP	UN Development Programme
UNICEF	UN Children's Fund
US	United States
USAID	US Agency for International Development
VDG	Viet Nam Development Goal
VHLSS	Viet Nam Household Living Standards Survey
VLSS	Viet Nam Living Standards Survey
WHO	World Health Organization

Executive summary

The past decade has seen a marked spike in global policy momentum around social protection policies and programmes, but very little attention to its role in tackling gendered experiences of poverty and vulnerability. It is often assumed that social protection is already addressing gender because many social transfers and public works initiatives target women. However, the role that gender relations play in social protection effectiveness is more complex, affecting not only the type of risk tackled but also the impacts, as a result of pre-existing intra-household and community dynamics. Moreover, gender norms and roles may shape the choice of social protection modality, awareness-raising approaches and public buy-in to programmes.

This report analyses the effectiveness of the Vietnamese government's social protection system related to food insecurity and under-nutrition. As tackling the gendered manifestations of risk and vulnerability has positive spill-over effects on general programme effectiveness, the report assesses the extent to which existing policies and programmes are tackling the gender dimensions of food insecurity and malnutrition. The aim is to understand:

1. The gendered patterning and underlying causes of household- and individual-level vulnerability to food insecurity and under-nutrition;
2. The coping strategies households and different family members employ to overcome these vulnerabilities;
3. The effects of social protection programming and complementary measures on food security and poverty/vulnerability reduction at community, household and intra-household levels, with particular attention to gender dimensions; and
4. Using a political economy analysis, the implications for future policy and programme design to improve social protection effectiveness.

The report draws on a desk review; interviews with policymakers, donors, international agencies, civil society and researchers; and focus groups and in-depth interviews at the sub-national level.

Food insecurity and under-nutrition in Viet Nam

Over the past 20 years, Viet Nam has made impressive progress on economic development and poverty reduction, as well as on food security and average calorie intake. In both our research sites, food security and nutritional well-being have improved over time, but households are still vulnerable to various shocks and stresses, such as drought, crop diseases and food price hikes. Across the country, in fact, several million people continue to be malnourished, with many more vulnerable to food insecurity. Regional and ethnic differences have been observed, with rural, mountainous and ethnic households facing an increased likelihood of food poverty. Rural migrants in urban areas, unemployed or underemployed, are also extremely vulnerable to food insecurity.

In general, women in rural and poor households tend to be more vulnerable to malnutrition than men, owing to traditional gender norms and power dynamics. Men eat first and women eat less, despite their increased workload, and further reduce their intake during times of scarcity. This was confirmed by our focus groups, which showed that women sacrifice their own nutrition in times of hardship, as their husbands are perceived to undertake 'heavy work' in contrast with women's 'light work.' Men are also more likely to get meat than their spouses. Moreover, a considerable proportion of pregnant and lactating women still lack access to higher dietary and nutrient intake.

Focus groups pointed out that children and in some cases the elderly are prioritised in terms of food distribution. However, child under-nutrition continues to be very high, with almost one in three children under five years old stunted. Underweight and wasting are higher among ethnic minority populations, higher among rural compared with urban children and slightly higher among boys than among girls (attributed to biological reasons). Even so, only figures for severe stunting among

urban girls aged above 24 months and stunting among rural girls aged above 24 months are higher than the respective figures for boys. Just 17% of Vietnamese children are exclusively breastfed during the first six months of their life, and these are more likely to be boys.

There is considerable disagreement on the key factors responsible for continued child malnutrition in Viet Nam. It is conventional belief that economic growth *per se* can reduce child malnutrition, but a growing number of analysts stress that household income can explain only a small percentage of any improvement, with other factors – such as availability of health services, nutrition programmes and parental, especially maternal, education – statistically more significant. Overall, indirect and direct factors combined; low household income; low parental education; gender relations, especially in terms of unequal intra-household decision making and resource allocation; and limited access to health services, safe water and sanitation are interlinked and implicated in the causation of child malnutrition in Viet Nam.

Linked to under-nutrition, access to safe drinking water and sanitation facilities improved considerably between 1990 and 2004, but such progress is noticed largely in urban areas: problems have continued in mountainous areas and among some ethnic minorities. Focus groups confirmed this. Women, and especially girls, have to carry water long distances. In addition, people still have to bathe outside, and some girls fear sexual assault. Even if households and schools have toilets, these frequently lack sewerage systems, and waste goes into animal enclosures or rice paddies and streams close to the house, with negative impacts on health.

Government responses

Growing policy momentum around social protection over the past five years has led to the establishment of key programmes, including the National Targeted Programme for Poverty Reduction (NTPPR), focused on human capital development, credit provision and capacity building; Programme 135, to improve infrastructure in impoverished ethnic minority communities and provide pensions for the elderly; social health insurance for households below the poverty line and all children under six; and a range of commercial and non-profit micro-insurance schemes.

Within these, gender dimensions have been at best weakly integrated and often overlooked altogether. However, the country's recent Gender Equality Law (2006) contains a number of provisions to strengthen the integration of gender concerns into social protection policy and programming. Meanwhile, despite progress at the aggregate national level, Viet Nam's poverty reduction and social protection policies have been unable to address the vulnerability of ethnic minorities and child and maternal malnutrition. The government has acknowledged the scale of the problem but has relied too much on the role of economic growth in poverty and malnutrition reduction and thus has failed to adequately consider all the factors involved. According to some analysts, after initial gains in poverty reduction, the preoccupation with economic growth and the achievement of middle-income status has actually reduced state attention to marginalised groups and nutritional issues. As hunger is no longer considered an issue for the majority of the population, national efforts now focus on infrastructure and human capital development.

Key informants emphasise in particular historically limited data availability, especially at the sub-national level. For the first time in 2010, a national nutrition survey with provincial-level surveillance data was undertaken, supported by the UN Children's Fund (UNICEF). In addition, a new information management system is just being established in 2011. It is hoped that, together, these reforms will catalyse greater ownership of nutrition-related strategies and programmes, leading to more carefully tailored and context-appropriate initiatives. Importantly, the data in the 2010 survey have established a strong link between poverty, vulnerability and malnutrition, highlighting that the single most important factor is frequency of meals and the resulting intake of micronutrients. However, this idea remains somewhat politically unpalatable. It has also contributed to weaker than desirable linkages between agencies responsible for nutrition and food security and the Ministry of Labour, Invalids and Social Affairs (MOLISA), which deals with social protection.

Weak inter-sectoral coordination has undermined the development of a coherent and gender-sensitive national social protection system, especially in terms of efforts to link poverty/vulnerability and food security/malnutrition. Linkages between the National Institute of Nutrition (NIN) and MOLISA's Gender Equality Unit appear to be non-existent, despite the importance of gender as a driver of nutritional outcomes. Furthermore, the Law on Gender Equality has had very little impact on how nutritional issues are approached. Efforts to bridge nutrition and water and sanitation seem better coordinated but also suffer from budget constraints and limited scale-up opportunities.

Meanwhile, the diverse actors involved in social protection debates have a range of different interests and degrees of influence and capacity. NIN and the Food Administration Department of the Ministry of Health have limited institutional clout and seem to make only modest efforts to advocate for greater recognition of nutritional priorities in larger development, poverty reduction and social protection initiatives. The Health and Environmental Department, working on water and sanitation, is more proactive in promoting cross-sectoral coordination, but is similarly hampered by budget and human resource constraints. Efforts by actors involved in social protection programming to broaden the existing narrow focus on economic rather than social vulnerabilities (including nutritional vulnerabilities and gender inequalities) have also been quite weak.

Conclusions and policy recommendations

Overall, our analysis suggests a need for a more inclusive growth model; for the explicit reintegration of nutritional targets into national development and social protection strategies and; for more coordinated policy and programming to address the complex economic and social interplay of factors contributing to food insecurity and under-nutrition. More specifically:

- As economic growth *per se* cannot end malnutrition, a more balanced model of economic growth, paying attention to issues of equity and inclusiveness, is vital. In particular, there is a need for strategies that combine agriculture, trade, local employment and better access to food, along with infrastructure improvements and the creation of social safety nets. Growing ethnic disparities, not only in nutrition but also in employment and education, must become targets of specific, sustainable and adequately funded policies and programmes.
- Food insecurity and nutritional disparities still affect millions of Vietnamese adults, especially women as well as children, and need to be acknowledged explicitly and integrated into the National Social Protection Strategy and related programming. Dimensions such as gender, socioeconomic status and ethnicity require greater attention if they are to be factored effectively into programme design and implementation.
- Malnutrition is multifaceted, and policies thus need to more effectively integrate strategies to tackle factors other than income growth, such as parental education and behavioural change; awareness raising for schools and communities; improved sanitation and hygiene; food fortification; and gender empowerment. Particular attention needs to go to stunting, given its chronic nature and risks of life-course and intergenerational transfers.
- Given the multiple institutional actors involved, there is a need for improved leadership (potentially at the deputy-prime minister level) and coordination mechanisms, to avoid delays, duplication and compromised results.
- In a related vein, there is an urgent need to strengthen information management and monitoring and evaluation systems in order to be able to identify problematic areas, especially at the provincial and district levels, and to support effective and tailored policies. It is also critical that these systems are sex-disaggregated.
- Similarly, in order to strengthen the gender sensitivity of social protection approaches designed to tackle food insecurity and under-nutrition, the provision of clear guidelines and tailored and practical gender training to government officials is essential.
- Finally, investment in improved quantity and quality of human resources deployed to tackle poverty and vulnerability, including food insecurity and under-nutrition, at the national and especially the provincial and commune levels, is vital to address these problems effectively.

1. Introduction and research methods

The past decade has seen a marked spike in policy momentum around the importance of social protection policies and programmes, yet there has been very little attention to social protection's role in tackling gendered experiences of poverty and vulnerability. Increasingly, social protection is recognised as a key policy tool to help achieve the Millennium Development Goals (MDGs); as a policy approach underpinned by rigorous evaluation evidence (at least in middle-income countries); as a critical mechanism to cushion the poor and newly poor from the worst effects of the global food price crisis and recession; and as a core human right. At the same time, the 2000s have also seen a renewed interest in the role that addressing gender inequalities can play in achieving broader development objectives, as highlighted by the World Bank's new mantra 'Gender Equality Makes Economic Sense.'

These developments notwithstanding, it is often assumed that gender is already being addressed in social protection initiatives because many transfer programmes and public works programmes target women. This focus stems largely from evidence that women are more likely to invest additional income in family well-being, as well as from a concern to promote greater representation of women in development programmes. However, the role that gender relations play in social protection effectiveness is much more complex, affecting not only the type of risk tackled but also the programme impacts, as a result of pre-existing intra-household and community gender dynamics. Moreover, gender norms and roles may shape choice of social protection modality, awareness-raising approaches and public buy-in to social safety net programmes.

In Viet Nam over the past five years, there has also been growing policy momentum around social protection issues, motivated by a concern to reduce poverty, food insecurity and vulnerability emphasised in the country's first and second phase Socio-Economic Development Plans (SEDP 1 2001-2005 and SEDP 2 2006-2010). In 2009, there was a consultation process around the draft National Social Protection Strategy, and policy dialogue and programmatic action have intensified in the wake of the fallout of the global food price, fuel and financial crises of 2008-2009. Key social protection programmes in place now include: the National Targeted Programme for Poverty Reduction (NTPPR), focused on human capital development, credit provision and capacity building; Programme 135, an initiative aimed at improving infrastructure in impoverished ethnic minority communities and providing pensions for the elderly; a social health insurance programme for households below the poverty line and all children under six years; and a range of commercial and non-profit micro-insurance schemes. However, as is the case with global policy dialogues on social protection, gender dimensions at best have been weakly integrated and often have been overlooked altogether. However, as Box 1 highlights, there is ample provision within the country's recent Gender Equality Law (2006) to strengthen the integration of gender concerns into social protection policy and programming.

The focus of this report is on the relative efficacy of the government's social protection system to address gendered risks and vulnerabilities related to food insecurity and under-nutrition, particularly in light of the 2010 Human Development Report's emphasis on malnutrition as a key component of multidimensional poverty. We approach the analysis using a gender lens, mindful that, as a growing body of international evidence suggests, tackling the gendered manifestations of risk and vulnerability has positive spill-over effects on general programme effectiveness. The purpose here therefore is to analyse the extent to which the gender dimensions of food insecurity and malnutrition are being tackled by existing policies and programmes, with the aim of informing ongoing initiatives to strengthen the design and implementation of Viet Nam's national social protection system.

Box 1: Government of Viet Nam’s commitment to gender-sensitive social protection

The 2006 Gender Equality Law contains a number of provisions for ensuring gender-sensitive social protection, as follows:

- Article 7.1 – ‘To ensure gender equality in all fields [...] and to provide men and women [...] with equal opportunities to participate in the process of development and benefit from development.’
- Article 7.5 – ‘To support gender equality activities in deep-lying, remote and ethnic minority areas and areas with extremely difficult socio-economic conditions; to support necessary conditions for increasing the gender development index in [...] localities with a gender development index lower than the national average level.’
- Article 13.1 – equal treatment in terms of contributory social insurance.
- Article 17.3 – support for poor women in disadvantaged areas during childbirth.
- Article 31.2e – provision for social welfare establishments and supporting services in state agencies in order to reduce the housework burden.
- Article 32.2e – provision for nurseries in the private sector to enable male and female labour-force participation.

It is important to note, however, that there are no provisions within the law for non-compliance with these commitments.

1.1 Methodology

The research methodology involved a combination of qualitative tools structured around the following four areas (see Table 1):

1. Understanding the gendered patterning and underlying causes of household and individual-level vulnerability to food insecurity and under-nutrition;
2. Coping strategies that households and different family members employ to overcome these vulnerabilities;
3. Effects of social protection programming and complementary measures on food security and poverty/vulnerability reduction at community, household and intra-household levels, with particular attention to gender dimensions;
4. Implications for future policy and programme design to improve social protection effectiveness.

Table 1: Overview of research methodology

Type of analysis	Details
Desk review	Secondary data and programme document analysis
Key informant interviews	National (policymakers, donors, international agencies, civil society, researchers) and sub-national (government and non-government implementers)
Focus group discussions	3-5 participants, 2 with adults (male and female) and 2 with adolescents (male and female)
In-depth interviews	32 in-depth interviews: 1 male and 1 female for each lifecycle stage – adolescence, single adult, married adult, elderly) per 4 villages.

Research was conducted in four sites, two in Ha Giang province in the impoverished mountainous Northeast region of the country and two in An Giang province in the Mekong River Delta region of southern Viet Nam.² Table 2 provides further details at provincial and commune level. Sites were selected drawing on a purposive matched sampling technique, which involved selecting two villages in each province of neither transient nor extreme poverty (approximately ‘middling poor’), using the commune list of poor households based on the Ministry of Labour, Invalids and Social Affairs (MOLISA) poverty line.

² Note that the designation of regions in Viet Nam varies: different studies make use of different terms.

Table 2: Key characteristics of research sites at province and commune levels

	Lao Va Chai commune, Yen Minh district, Ha Giang province	Co To commune, Tri Ton district, An Giang province
Population and land		
Province location	Northeast highlands	Mekong River Delta
Province main ethnic minority groups	Kinh, Hmong, Tay, Dao, others 90% ethnic minority groups	Kinh, Khmer, Cham, Hoa
Province population	660,000	2 million
Poverty ranking	50-60% poverty rate (2006)	0-10% poverty rate (2006)
Commune population	4,877 (June 2009), female: 51.5%, male: 48.5%	11,366 (January 2009), female: 52%, male: 48%
No. of households	827 (June 2009)	2,905 (November 2009)
No. of villages	16	6
Ethnicity	Hmong, Dao, Nung, Chinese, Kinh	Khmer, Kinh
Religion	None	Buddhist
Poverty rate	34.1% (2009); 45.3% (2008)	13.3% (2009); 16% (2008)
Poor female household heads	5% (as in the list of poor household)	27% (most are widows aged 65 and above)
Land and economic activities		
Natural land area	1,058 ha of agricultural land (rice, maize, beans)	4,231 ha, of which 3,444 ha is agricultural land (rice) and 1,465 ha is other crops
Agricultural activities	Rice, maize, bean, and vegetable growing	Rice and vegetable growing
Livestock	Buffalos, cows, pigs, horses, goats, poultry	Pigs, cows, poultry
Non-agricultural activities	Small-scale trading and labouring, mainly road making or construction	Small-scale trading and labouring, mainly in mining (2 stone mines and 1 gold mine)

Table 3: Prevalence of under-nutrition by severity 2010 (%)

Province/region	No.	Underweight (%)				Stunting (%)			Wasting (%)
		Total	Moderate	Severe	Very severe	Total	Moderate	Severe	
Northern Midlands and Mountains	21,081	22.1	19.7	2.1	0.3	33.7	20.9	12.8	7.4
Ha Giang	1,508	25.3	22.9	1.8	0.6	38.0	25.8	12.2	7.6
Mekong River Delta	19,437	16.8	14.5	2.1	0.2	28.2	17.1	11.1	7.4
An Giang	1,528	17.0	14.8	1.9	0.3	28.7	17.7	11.0	7.1
Nationwide	94,256	17.5	15.4	1.8	0.3	29.3	18.8	10.5	7.1

Source: <http://viendinhduong.vn/news/vi/106/61/a/so-lieu-thong-ke-ve-tinh-trang-dinh-duong-tre-em-qua-cac-nam.aspx>.

1.2 Report overview

The report is structured as follows. Section 2 provides the conceptual framework that underpinned the research, and Section 3 reviews the literature on the prevalence and patterning of food insecurity and under-nutrition in Viet Nam. Section 4 summarises the findings from our primary research about the site-level vulnerabilities experienced by men, women and adolescents with regard to food insecurity and malnutrition, and the informal coping strategies they adopt. Section 5 discusses the availability of formal social protection programmes to address these vulnerabilities, as well as existing challenges. Section 6 reflects on the political economy dynamics that add a further layer of complexity to effective policy and programme development and implementation in this area. Section 7 concludes and discusses potential policy implications.

2. Conceptual framework

Social protection, commonly defined as encompassing a subset of interventions for the poor – carried out formally by the state (often with donor or international non-governmental organisation (INGO) financing and support) or the private sector, or informally through community or inter- and intra- household support networks – is an increasingly important approach to reduce vulnerability and chronic poverty, especially in crisis contexts. To date, however, there has been a greater focus on economic risks and vulnerability – such as income and consumption shocks and stresses – and only limited attention to social risks. These – such as gender inequality, social discrimination, unequal distributions of resources and power at the intra-household level and limited citizenship – are often just as important, if not more important, in pushing and keeping households in poverty. Indeed, of the five poverty traps identified by the 2008-9 Chronic Poverty Report, four were non-income measures: insecurity (ranging from insecure environments to conflict and violence), limited citizenship (lack of a meaningful political voice), spatial disadvantage (exclusion from politics, markets, resources, etc., as a consequence of geographical remoteness) and social discrimination (which traps people in exploitative relationships of power and patronage) (CPRC, 2008).

Social protection is often characterised by three main objectives: *protecting* household income and consumption, *preventing* households from falling into or further into poverty and *promoting* households' real incomes and productivity. In addition, a focus on *social equity* through Devereux and Sabates-Wheeler's (2004) 'transformative social protection framework' crucially includes a fourth objective, which emphasises the importance of social inclusion and anti-discrimination.

Food insecurity and malnutrition reflect a complex interplay between economic and social risks and vulnerability. Food security is defined as 'when all people at all times have both physical and economic access to sufficient food to meet their dietary needs for a productive and healthy life' (Riely et al., 1999). Food insecurity can be chronic (long term and persistent), cyclical (e.g. at certain times of the year between planting and harvest) or transitory (where a specific shock leads to a food shortage or a sudden price rise). Overcoming food insecurity necessitates not only aggregate food *availability*, but also that households have adequate access to food supplies and that the *utilisation* of those supplies is appropriate to meet the specific dietary needs of different individuals (see Box 2). Importantly, factors affecting food security and nutrition at all three levels may be natural, political, economic or social/human in nature. They may be unpredictable shocks or longer-term trends: for example, neo-patrimonialism and market failures can be as damaging for food security as sudden-onset natural disasters or human conflict. Idiosyncratic risks, such as old age, childhood and motherhood, can represent a significant threat to food security, as can co-variant risks (Cromwell and Slater, 2004). Gender inequality crosses all these levels.

Box 2: Defining food security

Food availability is achieved when sufficient quantities of food are consistently available to all individuals within a country. Such food can be supplied through household production, other domestic output, commercial imports or food assistance.

Food access is ensured when households and all individuals within them have adequate resources to obtain appropriate foods for a nutritious diet. Access depends on income available to the household, on the distribution of income within the household and on the price of food.

Food utilisation is the proper biological use of food, requiring a diet providing sufficient energy and essential nutrients, potable water and adequate sanitation. Effective food utilisation depends in large measure on knowledge within the household of food storage and processing techniques, basic principles of nutrition and proper child care and illness management.

Source: Riely et al. (1999).

In terms of aggregate food availability, recent data (FAO, 2011) show that current yield gaps between men and women are around 20-30%, mainly as a result of inequalities in resource use, but if women farmers used the same level of resources as men on the land they farm, they would achieve the same yield levels. This would increase agricultural output in developing countries by between 2.5% and 4%, which could reduce the number of undernourished people in the world in the order of 12-17% (ibid).

Household access to food is highly dependent on household resources, including assets and labour. By using these, a household can acquire food either directly through production or indirectly through exchange and transfer. Resources at household and community level are highly gendered. Women have less access to and ownership of productive resources, such as land, animals, inputs, technology and credit (FAO, 2011), and inequalities in the labour market mean women are highly represented in low-skilled, seasonal and low-wage work. Moreover, intra-household power relations and control over income and expenditure affect access to food. There is a large body of evidence that shows that the greater the degree of control exercised by women over the family income, the greater the proportion of income spent on food.

The determinants of food utilisation are also influenced strongly by gender. Nutritional vulnerabilities are affected by access to appropriate micronutrients; safe water, hygiene and sanitation; and quality health care services; as well as household and community practices in child care, food hygiene and preparation and environmental health (UNICEF, 2008b). These factors are influenced by both the economic (income) and social environment of a household: attention needs to be paid to addressing inadequate and/or inappropriate knowledge and discriminatory attitudes (including the subordinate status of women and girls within the household), which limit household access to actual resources (ibid), as well as women's time constraints, women's ability to use knowledge on nutrition and child care practices. Socio-cultural norms as well as limited time often mean women are forced to compromise in terms of quality of food preparation and child care practices such as weaning. Women also use negative coping strategies such as reducing their own intake of food.

There are a number of ways in which social protection can support food security and nutrition. Historically, the emergence of the social protection agenda in the late 1990s/early 2000s coincided with a refocus on rural livelihoods and food security in many low-income countries (Devereux, 2001). Initially, social safety nets aimed simply at 'raising the consumption of the poor through publicly provided transfers'; in the early 2000s, the focus shifted to 'helping low-income households cope with income fluctuations as well' (Morduch and Sharma, 2002, in Devereux, 2003). More recently, there has been increased attention to the role of social protection in addressing long-term chronic poverty, with a focus on social equity (Devereux and Sabates-Wheeler, 2004; Holmes and Jones, 2009; UNICEF, 2010b).

At the macro level, the operation of buffer stocks and the public food grain distribution system are important determinants of consumption smoothing, to infuse a greater supply into the market and ensure lower prices. A well-functioning public distribution system, especially one that provides free or subsidised food, would also contribute to consumption smoothing under most shock situations (IFAD, 2011). Indeed, such programmes have been a popular mechanism in many countries to address ongoing levels of food insecurity and malnutrition, for example India and Pakistan, as well as a response to macro-level shocks to protect the poor from sharply increased food prices, as in Indonesia during the 1997/98 East Asian financial crisis and more recently in the Philippines as a result of the 2007/08 food price crisis (Arif et al., 2010). In general, however, social protection has limited impacts on aggregate poverty and food security – as many face logistical and institutional constraints and are poorly targeted, and the scale and coverage of public transfers never match the extent and depth of the poverty problem (Devereux, 2001).

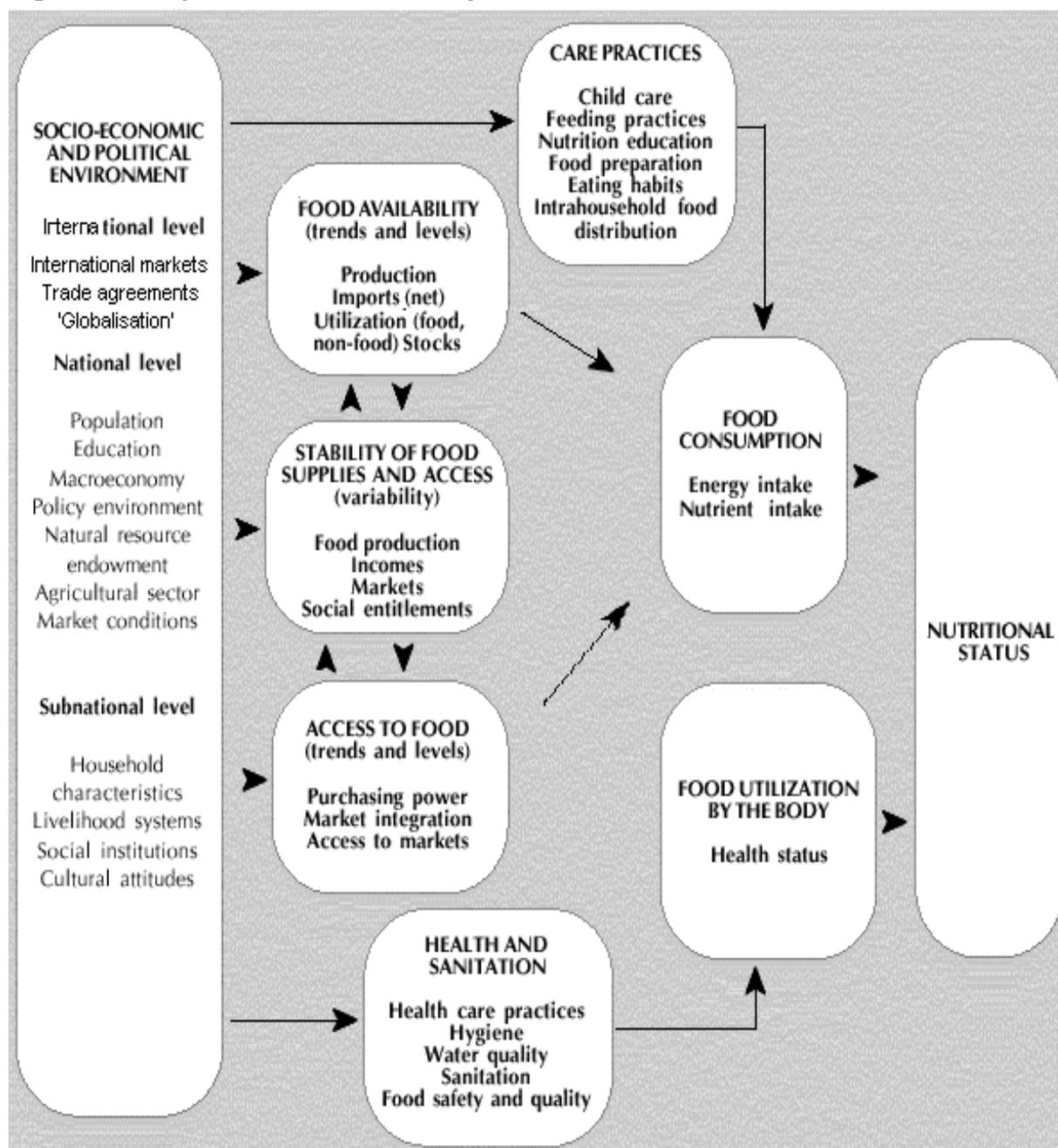
At the household level, social protection programmes have to date focused more on access than utilisation, through, for example, direct consumption support in the form of transfers or subsidies

and public works programmes, and input subsidies aimed at increasing rural/agricultural productivity and incomes. Social protection programmes have also provided indirect support, through household use of transfers, subsidies or public works programmes to invest in agriculture and other productive opportunities; to free up household income for other priorities; to create individual and/or community rural infrastructure (such as roads or irrigation); to access credit, etc.

The extent to which gender and intra-household issues have influenced the design and implementation of social protection programmes has varied greatly, however, with limited attention to both overall. Opportunities to enhance the integration of gender from the macro through to the micro level are highly context-specific, and depend on the balance between formal and informal social protection mechanisms within a country as well as the profile of the government agency responsible for the design and implementation of formal mechanisms. These can be reinforced or mediated through policy interventions, discriminatory practices embedded in institutions (e.g. social exclusion and discrimination in the labour market) and community, household and individual capacities and agency.

Integrating gender at these levels is vital for programme success in tackling poverty and food security, and entry points for a more gender-sensitive approach to social protection for improved food security include promoting the real incomes of women through equal wages in public works programmes; accounting for intra-household inequalities when distributing cash or in-kind transfers to households; avoiding exacerbating women's time constraints linked to programme activities, providing alternative quality care arrangements for children and/or creating gender-sensitive infrastructure to reduce time poverty; supporting women's nutritional knowledge and ability to exercise it within the household through economic and social empowerment; and recognising lifecycle nutritional vulnerabilities, in particular for pregnant women and children under five.

Figure 1: Components of food security



Source: FAO in Cromwell and Slater (2004).

3. Food insecurity and under-nutrition in Viet Nam: an overview

Over the past 20 years Viet Nam has undoubtedly made impressive progress in economic development and poverty reduction. Likewise, food security and average calorie intake have improved considerably as food, and especially rice, production has soared, making Viet Nam the second-largest rice exporter in the world, and as economic growth has enabled poor households to increase their income and consumption levels. However, child malnutrition has continued to be very high, with almost one in three children under five years old stunted. Extensive research on the topic has identified multiple factors responsible for the problem which current state policies do not address adequately. The latter have relied on the role of income growth, overlooking the complexities of malnutrition and food insecurity, especially among already vulnerable population groups. Similarly, donors and international agencies have aimed to address issues of service provision but have had difficulty addressing the underlying causes of malnutrition.

3.1 Prevalence and patterning of food insecurity and under-nutrition in Viet Nam

Since the introduction of the Doi Moi reforms, Viet Nam has made great strides in poverty reduction and food production, and is on track to meet MDG 1 and reduce hunger by 50% by 2015 (UNICEF, 2008a). However, although there is no food shortage in the country and poverty rates have declined, progress has been uneven and several million people continue to be malnourished, with many more vulnerable to food insecurity. According to the latest Human Development Report (HDR) (UNDP, 2010), 13% of the population suffered from under-nutrition between 2004 and 2006; the Vietnamese government estimates that 6.7% of the population suffers from food poverty (Nhat et al., 2008); and FAO suggests that approximately 23% of the over 80 million Vietnamese are 'living on the edge' or face increased risk of experiencing food insecurity (FAO, 2004, in *ibid*). Regional and ethnic differences in food poverty have been observed, with rural, mountainous and ethnic households facing increased likelihood of food poverty: according to 2004 data, 9.7% of the rural population were food-poor compared with 0.8% of the urban population; the Northwest (35%), the Central Highlands (19%) and the Northern Mountains (16%) had the highest rates of food-poor, and almost 35% of ethnic minority communities were food-poor compared with 3.5% of the Kinh majority (Tuan, 2008). According to a 2007 Joint Donor Group Report, 29% of ethnic minority people are food-poor and experience hunger at certain times during the year (in Jones and Tran, 2010). Regional disparities are closely linked with ethnicity, as the vast majority of ethnic minority communities (75%) live in remote areas of the Central Highlands and the Northern Mountains and account for approximately 60% of the country's hungry (*ibid*).

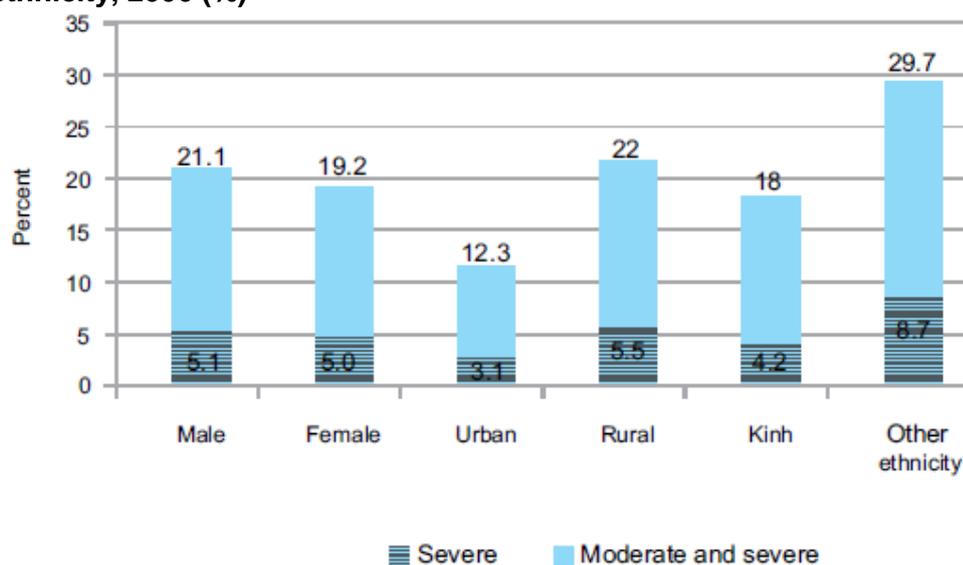
Regarding urban food poverty, an accurate assessment of the situation is still not available, as migrants are usually excluded from urban poverty data, although they comprise a significant proportion of the peripheral urban population (Oxfam and ActionAid, 2010). In general, given the high cost of living in cities and their limited resources, the urban poor tend to reduce their food as well as non-food expenditures; their diet is very simple, their living environment is very poor with inadequate sanitation and rubbish collection services and their access to public services, such as health and education, is very limited. Rural migrants in urban areas face similar problems. Research has revealed that unemployed or underemployed migrants are extremely vulnerable to food insecurity (FAO, 2004), a finding that can perhaps explain the conclusion by Baulch and Masset (2003) that the majority of chronically malnourished adults lived in the Mekong and Red River Deltas and the Southeast, areas with relatively low poverty rates. Facing poor working and living conditions, having unstable and low incomes and being less able to access state benefits, as they are not officially registered in the place where they currently live, migrants report poor health and nutrition: a 2008-2009 qualitative study in Hai Duong and Dong Thap provinces, funded by the

Australian Agency for International Development (AusAID), found that the majority of the female migrants interviewed, either self-employed in the informal sector or working as manual or seasonal factory workers, lacked any health insurance, many had poor health and some suffered from dizziness, lack of concentration and even fainting spells owing to a poor diet and health care resulting from efforts to minimise their expenditure and save some money on a low income (Thy et al., 2009). A recent report on urban poverty monitoring in Ha Noi, Hai Phong and Ho Chi Minh City confirms such findings: rural migrant workers in these three cities reported that, despite their limited income and high living costs, their desire to send remittances back home makes them further reduce expenses on basic needs. They choose to live in cheap accommodation with poor hygiene conditions and consume inadequate or unsafe food, unaware of or unable to take advantage of public services and social assistance activities (Oxfam and ActionAid, 2010).

Only limited and somewhat dated information are available on gender differentials in adult under-nutrition, and this paints a somewhat mixed picture. According to data from 1999, 40% of both women and men in Viet Nam were underweight (FAO, in Gill et al., 2003), while the 2004 UN Country Team noted that the average height of Vietnamese adults was over five centimetres below the global average (UNCT, 2004). A 2002 study (Colwell et al., in Gill et al., 2003) based on 1993 and 1998 data found that 28% of women and 23% of men in the 18-44 age group were malnourished, whereas 47% of both women and men over 60 were underweight. Interestingly, although in the top quintile the difference was small, in the poorest quintile 39% of women compared with 30% of men were malnourished, and between 1993 and 1998 prevalence of underweight increased among poor women aged 18-44 years. Also based on 1993 and 1998 data, Baulch and Masset (2003) found that almost 11% of adults were malnourished in both years, with female malnutrition much higher than male malnutrition in rural areas, but similar to it in urban settings. In general, women in rural and poor households tend to be more vulnerable to malnutrition owing to traditional gender norms and power dynamics, with men privileged to eat first and women eating less despite their increased workload (Gill et al., 2003) and further reducing their intake during times of scarcity (Jones and Tran, 2010). Moreover, despite progress, a considerable proportion of pregnant and lactating women lack access to required higher dietary and nutrient intake, with 38% of pregnant women suffering from iron deficiency anaemia (UNICEF, 2010a) and 27% of mothers suffering from chronic energy deficiency (UN Viet Nam, 2010).

Most available studies focus on child under-nutrition which, despite its steady decline, continues to be very high, with almost one in three children under five stunted and Viet Nam among the world's 20 worst performers (Baulch et al., 2010). In addition, according to UNICEF's 2006 report (in UNICEF Viet Nam, 2006), the country, with its 2 million underweight under-five children, is among the 10 countries (ranked 10th) wherein 73% of the globe's 146 million underweight under-five children live. According to 2008 data from the National Institute of Nutrition (NIN) (in UNICEF, 2010a), 33% of under-five children were stunted, with the highest rates reported in the Central Highlands (41%), the Northwest (36%) and the Northeast (35%) which, as noted above, have high concentrations of ethnic minority populations. According to UNICEF's 2006 Multiple Indicator Cluster Survey (MICS3),³ 20% of under-five children were underweight, yet considerable regional and ethnic disparities were recorded, with the highest underweight malnutrition rate recorded in the Northwest (29%) and the lowest in the Southeast (11%); higher rates were recorded among rural children (22%) compared with urban ones (12%) and among ethnic minority children (30%) compared with their Kinh counterparts (18%) (General Statistics Office (GSO) and MICS data in UNICEF 2010a). In terms of gender differences, despite son preference, boys were slightly more underweight than girls (an observation made in several studies and attributed to biological reasons, increasing boys' vulnerability to food shortage and disease (Gill et al., 2003)). Figure 2 summarises 2006 MICS3 findings on underweight rates in under-five Vietnamese children.

³ www.unicef.org/infobycountry/vietnam_statistics.html.

Figure 2: Prevalence of underweight in children under five years of age by sex, location and ethnicity, 2006 (%)

Source: MICS3 in UNICEF (2010a).

UNICEF MICS data also contain information about wasting, the third, but less used, indicator of children's nutritional status: 8% of under-five children were wasted in 2006. Data from 2006 Viet Nam Household Living Standards Survey (VHLSS), used by Baulch et al. (2010), also indicate that stunting and wasting rates were higher in rural compared with urban areas, with 33% of rural boys <24 months found to be stunted compared with 20% of urban boys, 40% of rural boys =>24 months compared with 26% of urban boys and 42% of rural girls =>24 months compared with 24% of urban girls. Boys in both rural and urban areas tended to have higher rates of stunting and wasting compared with girls, with the exception of severe stunting among urban girls aged >=24 months (11% vs. 9%) and of stunting among rural girls aged >=24 months (42% vs. 40%). Despite progress in tackling micronutrient deficiencies with vitamin A supplementation programmes covering more than 90% of children, anaemia continues to affect around one-third of under-five children (UN and Socialist Republic of Viet Nam, 2007), while 14% of under-five children suffer from low serum retinol (UNICEF, 2010a). Unfortunately data on the nutritional status of migrant workers' and single mother urban households' children are very rare; given the emerging trend of migrant couples living with their young children in the cities and not sending them back to their home province (Oxfam and ActionAid, 2010), such data have to be collected to provide a more complete picture of urban poverty and food insecurity.

Breastfeeding, which is crucial for children's nutritional and health status, continues to be limited: only 17% of Vietnamese children are exclusively breastfed during the first six months of their life; 70% of children aged 6-9 months are receiving complementary foods; and only 23% of children aged 20-23 months are still breastfed. The overall rate of exclusive breastfeeding is also much higher in rural than in urban areas (MICS3). Boys are more likely to be exclusively breastfed up to six months as well as to be adequately fed during the first year of their life, with this rate being 45% for boys and 38% for girls, respectively (UNICEF, 2010a).

Finally, although safe water and sanitation coverage has improved significantly, regional and ethnic disparities, along with poor hygiene knowledge and behaviour, have contributed to high rates of communicable diseases and negative nutritional impacts. The latest UNICEF data suggest that 99% of the urban population and 92% of the rural population had access to safe drinking water, whereas 94% of the urban population and 67% of the rural population had access to improved sanitation in 2008 (UNICEF, 2011). However, serious problems persist in mountainous areas and among some ethnic minorities with, for example, under two-fifths of those living in the Northern Uplands having access to safe water in 2006 (Baulch et al., 2010). In addition, improved access to

water sources and sanitation has not always been translated into improved hygiene conditions: although 80% of schools had access to water and 73% to latrines, only 46% and 12% of these, respectively, met Ministry of Health standards (UNICEF, 2010a). Recent surveys of sanitation and hygiene also reveal how critical the situation actually is, especially in rural areas: only 18% of rural households, 11.7% of schools, 36.6% of commune health centres and 2.3% of rural markets have latrines that meet national standards; ethnic minority households are 12 times less likely to have hygienic latrines compared with Kinh households; and only 2.3% of the rural population understand that hand washing with soap reduces disease transmission and only 12% do wash their hands with soap before eating and 15.6% after defecating – those with low education levels, men, ethnic minorities and inhabitants of Northern Mountain areas, the Central Highlands and the Central Region are the four population groups with much lower rates of hand washing. In addition, 26% of the interviewed population drink un-boiled water and 30% of households use human excreta for fish and crops, with the vast majority using them improperly or totally un-treated, thus contributing to water, soil and food contamination (Ministry of Health and UNICEF, 2007).

3.2 Change over time

Viet Nam's strides in economic development and food security resulted in a remarkable reduction in monetary poverty from 58.1% in 1993 to 19.5% in 2004, and an even more impressive decline in food poverty from almost 25% to 7.4% respectively (Tuan, 2008). Food production also increased dramatically from 19.5 million tons in 1988 to 39.5 million tons in 2005 (Nguyen, 2008), with rice remaining the major crop and Viet Nam becoming the second-largest rice exporter in the world (Gill et al., 2003).

Even so, economic, spatial and ethnic disparities influenced the pace of poverty reduction, and significant differences in the prevalence and depth of poverty have been observed among regions and ethnic groups. Comparing Viet Nam Living Standards Survey (VLSS) and VHLSS data from 1993 to 2004, available sources point out that monetary poverty declined more rapidly in urban areas while it continued to be concentrated in rural areas, especially mountainous ones, along with food poverty; the Northwest, the Northern Mountains and the Central Highlands continued to experience high rates of poverty (59%, 35% and 33%, respectively, vs. the national 19.5%) and food poverty (35%, 16% and 19%, respectively, vs. 7.4%). In addition, not only have poverty rates continued to be considerably higher among ethnic groups but also their pace of reduction has been much slower compared with among the Kinh majority; the poverty rate dropped from 54% in 1993 to 13.5% in 2004 among the Kinh, whereas it started at the much higher rate of 86.4% and fell only to 60.7% among ethnic minorities; likewise, between 1993 and 2004, the food poverty rate declined from 20.8% to 3.5% among the Kinh compared with 52% to 34.2% among ethnic minorities (Tuan, 2008). Although ethnic minorities account for only 12.6% of the total population, they represent 39.3% of all the Vietnamese poor (Nguyen, 2008) and, given increasing disparities, predictions suggest they will account for most of the poor by 2015, unless serious action is taken (UNCT, 2004). Child poverty rates have also declined, but with considerable regional and ethnic differentials: although in 1992 the rural child poverty rate was just over double the urban one, in 2004 this ratio increased to almost six times. Some regional ratios were even higher, with the child poverty rate in the Northwest eight times higher than that in the Southeast (Nguyen, 2008).

Table 4: Poverty rates and poverty gap, 1993-2004 (%)

In percent	1993	1998	2002	2004
General poverty	58.1	37.4	28.9	19.5
Urban	25.1	9.2	6.6	3.6
Rural	66.4	45.5	35.6	25.0
Kinh and Chinese	53.9	31.1	23.1	13.5
Ethnic minorities	86.4	75.2	69.3	60.7
Food poverty	24.9	15.0	10.9	7.4
Urban	7.9	2.5	1.9	0.8
Rural	29.1	18.6	13.6	9.7
Kinh and Chinese	20.8	10.6	6.5	3.5
Ethnic minorities	52.0	41.8	41.5	34.2
Poverty gap	18.5	9.5	6.9	4.7
Urban	6.4	1.7	1.3	0.7
Rural	21.5	11.8	8.7	6.1
Kinh and Chinese	16.0	7.1	4.7	2.6
Ethnic minorities	34.7	24.2	22.8	19.2

Note: Poverty rates are measured as a percentage of the population. Poverty gaps reflect the average distance between the expenditures of the poor and the poverty line, in percentage of the latter.

Source: VLSS 1993- 1994, 1997- 1998 and VHLSS 2002 and 2004. Data for 2004 was computed by Nauven Viet Cuona.

Source: Derived from Tuan (2008).

Table 5: Poverty rates across regions, 1993-2004 (%)

In percent	1993	1998	2002	2004
General Poverty	58.1	37.4	28.9	19.48
Northern Mountains	81.5	64.2	43.9	35.39
North East	86.1	62	38.4	29.38
North West	81	73.4	68	58.57
Red River Delta	62.7	29.3	22.4	12.14
North Central Coast	74.5	48.1	43.9	31.90
South Central Coast	47.2	34.5	25.2	19.01
Central Highlands	70	52.4	51.8	33.15
South East	37	12.2	10.6	5.37
Mekong Delta	47.1	36.9	23.4	15.82
Food Poverty	24.9	15	10.9	7.39
Northern Mountains	42.3	32.4	21.1	16.19
North East	29.6	17.6	15.4	11.38
North West	26.2	22.1	46.1	34.77
Red River Delta	24.2	8.5	5.3	2.33
North Central Coast	35.5	19	17.5	13.57
South Central Coast	22.8	15.9	9	8.13
Central Highlands	32	31.5	29.5	18.81
South East	11.7	5	3	1.46
Mekong Delta	17.7	11.3	6.5	3.95
Poverty Gap	18.5	9.5	6.9	4.72
Northern Mountains	29.0	18.5	12.3	9.50
North East	29.6	17.6	9.6	7.01
North West	24.1	22.1	24.1	19.11
Red River Delta	18.3	6.2	4.3	2.11
North Central Coast	24.7	11.8	10.6	8.09
South Central Coast	17.2	10.2	6	5.10
Central Highlands	26.3	19.1	16.7	10.64
South East	10.1	3	2.2	1.20
Mekong Delta	13.8	8.1	4.7	2.99

Note: Poverty rates are measured as a percentage of the population. Poverty gaps reflect the average distance between the expenditures of the poor and the poverty line, in percentage of the latter.

Source: VLSS 1993- 1994, 1997- 1998 and VHLSS 2002 and 2004 Data for 2004 were computed by Nguyen Viet Cuong.

Source: Derived from Tuan (2008).

With the exception of data on anaemia among women of reproductive age showing a decline from 50% in 1993 to 25% in 2006 (UN and Socialist Republic of Viet Nam, 2007), comparable data on malnutrition rates among adults in Viet Nam between 1990 and 2010 are difficult to obtain. Existing sources confirm that improvements in food security have led to increases in average calorie intake, but with considerable differences between regions and between poor and wealthier households (Molini, 2006). VLSS data suggest that between 1993 and 1998 populations in areas with rapid economic progress, such as the Red River Delta, Ho Chi Minh City and other southern regions, improved their diet and increased their intake of nutrient-rich foods, whereas those in provinces with slow economic growth, such as the Northern Uplands, mainly increased their calorie intake without significant change in their dietary diversity. Similar changes were observed between better-off and poor households: the former gradually reduced their consumption of rice and cereals and replaced them with more expensive but nutrient-rich foods such as meat, fish, vegetables and fruits; on the other hand, the latter used their additional income to increase their calorie intake, especially their rice consumption, but were not able to improve the quality of their diet much. They also experienced all relevant dietary improvements at a much slower rate compared with better-off households (Thang and Popkin, 2004).

As mentioned above, unlike adult malnutrition, child malnutrition in Viet Nam has attracted a great deal of attention. Evidence from multiple sources throughout the past 20 years reveals that, despite its steady decline, child malnutrition has continued to be a serious problem in the country. Between 1990 and 1999, the average rate dropped but remained at a rather high level, with 46% of Vietnamese children underweight when the global rate was 28% and the East Asian and Pacific rate was 22% (CIE, 2002). In 2004, prevalence of underweight children was 26.6%, stunting 30.7% and wasting 7.7%. These figures suggest that the rate of underweight children fell on average 1.1% per year during the 1990s and 1.8% between 2000 and 2004, and that of stunting by an average of 2% in the 1990s and 1.5% per year between 2000 and 2004 (Khan et al., 2007). However, progress was uneven, with all malnutrition indicators declining more and faster in urban areas and for better-off households, and less and slower in mountainous areas as well as among poor households. Thang and Popkin (2003) found that, between 1992 and 1997, the reduction rate of stunting in the richest quintile was 39.5% compared with 16.6% in the poorest quintile, and Jones and Tran (2010) mention that, between 1990 and 2004, underweight malnutrition dropped nearly 50% in urban areas but only 25% in mountainous areas. It should also be noted that data from 1999 to 2010 from NIN show that the reduction in stunting (which indicates long-term deprivation) was much slower than the reduction in underweight malnutrition.

Figure 3: Changes in malnutrition of under-five children in Viet Nam, 1999-2010 (%)



Source: <http://viendinhduong.vn/news/vi/106/61/a/so-lieu-thong-ke-ve-tinh-trang-dinh-duong-tre-em-qua-cac-nam.aspx>.

Table 6: Prevalence of malnutrition by year, 1990-2004 (%)

Year	1990	1994	2000	2002	2004
Malnutrition					
Underweight	45.0	44.9	33.8	30.1	26.6
Moderate	29.8	33.9	27.8	25.3	22.8
Severe	13.0	9.2	5.4	4.5	3.6
Very severe	2.2	1.8	0.6	0.3	0.2
Stunting	56.5	46.9	36.5	33.0	30.7
Moderate	24.4	29.5	23.8	21.5	19.9
Severe	32.1	17.4	12.7	11.5	10.8
Wasting	9.4	11.6	8.6	7.9	7.7

Source: Khan et al. (2007).

Table 7: Prevalence of malnutrition by area, 1990 and 2004 (%)

Year		Urban	Rural	Mountainous
1990	Underweight	40.6	47.5	54.7
	Stunting	44.4	60.1	61.8
	Wasting	9.2	14.2	16.8
2004	Underweight	21.2	30.8	39.7
	Stunting	23.4	35.7	42.3
	Wasting	4.8	7.6	8.9

Source: Khan et al. (2007).

Table 8: Malnutrition reduction rate by rural, urban and mountainous area, 1990-2004 (%)

Malnutrition	Rate of reduction (%)		
	Urban	Rural	Mountainous
Underweight	47.7	35.1	27.4
Stunting	47.3	40.6	31.6
Wasting	47.8	46.5	47.0

Source: Khan et al. (2007).

Apart from economic and spatial disparities, ethnic differentials have again had an important impact: data from 1998 to 2006 distinguishing between children under 24 months and those between 24 and 59 months show that stunting rates for Kinh children of both age groups declined by 7% and 16%, respectively, whereas that for ethnic minority children under 24 months was reduced by 2% and that for older children actually increased by 3% (Baulch et al., 2010). Interestingly, data for these two specific age groups between 1998 and 2006 reveal that severe stunting among children under five has not changed and that wasting has increased by 4% for children under 24 months and by 1% for older children (ibid).

Table 9: Changes in stunting and wasting rates by ethnic category, 1998-2006 (%)

	Stunting			Severe stunting			Wasting		
	2006	1998	Two sample mean comparison test P-value	2006	1998	Two sample mean comparison test P-value	2006	1998	Two sample mean comparison test P-value
Kinh & Hoa	33%	46%	0.0000	13%	13%	0.0000	12%	12%	0.0000
Khmer & Cham	21%	37%	0.0000	11%	14%	0.0747	7%	13%	0.0004
Tay-Thai-Muong-Nung	45%	40%	0.0000	18%	15%	0.0000	13%	9%	0.0000
Other Northern Uplands	51%	55%	0.3115	32%	26%	0.1047	11%	7%	0.0021
Central Highlands	59%	52%	0.0000	26%	27%	0.7355	16%	14%	0.0000

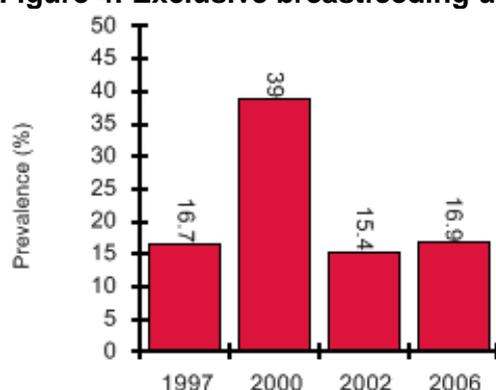
Source: Baulch et al. (2010).

Table 10: Nutrition indicators for children under five in the whole country

	< 60 months			<24 months			>=24 months and < 60 months		
	1998	2006	2 sample mean comparison test (P-value)	1998	2006	2 sample mean comparison test (P-value)	1998	2006	2 sample mean comparison test (P-value)
Stunting	42%	34%	0.0000	32%	26%	0.0000	48%	38%	0.0000
Severe stunting	13%	13%	0.1817	11%	11%	0.0000	15%	14%	0.0009
Wasting	11%	12%	0.0000	11%	15%	0.0000	11%	10%	0.0000
N	2,149	1,956		757	662		1,392	1,294	

Source: Baulch et al. (2010).

The explanation provided by the authors for the increase in wasting is that many infants, particularly in urban areas, are increasingly bottle-fed; those that are breastfed are weaned rather early. Moreover, given that child malnutrition is also causally related to diarrhoeal diseases and poor water and sanitation facilities, limited improvement in water and sanitation conditions in mountainous areas and among some ethnic minorities have a negative effect on children's health and nutritional status. Indeed, exclusive breastfeeding for the first six months has declined and is still rather low (see Figure 4 below).

Figure 4: Exclusive breastfeeding under six months, 1997-2006 (%)


Source: WHO (2010).

In addition, sanitation facilities and access to safe drinking water improved considerably between 1990 and 2004: UNICEF (2007) estimated that, while only 58% of the urban population and 30% of the rural population had access to improved sanitation in 1990, figures rose to 92% and 50%, respectively, in 2004; regarding access to safe drinking water, the situation was better, with 90% of the urban population and 59% of the rural population having such access in 1990, and 99% and 80%, respectively, in 2004. However, observed progress is noticed largely in urban areas, and problems continue in mountainous and ethnic minority areas. A recent report on implementation of the National Target Programme on Rural Water Supply and Sanitation (NTPRWSS) 2006-2010, shows that, at the end of 2010, 83% of the rural population had access to hygienic water (compared with 62% in 2005), with an average increase of 4.2% per annum, but this was 2% lower than planned. Some 60% of rural households had hygienic latrines (compared with 50% in 2005), again 10% lower than planned (MARD, 2010). Approximately 23% of rural households continue not to have latrines, and 30% of household latrines are used or maintained improperly, along with persistent low rates of hand washing with soap. Use of inadequately or non-treated human excreta for cultivation and fish feeding continues in many rural areas; and household rubbish littering public spaces along with inadequate drainage systems and environmental pollution are becoming serious problems in peripheral urban areas, wherein existing infrastructure often fails to meet the needs of the increasing urban population (Oxfam and ActionAid, 2010).

3.3 Causes of under-nutrition in Viet Nam

There is a general consensus in the literature that a range of factors contribute to under-nutrition in Viet Nam, but that aggregate food shortages are not an issue. Since the 1990s, food production has increased in all regions (Gill et al., 2003), and national food security is now ensured (Khan and Khoi, 2008). However, there are still some regions vulnerable to natural disasters and related food insecurity, as well as vulnerable and food-insecure groups. In the majority of cases, poverty is the underlying factor of such vulnerability and, as Colwell et al. (2002, in Gill et al., 2003) argue, 'poverty and food insecurity are two sides of the same coin.' As Luttrell (2003, in Gill et al., 2003) points out, 'economic growth does not automatically translate in to poverty reduction or food security' and what has been achieved in Viet Nam so far is actually 'the easy gains in poverty reduction.' Uneven economic growth and increased social inequalities have maintained pockets of intense poverty and food insecurity among ethnic minorities in mountainous areas, in communities of small farmers and artisanal fisher folk and among urban migrants with unstable employment (FAO, 2004; Gill et al., 2003; UN and Socialist Republic of Viet Nam, 2007). Geographic and social isolation (including lack of knowledge of the Vietnamese language in the case of some ethnic minority groups, according to Baulch et al., 2010); lack of sufficient income; limited or no assets; persistent difficulty in covering basic expenditures; increased vulnerability to sudden shocks; seasonal natural calamities and price fluctuations; and inadequate participation at the local level in poverty alleviation initiatives have been identified as major factors responsible for the situation. A 2002 Oxfam study in the Central Highlands (in Gill et al., 2003) showed that poverty and food insecurity led to a reduction in the number of meals and to deterioration in dietary quality. Assessing the impact of trade liberalisation on household consumption patterns, Jones et al. (2007) suggest that an overemphasis on export crops and seafood farming rather than food staples compromised the food security of the households involved.

The persistence and extent of child malnutrition in Viet Nam have prompted a great deal of research on its causes, but with considerable disagreement as to the key factors responsible and especially the significance of economic growth (Nguyen, 2008). The role of the latter has been emphasised and researched repeatedly, as it is conventionally believed that economic growth *per se* can actually reduce child malnutrition (Glewwe et al., 2004). Yet, other studies stress that household income can explain only a small percentage of any improvement in children's nutrition, with other factors, such as availability of health and sanitation services, nutrition programmes and parental, especially maternal, education being statistically more significant. O'Donnell et al. (2009)

studied linkages between income and child malnutrition and found that only two-fifths of the reduction in the prevalence of stunting can be explained by income growth. Other changes in the economy, health and nutrition, which either increased the role of variables (such as increased availability of meat) or influenced non-observable determinants (such as reduced prevalence of infectious diseases) were equally important. Such findings are consistent with a previous, often cited, study by Glewwe et al. (2004), which also found a weak relationship between household income and child nutrition, and suggested that supply of oral rehydration salts, sanitary toilets in commune health centres and distance to pharmacies had a far more positive impact. Similarly, Jones et al. (2007) mentioned that Kinh show greater awareness of and willingness to report child illness, a finding also emphasised by Teerawichitchainan and Philips (2007), who suggest that ethnic minority parents are unable to recognise symptoms and seek proper treatment for their ill children.

Researching the changing nature of childhood poverty in the country over a period of 15 years, a 2008 Young Lives report also indicated that household income is not the only and potentially not even the most significant determinant of children's well-being. Although children from poorer households are more likely to be stunted, parental, and especially maternal, education proves to have a strong impact on children's nutrition. The study suggests that, even if economic growth enables households to escape from income poverty, poor parental education will continue to have a negative impact on children's nutrition. Access to quality health care, sanitation and safe water were also found to shape child nutritional status. Yet, despite state policies for free health insurance for all children under six and the establishment of commune health centres, full access to and quality of health services remain an issue and, along with inadequate sanitation, compromise child health and well-being in some rural settings (Le et al., 2008).

The crucial importance of poor hygiene and sanitation in child malnutrition is currently attracting a great deal of attention as, although unsafe water and sanitation account for almost half of Viet Nam's communicable diseases (UNICEF, 2010a), progress is slow and inaccessible by the needy. Apart from coverage and quality issues, inadequate knowledge and poor hygiene habits (such as the alarmingly low rate of hand washing with soap, consumption of un-boiled water, use of dirty cooking utensils, lack of hygienic toilets, defecation into fields and rivers and use of un-treated human excreta) mean increased risk of diarrhoea and parasitic and bacterial infections at the expense of children's health and nutritional well-being. Poor hygiene and sanitation are also implicated in food safety problems, which are widespread and further exacerbate diarrhoeal diseases and infections. Despite food quality regulations, lack of public awareness, limited resources, absence of adequate staff and inadequate monitoring equipment impede progress.

Another contributing factor is the low rate of exclusive breastfeeding and the early introduction of water and liquids. Given that breastfeeding provides the best nutrient intake and disease protection, current child feeding and caring practices have been related causally to child malnutrition. Although the Labour Code includes maternity provisions, with a four-month maternity leave, the latter applies to the minority of women working in the formal sector. For the majority of women working outside the house and being unaware of its benefits, exclusive breastfeeding can be rather difficult. In urban areas, this difficulty is solved through the use of breast milk substitutes, marketed aggressively by companies, sometimes even promoted by health workers at hospitals and allowed through limited inspection, despite violating state laws (UNICEF, 2010a).

Overall, indirect and direct factors combined, low household income, low parental education and poor child caring practices along with limited access to health services, safe water and sanitation are interlinked and implicated in the causation of child malnutrition in Viet Nam, which has specific regional and ethnic characteristics (UNICEF, 2010a). As Baulch has argued, in line with his previous research with Masset (2003), on higher-than-average child malnutrition rates among ethnic minority households in remote mountainous areas of the Northern Uplands and the Central Highlands, this reflects an integral part of 'the complex interplay of overlapping disadvantages, which start in utero and continue until adult life' (Baulch et al., 2010).

3.4 Government policies and their impacts

Since the beginning of the 1990s, the Vietnamese government has put forward a number of policies to tackle poverty, increase food production and improve basic infrastructure. These include economic policies; agricultural policies to introduce new crop varieties with high yields and production of animal source foods; family planning policies to limit family size to two children; emergency policies in the event of natural calamities, involving rice distribution, water supply and livestock vaccinations; health policies to create the necessary infrastructure and improve access to health care services; and gender empowerment measures (see Box 3) (Nhat et al., 2008). Despite progress in poverty reduction and food security at the aggregate national level, such policies have been unable to address the vulnerability of ethnic minorities and child and maternal malnutrition successfully.

Box 3: Legal and policy initiatives to empower rural women

Since 2000, as an integral part of national efforts towards development and poverty reduction, several laws (2000 Law on Marriage and Family, 2003 Law on Land, 2006 Law on Gender Equality) have explicitly acknowledged women's rights to access credit and resources and to own property, land included; in particular, Vietnamese women have the right to own agricultural and residential land, to have their own name on the land tenure certificate along with their husband's, to participate equally in decision making on the use of family resources, to inherit and to obtain half of the common property on divorce. In accordance with these laws, the Vietnamese state and its international donors have designed and implemented policies to improve women's access to resources such as land and water, and to facilitate their access to loans, in many cases with a particular focus on rural women, given that rural areas have higher poverty rates.

For example, the 2005 Gender Strategy for Agriculture and Rural Development supported the inclusion of both the wife's and the husband's names on land tenure certificates; the simplification of procedures and terms of loans offered by state-owned banks to rural women; the provision of gender training to all banking and agricultural staff involved; the collection of gender-disaggregated data; the inclusion of gender analysis in all water projects; and the participation of women as members in water associations.

The objective of these legal provisions was to engage women more actively in economic activities for poverty reduction; to enable them to use such property to access credit and invest; to protect them and their families' well-being in case of disputes over land; and to empower them and reduce gender inequality. Yet additional provisions state that already-issued single-title certificates do not have to change (2003 Land Law, 48.4). In addition to limited awareness or understanding of the new legal framework; traditional practices of family co-ownership of land and lower status of daughters-in-law in rural areas; persistent gendered concepts such as 'husband's property but wife's credit'; and fees required for the conversion of single-title certificates into joint-title ones have all resulted in the co-existence of single and joint title land certificates with considerable variations between regions and urban and rural areas.

In 1991, the Seventh Congress of Viet Nam's Communist Party acknowledged poverty and hunger as a persistent problem for the first time, particularly in mountainous areas, and national efforts to combat it began. In 1992, plans for what later became the Hunger Eradication and Poverty Reduction (HEPR) strategy and relevant programmes started. HEPR funds were created in 44 provinces to mobilise resources and coordinate activities at the central and local level, with most of them offering loans to individuals to set up businesses (Tuan, 2008). Four years later, in 1996, the government launched the first national HEPR programme, with the objective of reducing the proportion of poor households by 10% by 2000 and eliminating chronic hunger and malnutrition. Given higher prevalence in remote and mountainous areas, particular policies targeting these areas were also developed, with the National Targeted Programme for the Socio-Economic Development of Extremely Difficult Communes in Ethnic Minority and Mountainous Areas (Programme 135) first established in 1998 (1998-2005). In addition, the government implemented the first National Action Plan for Nutrition between 1995 and 2000, with the aim of combating nutritional deficiencies, as well as the first National Programme of Action for Children (1991-2000), which included children's health, nutrition, access to clean water and hygiene among its goals.

Since 2000, the government has increased its strategies to reduce poverty and hunger, with significant donor support. Food security and child nutrition have been included in the Viet Nam Development Goals (VDGs): the second target of VDG 1 is to reduce by 75% the number living under an internationally accepted food poverty line by 2010, i.e. from 12% in 2000 to 2-3% in 2010; targets four and five of VDG 4 are to reduce the under-five malnutrition rate to less than 20% by 2010 and the underweight birth rate to 5% by 2010, respectively (Socialist Republic of Viet Nam 2005). In accordance with the VDGs, the government's Interim Poverty Reduction Strategy Paper (I-PRSP) emphasised that '[a]t present, hunger eradication and poverty reduction is regarded as the focal political, social and economic task of the entire Party and people' (in CIE, 2002); likewise, the 2001-2010 Socio-Economic Development Strategy (SEDS) and the 2001-2010 HEPR strategy clearly set as their target a rapid reduction in the number of poor households and the elimination of hunger; the 2001-2010 National Nutrition Strategy prioritised assistance to mothers, children and ethnic minorities, targeted household food security, encouraged local participation and urged for better cooperation among all sectors involved; and the 2001-2010 National Programme of Action for Children and the 2001-2010 Strategy for the Protection and Care of People's Health both embraced the VDG target to reduce child malnutrition to 20% (Gill et al., 2003).

Since the mid-1990s, the government has also put forward a number of policies aimed at improving access to clean water and sanitation. In accordance with the resolution of the Eighth Congress of the Viet Nam Communist Party stressing the need to improve water supply and sewerage in urban areas and safe water supply in rural areas, the government prioritised the development of rural water and sanitation and included it among its seven most significant national targeted programmes. The programme implemented a demand-responsive approach, with users responsible for all construction and operating costs of facilities. Government agencies organised education activities to increase public awareness and provided technical guidance and some financial support through a specific loan fund. Regional, cultural and gender issues were taken into consideration, given their importance for the successful implementation of the programme and public health (Socialist Republic of Viet Nam, 2000).

This programme has so far been implemented in two phases, 1999-2005 and 2006-2010. Although there has been much improvement, the key targets have not been achieved, with almost 23% of rural households still without latrines and poor hygienic practices persisting. Part of the reason for this slower than expected progress is that information provision, education and communication initiatives to promote better rural water supply and sanitation were not carried out as planned over the period 2006-2010. Awareness-raising initiatives failed to create a significant change in people's behaviour towards the use of hygienic water, hygienic latrines, personal hygiene practices and environmental sanitation. In particular, people's attitudes towards the construction of hygienic latrines have progressed at a rather low rate (MARD, 2010). UNICEF (2010a) remarks that, not only have many rural poor and ethnic minority people been unable to pay for a hygienic latrine, but also they have not understood its importance and thus have not included it among their top priorities. UNICEF also acknowledges that access to safe water and sanitation has undoubtedly improved as a result of national policies but only to a certain extent, with further progress compromised by inadequate state attention and limited financial and human resources, arising from competing priorities. Similarly, despite increased food safety initiatives, which recently led to the Law on Food Safety and Hygiene, inadequate resources for staff training and appropriate equipment to monitor food quality and safety standards have compromised their success.

The Vietnamese government often reports that its policy initiatives, along with social protection measures such as free health care provision for all households below the poverty line and for all children under six, have overall been able to increase food production and alleviate poverty, hunger and nutritional deficiencies considerably, especially in disadvantaged provinces. However, it has accepted that progress has been uneven between urban and rural areas, and that a significant number of households continue to be extremely vulnerable (Socialist Republic of Viet Nam, 2005). Several sources point out that the government has nevertheless relied too much on

the role of economic growth in poverty and malnutrition reduction (Gill et al., 2003) and thus failed to adequately consider all the factors involved and successfully address them (Khan et al., 2007). In contrast with urban areas and the Kinh majority, mountainous areas and ethnic minorities are less likely to take advantage of governmental policies and their situation has not improved much: inequalities have grown more than ever before and determinants of their disadvantage are often neglected. According to some analysts, after the initial easy gains in poverty reduction, the government's preoccupation with economic growth and the achievement of middle-income status has actually reduced state attention to marginalised groups and nutritional issues. Assessing the design and implementation of social protection programmes, Jones and Tran (2010) speak of 'the relative institutional invisibility of food security issues,' particularly among highland communities, as hunger is no longer considered an issue for the majority of the population and national efforts focus on infrastructure and human capital development. It is not a coincidence that the successor of the HEPR programme, the NTPPR, launched to address deprivations experienced by poor households, actually lacks an explicit nutritional focus, unlike its predecessor. Finally, fragmentation, duplication and overlap of national and sectoral policies have often compromised their impact (UNICEF, 2010a), while the narrow time span of some nutritional policies can threaten the sustainability of their results: as soon as the national target to tackle iodine deficiency disorders was reached, it stopped being regarded as a national priority and was removed from the National Targeted Programme; however, there are currently concerns that success has not been sustained and the problem may return (UN, 2007; UNICEF, 2010a).

A recent publication by *The Lancet* (2008) on under-nutrition highlights that the most significant challenge is to include nutrition on the national agenda, as national targets receive more attention and resources compared with sectoral priorities. In Viet Nam, many ministries are currently finalising their sectoral development strategies for the next decade, and have hopefully included some nutrition and gender targets, such as NIN's 2020 target to combat stunting (along with obesity) or MOLISA's 2020 National Strategy on Gender Equality's separate targets to improve poor rural and ethnic minority women's access to economic resources as well as women's access to health care services. However, national actors acknowledge that old challenges remain, such as how to reach those in need, how to coordinate effectively in close collaboration with civil society and how to avoid overlap and ensure interventions' effectiveness. These challenges are allegedly well-identified this time, and the aim is to address them adequately.

3.5 Donor and NGO approaches

Beginning in the early 1990s, international donors (such as AusAID, German Technical Cooperation (GTZ) and the US Agency for International Development (USAID)); UN agencies (especially the Food and Agricultural Organization (FAO), the UN Children's Fund (UNICEF) and the World Health Organization (WHO)); and several INGOs (such as ActionAid, Oxfam, Plan International and Save the Children) have acknowledged the extent of malnutrition and food insecurity in Viet Nam and included it among the top priorities of their poverty reduction initiatives. In close collaboration with the Vietnamese government, they have provided technical assistance in the design and implementation of national nutritional policies and supported community-based interventions in poor and disadvantaged rural areas, which focus on improving either the health and nutrition largely of children and women (pregnant and of reproductive age) or food security. Between 1989 and 2000, AusAID played a leading role in the successful fight against vitamin A deficiency, along with efforts to ensure access to sufficient food for all households and to increase public awareness on food safety and the benefits of a nutritionally adequate diet. At the same time, FAO offered its expertise to the government for the formulation of national plans of action which promoted the collaboration of all sectors involved in nutrition-related actions. INGOs on the ground

with local partners worked to address the nutritional and health needs of many Vietnamese communes or helped them build sustainable rural livelihoods.⁴

Providing financial and technical assistance, encouraging local participation, offering microcredit and advocating for more inclusive and effective policies, all these actors have undoubtedly contributed to the progress observed. Yet, some interventions have been small in scale, their achievements have not always been sustained or they have focused on service provision without addressing the underlying causes of under-nutrition and food insecurity; others have faced significant difficulty in reaching mountainous or marginalised populations in need and failed to adequately consider cultural and language barriers (FAO, 2004; Schwind, 2010). However, in the past 10 years, partnerships have increased and coordination has improved; accurate data collection and close monitoring are supported proactively and vulnerability profiling work is carried out to bolster the design and implementation of relevant strategies or assess their outcomes; campaigns to educate the public and induce behavioural change are increasing; the specific conditions of ethnic minorities, and especially the communication problem, are taken seriously; and gender concerns are included explicitly (FAO, 2004; UNICEF, 2010a).⁵

Apart from programmes providing nutrient supplements, food fortification efforts have increased along with large-scale programmes aimed at improving access to safe water and sanitation, given their critical role in under-nutrition and stunting. Having started in 2005 with the ambition of reaching 25% of the population, the Global Alliance for Improved Nutrition (GAIN) with the support of the World Bank implemented a fish sauce iron fortification project, which also included a consumer education campaign in collaboration with Viet Nam Women's Union system and local mass media. Although, at its close in 2009, the project failed to achieve its initial target (having finally reached just over 575,000 people), it left a positive legacy and new efforts are currently underway for micronutrient fortification of rice given its significance in Vietnamese diet in order to tackle persistent vitamin and mineral deficiencies.⁶

Moreover, UNICEF, FAO, WHO and the Vietnamese government have launched a three-year Joint Programme (2010-2012) which, in accordance with the existing National Nutrition Strategy and the National Project for Food Security, aims to reduce malnutrition in provinces with high prevalence of under-five child stunting. Supported by \$3.5 million in donor funds, this programme targets women of reproductive age and under-five children in six provinces with high rates of stunting and supports ongoing activities and field capacity to implement such programmes. It focuses on short-term strategies such as promotion of breastfeeding and iron, iodine and vitamin A supplementation as well as longer-term ones such as promoting the increased availability of better crops and animal source foods; the establishment of information and mapping systems; the improvement of infant and child-feeding practices and child nutrition services in emergencies and natural disasters; and the improvement in the availability, access and consumption of a diverse food supply in selected highland and mountainous areas of Viet Nam (UN Viet Nam, 2010).

⁴ For example, in 1991 as part of the Poverty Alleviation and Nutrition Programme (PANP) funded by USAID, Save the Children started a Nutritional Education and Rehabilitation Programme (NERP) in four Vietnamese communes with children suffering from severe and moderate under-nutrition. Its aim was to involve and provide nutritional education to all community members, with a particular focus on the leaders and the mothers, to increase their awareness of the problem through the collection and effective use of simple statistics, to provide basic health care, to organise special feeding sessions and to promote the consumption of local affordable and nourishing foods. An independent assessment estimated a 40% reduction in overall under-nutrition and a 68% reduction in severe under-nutrition among children under three in the intervention sites. Given its success, the project expanded into more provinces, reaching almost 500,000 Vietnamese by 1996, with the authorities applauding its impact and recommending its national application (Wollinka et al., 1997). On the other hand, Oxfam chose to work towards improving local infrastructure, updating agriculture knowledge and technology and improving farmers' access to land, other natural resources and marketplaces in order to increase rural households' food security and to build their capacity for effective risk management.

⁵ See also <http://plan-international.org/where-we-work/asia/vietnam/what-we-do/our-successes/tackling-child-malnutrition-in-rural-vietnam>.

⁶ See www.gainhealth.org/riforg/sites/default/files/VIETNAM_COUNTRY_ASSESSMENT-REPORT_SHORT_WEBSITE.pdf and www.gainhealth.org/project/vietnam-fish-sauce-fortification-project.

In addition, a great deal of attention is currently being paid to the nutritional and protective benefits of exclusive breastfeeding, with UN agencies working closely with the government and private partners. Their aim is to effectively promote breastfeeding and achieve the national goal of a 50% exclusive breastfeeding rate according to Viet Nam's Child Survival Action Plan, through focused awareness-raising campaigns and enforcement of regulations on the trading and use of infant milk formula (UNICEF Viet Nam, 2010). Yet, experts have already warned that counselling on complementary feeding can be more effective at reducing stunting than such a focus on breastfeeding promotion, while such counselling for food-insecure populations is better combined with improving food access (The Lancet, 2008).

Indeed, what remains to be seen is the impact of all these encouraging initiatives, given that stunting persists and questions the effectiveness of international efforts to tackle it and improve child nutrition. Yet under-nutrition also continues to affect some adult population groups, and the recent global economic crisis seems to have renewed interest in the nutrition and well-being of poor Vietnamese. The UN has warned about its potentially devastating impact on the poor and on poverty reduction efforts in the country. Likewise, a poverty monitoring survey in nine Vietnamese provinces by Oxfam and ActionAid (2008) has reported 'striking malnutrition levels' in some villages; raised concerns about a potential worsening of the situation owing to inflation and the global crises, affecting mainly poor women and children; and recommended the integration of vulnerability mapping and assessments into development planning, the inclusion of food security as a top priority and the strengthening of inadequate safety nets along with the introduction of charity food banks. Not much in terms of data is available yet to provide a full picture of the situation; however, it has been estimated that the food price rise and the global crisis increased the number of people under the revised MOLISA poverty line from 19.3 million at the end of 2008 to 20.3 million at the end of 2009, representing 15.7% of the Vietnamese population (Son et al., 2010).

Having realised the multiple causality of under-nutrition and the threatening role of persistent poor water and sanitation services and practices, international agencies are currently supporting large-scale programmes to improve access to safe water and sanitation, and to change hygiene knowledge and behaviour. Although efforts started at the end of the 1990s, they have proliferated in recent years. The national sanitation strategy was actually developed with assistance from the World Bank and the UN Development Programme (UNDP) in 1990. In 1999, the World Bank, along with the Australian, Finnish and Danish governments, started the Three Cities Sanitation Project (Da Nang, Hai Phong, and Quang Ninh) to assist the Vietnamese government in tackling serious sanitation, sewerage and water supply problems and incidence of water-borne diseases as a result of the rapid urbanisation process and inadequate infrastructure. Overall, the project (1999-2009) was assessed to be a success, having benefited 1.7 million people and reducing the incidence of related diseases; it also promoted local participation through the creation of a sanitation fund managed by the Viet Nam Women's Union, offering small loans so that low-income households could afford to build their own latrines. Gender considerations were also included and women's roles in project management and public education campaigns were actively supported (World Bank, 2009).

Apart from the World Bank, which continues to fund urban sanitation projects in collaboration with the government and in line with its 2011-2020 SEDS, AusAID, the Asian Development Bank (ADB), the Danish International Development Agency (Danida) and the Finnish International Development Agency (Finida) have also been involved and have supported large-scale sanitation projects in both urban and rural areas. In particular, AusAID has explicitly recognised sanitation among its current top priorities and has offered generous support to 'a pro-poor and gender equitable water and sanitation infrastructure, services and practices' in order to reduce vulnerability to water-related diseases and its impact on poverty.⁷ The integration of gender concerns in many such programmes is a positive development, given women's primary role in sanitation and waste

⁷ See www.ausaid.gov.au/vietnam/water_sanitation.cfm and www.ausaid.gov.au/vietnam/projects/van_options.cfm.

management at household and community level: the Viet Nam Central Region Urban Environmental Improvement Project, funded since 2003 by the ADB, not only has been able to make people aware of the links between hygiene and health but also, in collaboration with the Viet Nam Women's Union, has enabled poor urban women to acquire relevant training, to participate in management boards and community decision making and to receive loans for household sanitation improvements (Nethercott et al., 2010).

Along with donors, INGOs are also increasingly working to improve access to clean water and sanitation, with positive results. Plan Australia has been among AusAID's implementing partners, and its five-year project (2006-2010) in accordance with the NTPRWSS has considerably improved the health of thousands of children, improved water and sanitation facilities in their communities, changed their hygiene practices and improved gender relations. Apart from Plan, UNICEF and 12 more international agencies are participating in the Viet Nam Rural Water Supply and Sanitation Partnership. This was established in 2006 to improve water supply, sanitation and hygiene in rural communities and holds potential for better coordination and improved effectiveness in the rural sanitation sector.

4. Site-level vulnerabilities and informal coping strategies

Our research sites capture information on some of the pockets of food poverty and malnutrition identified in the secondary literature discussed in Section 3 above. While there have been considerable improvements over time, and especially in the past five years, for respondents from both Ha Giang and An Giang provinces food security remains an issue to a degree. In Ha Giang, the focus is on poor harvests, between-crop periods which lead to hunger and food shortages (mainly in the north and south of province, including all highland districts). In An Giang, price stabilisation concerns appear as an important factor impacting on the food security of poor households. In addition, in both Ha Giang and An Giang, households in our sample are still vulnerable to various shocks and stresses, such as drought, crop diseases and food price hikes. We discuss these issues in more detail below, focusing on food access, food utilisation and related coping strategies first, and then turn to issues related to clean water and sanitation services.

4.1 Food access

In Ha Giang, food diversity is very limited. The diet is largely limited to rice, corn and vegetables. Adults commented on problems with food they cultivate themselves and noted one to three months of food shortage every year. Men in particular focused on fertiliser and seed shortages. Women emphasised concerns about the quality of meals and the fact that at best they could occasionally afford very poor-quality cuts of meat. Often, they just purchase animal fat in which to cook vegetables. In An Giang, the diet is more diverse, including rice, vegetables, fish and meat. The main concerns were around costs of food (especially rice and meat) – and linkages to limited employment as agricultural labourers – and reduced frequency of meals during lean times.

Adolescents complained about the limited amount of food their families often had. Especially boys pointed out they were often hungry and that at times it was hard for them to maintain their strength and concentrate in school. Children noted that they ‘dreamed of chicken.’ For those in Ha Giang, the general consensus was that food at school was generally more plentiful and diverse (including eggs, meat and fish), although there were some complaints. There was also a general concern about lack of milk to drink.

4.2 Food utilisation

Overall, adults stressed that children and in some cases the elderly were prioritised in terms of food distribution. For instance, children in Ha Giang receive rice while parents often consume only vegetables. However, men are more likely to receive meat than their spouses, as they often invite their friends to eat with them when they go to the market. Similarly, in An Giang, women noted that they in particular sacrificed their own food consumption during times of shortage. There is an expectation that women will sacrifice their own nutrition in favour of that of their husbands, who are perceived to undertake ‘heavy work’ in contrast with women’s ‘light work.’

In terms of nutritional knowledge, there seemed to be relatively good knowledge of the importance of milk for younger children, and the need for iron and protein (fish meat) for pregnant women, although it is often not possible to afford these foods. Indeed, several women noted that they only ‘dreamed of chicken’ while pregnant, as household poverty did not allow them to have more nutritious meals:

‘I ate like any other member of the family. I was not really full. It was only nearly acceptable. I ate as usual, because my husband’s family is poor’ (Married woman, Lao Va Chai commune, Ha Giang).

'I only think of buying enough food for my family, nothing more for me. I eat mango and banana. I fetch it, I don't buy it. I don't have eggs or chicken meat to eat, even though I crave it. It was the same in the last pregnancy. I only ate as my husband did, nothing more. I go to the market every day, but I don't know what is good for me' (Five months pregnant woman, Co To commune, An Giang).

Food for small children after weaning is often very poor:

'I chewed rice and fed her/him. I ate and fed her/him at the same time. The child ate porridge for breakfast and ate rice for lunch and dinner like the parents' (Married woman, Co To commune, An Giang).

'After stopping breastfeeding, children have thin porridge with fat. Nothing more. No vegetables. They eat porridge with fat for a few months, then they eat rice. When they are 15 or 16 months old, they walk well and eat rice with vegetable soup' (Married woman, Lao Va Chai commune, Ha Giang).

Adolescents generally agreed that parents prioritise children, but emphasise that this means young children/ babies and the sick.

'Last year we ate potato and manioc for two months because of the rice shortage. My younger siblings are prioritised and given more food' (Adolescent male, Lao Va Chai commune, Ha Giang).

Some girls in Ha Giang noted that boys in particular were favoured. There were mixed views as to whether fathers or mothers made the greatest sacrifices in terms of consumption: in Ha Giang some thought it was fathers, in An Giang the answer was clearly mothers.

'Sometimes all people in my family are hungry. Even my mother is hungry. I feel sorry for her and borrow from my uncle to feed her' (Adolescent female, Co To commune, An Giang).

There was also a recognition that, although milk was needed for babies and young children and special foods for pregnant women, these food items could often not be afforded.

4.3 Changes over time

There was a general sense among respondents that things are improving over time. In Ha Giang, adults identified rice and seed subsidies as especially important. In An Giang, men are finding jobs more easily and therefore earning more money to buy food, but women noted that rice and food prices were increasing and that food provision was a bit of a struggle. Adolescents thought that the food they eat now is superior to what they ate in childhood, in part because they are working and supplementing family incomes. In An Giang, they noted that they were eating more meat and larger fish (rather than crab, snails and small fish), as well as more instant noodles.

4.4 Coping strategies

Households rely on a diverse range of coping strategies. Working as daily labourers is widespread on the part of men in both provinces, and among women to an extent in An Giang. Adolescents, especially boys, noted that they helped their parents with farm work after school and during holidays. Adolescents from poor households, again mainly males but also some females, often have to drop out of school to supplement the family income.

'I worry about food and food shortages to feed my children. My youngest son will have to leave school as I can't pay for his education after my divorce. My other children are grown up; they need money to get married' (Woman, Co To commune, An Giang).

Many households borrow food, money or paddy from relatives and neighbours, although this is an option more readily open to husbands than wives. For instance, one married man in Ha Giang

noted that when he was hungry he went to his parents' house to eat. Pregnant women sometimes go to their parents' house, where they are likely to be treated to higher-quality meals. Others borrow from moneylenders, but the interest rates can be very high (a third to a half of the amount borrowed), and there is stigma attached to such credit. Other coping approaches involve sharing of livestock (especially cows and pigs) with neighbours and replacing rice with corn, potatoes or manioc. In Ha Giang, government support is quite important, in particular rice, seed and fertiliser subsidies, and agricultural extension training from the commune authorities. In An Giang, this strategy seems relatively less important, although adolescents noted that their families had at various times received food subsidies from the government.

4.5 Water and sanitation

According to respondents in both An Giang and Ha Giang, people living in remote areas still lack access to water in the home. In Ha Giang, water is especially lacking in the northern mountain areas, where poor households typically experience severe shortages in the dry season. In remote areas, few families have piped water, and women and especially girls have to carry water long distances (2-3km) back to their homes.

'We don't have money to buy water. If the source is dry, we have to go further to carry water' (Adolescent girl, Lao Va Chai commune, Ha Giang).

Generally, more and more people have water tanks and fewer people have to fetch water daily, but clean water is still an issue. This is particularly the case in schools where no water is provided – children have to collect water to drink from springs before school but they are afraid this water may cause them to get sick. In An Giang, programmes providing water to homes come with high bills (20,000 dong per month), making it less attractive to use this water, especially for the poor.

In terms of sanitation, in both provinces very few families have bathrooms, and they still have to bathe outside. Similarly, there are no bathing facilities at schools, and children often have to bathe in cold water in streams, with some girls commenting on fears of sexual assault. Poor households have been receiving government support through sanitation projects (especially through Programme 135 and Women's Union loans) to build toilets, but many households still lack their own toilet. Even if they do have toilets, these frequently lack sewerage systems and waste goes into animal enclosures or rice paddies and streams close to the house. Toilets are generally provided at schools but there were complaints that these were unclean. This said, focus group participants noted that there had been a general improvement in people's awareness of sanitation and hygiene issues in recent years, with many people now boiling water to drink, although time constraints meant this was not always possible and in such cases children suffered from diarrhoea.

'I have heard you should cook food and drink boiled water but I don't have time to do this. Only sometimes I boil water for my daughter. But doctors and the radio say children should drink boiled water. If I boil water for her to drink, she falls ill less often. We don't have a toilet – we just use a field but it is very contaminated. I don't have a hole because I fear bad odours and flies in the house. We don't have a bathroom but we wash with soap (I heard about this from farmers' meetings and TV) and I brush my teeth with toothpaste but my daughter lost all her teeth from cavities' (Widower, Co To commune, An Giang).

Families also noted that they often lacked money to afford separate enclosures for their livestock and were thus living in the same dwelling as their animals, despite a general knowledge, especially among adolescents, that this could have negative sanitation consequences:

'My son learned about hygiene in school. He is more hygienic than me. He tells me to make things hygienic that he eats or otherwise he doesn't eat. I am becoming more conscious of hygiene now, and have also heard about these things in community meetings' (Widow, Lao Va Chai commune, Ha Giang).

5. Programme reach and impact

While it is clear that food security, under-nutrition and access to adequate water and sanitation services remain critical sources of vulnerability in our research sites, the extent to which existing social protection mechanisms address these is limited.

5.1 Interventions to tackle under-nutrition and food insecurity

In Ha Giang province, local authorities emphasised that food security and malnutrition had improved in recent years, but that there were still significant concerns among impoverished households, and that they lacked the resources and interdepartmental coordination mechanisms to fully tackle these issues.

'The biggest constraint is in coordination between sectors. Each just does their own job. But political will and interest of leaders is essential. Previously, authorities did not pay enough concrete attention to nutrition and food security concerns (e.g. they did not allocate additional budget or participate in meetings), but this is changing' (Official, Healthcare Authority, Ha Giang province).

In terms of combating malnutrition, nutritional supplements (e.g. biscuits, enzymes and multivitamins) have been distributed over the past five to six years to malnourished children, and the Women's Union offers loans to poor families with malnourished children and women. In order to improve food security, while there is no dedicated food security programme *per se*, commune leaders mobilise better-off households and party cadre to help the poor by giving rice and donations for food, and also provide rice in exchange for help with community forest protection efforts. Other complementary initiatives include Programme 135, which provides infrastructure improvements and seed and fertiliser subsidies; Programme 30A, which funds subsidised rice; NTPPR, which provides loans for animal husbandry; and agricultural extension services, which have supported increases in productivity through the introduction of new seed varieties, cultivation techniques, fertilisers and support for transport costs of agricultural products to markets.

'Now people can buy food more easily because of market mechanisms, and it is faster to cater to places in need. Infrastructure helps improve transport and, because of market demands, when people have demands, there will be supplies' (Official, Department of Rural and Agricultural Development, Ha Giang).

These programme improvements notwithstanding, public awareness of nutritional and food safety issues remains limited and the budget for public communication initiatives inadequate. However, local health authorities asserted that nutritional awareness levels of mothers of small children had increased recently owing to increased resources at health clinics, radio broadcasts and field trips to local communes by health extension and Women's Union volunteers. However, more financial resources were needed to reach a wider swathe of the population and to help overcome the economic barriers that currently hinder uptake of such education by the poorest households.

In An Giang province, food security is less of a problem than in Ha Giang, with people more able to supplement rice and vegetables with small fish, crabs and snails as protein sources.

'People are poor but not hungry. Hunger no longer exists here – for at least five years' (Official, Department of Rural and Agricultural Development, An Giang).

Nevertheless, rice production has been suffering as a result of lower paddy prices, bad weather and shrinking cultivation areas, and this tends to affect Khmer farmers more than their Kinh counterparts, as the latter cultivate two crops of paddy and thus have greater cushioning. Moreover, while child malnutrition is declining, it is still significant:

'In 2009, the rate of malnourished children under five was 17.5%, a decrease of 0.7% in comparison with 2008. Under height for age was 29.6%, a decrease of 0.4%. The rate of underweight for height fell by 7.1%' (Official, Centre for Preventative Health Services, Department of Health, An Giang).

A number of policy and programme responses are in effect in the province. In terms of food security, these include agricultural extension trainings on food security and agricultural cultivation run by the Department of Agriculture and Rural Development and FAO, as well as subsidised farm inputs in the poorest communes. These initiatives are complemented by more informal mechanisms, for instance those coordinated by the Women's Union involving collection of rice to distribute to the poor in times of particular need (Vice-chairwoman of Women's Union, Co To commune, An Giang). To improve nutrition, there are also educational programmes directed towards mothers on nutritional cooking, vitamin A distribution, de-worming and vaccination programmes and the provision of health insurance for families with poverty certificates.

Overall, however, linkages between poverty reduction and nutrition remain weak and poorly coordinated and funded as a result of multiple competing issues (Head of Social Protection, Department of Labour, Invalids and Social Affairs, An Giang). In particular, availability of loans is limited, especially for the poor, who lack land for collateral and education and may already be indebted as a result of business failure.

'Households are classified as A (hardworking), B (middling) and C (don't work, alcohol addiction) by the Poverty Reduction Board. A will receive loans, if funds are left B will be considered (usually funds are not enough even for A)' (Official, Poverty Reduction Board, Co To commune, An Giang).

What is really needed, according to some officials, is greater investment in vocational training.

'Fundamentally, job creation is the way to provide sustainable support. Much support is temporary and creates dependence. Vocational training is needed' (Vice-chairwoman of Women's Union, An Giang).

In particular, the design of training courses needs to be more in line with market demand as well as participants' income-generating needs and preferences. For instance, Khmer households are reluctant to participate in trainings unless they are close to their residence. Other key informants emphasised that there was a need for greater price stabilisation (especially of fertiliser) and improved access to information among farmers (Official, Department of Rural and Agricultural Development, An Giang).

5.2 Interventions to improve water and sanitation services

As highlighted in our conceptual framework, adequate water and sanitation services and practices are critical components in achieving nutritional wellbeing. In Ha Giang province, water and sanitation remain significant concerns, recent government investments notwithstanding.

'Water is severely lacking, even in infirmaries and schools. In the dry season, toilets are locked up in infirmaries owing to water shortage. People are not used to excreting in latrines and excrete in the wild. Communication is needed to change people's behaviour, i.e. during market days and people's meetings' (Official, Healthcare Authority, Ha Giang province).

The government has recently invested in hanging lakes to serve people in the area. People store the water in cans and carry it home, but the process is difficult and they are able to carry enough only for cooking and drinking. When families build new houses, the government provides loans to install water tanks through the Vietnam Bank of Commerce and Industry. In addition, the government is incentivising households to build a toilet with 1 million dong (half the cost of a basic toilet), because:

'People don't have enough to eat, so they don't think of a toilet yet. People in mountainous areas don't need sophisticated toilets; the most appropriate one is the double chamber toilet' (Vice-chair of People's Committee, Lao Va Chai commune, Ha Giang).

The issue of clean water is also serious, especially in the dry season. While 73% of households now have toilets, household strategies for rubbish, human and animal waste disposal are often lacking. Moreover, the number of underground streams has decreased dramatically because people cut down trees for firewood and do not plant new trees to protect water sources. For households without water pipes to their homes, their hygiene is affected, with particular impacts on women and children. These problems are compounded in schools, which also often lack water and adequate sanitation facilities (Commune leader, Ha Giang).

Key informants emphasised that communication strategies to promote behavioural change were key to promoting sustainable change in terms of water and sanitation practices.

'Communication should focus on practical things (what clean water and hygienic toilets are, hand washing). People learn it in school and share the information with their families' (Official, Healthcare Authority, Ha Giang province).

Currently, the Women's Union is intensifying a hand washing campaign, which is targeted at market days and involves 'five don'ts and three cleans' ('don't violate laws, have a third child, let children become addicted to drugs, allow children to drop out of school or have malnourished children; clean house, alley and kitchen').

In An Giang, while water shortages are not an issue *per se*, clean water and adequate sanitation remain a challenge for rural communes, especially among poor and ethnic minority communities.⁸ Historically, farmers pumped water from rivers and canals, which they stored in large containers and tried to purify with amoni (anion sunfat SO4-2), but this was unsafe as agricultural waste and pesticides flowed into water canals.⁹ Increasingly, however, as part of the 2006-2010 national targeted strategy on clean water and sanitation, the government is supporting poor and ethnic minority households to run pipes to water meters, paying only for installation. Even so, monthly costs for water remain high for poor households, and the water valve is only open 6am-7pm daily, disadvantaging daily labourers who work away from the home (Official, Poverty Reduction Board, Co To commune, An Giang).

A pilot programme, Programme 137, has been undertaken to promote more hygienic means of collecting and processing animal waste and to address problems of unhygienic latrines and open defecation (Official, Department of Labour, Invalids and Social Affairs, An Giang).¹⁰ Participants are asked to contribute to the costs of a toilet (one-third of the total) so they have a higher sense of ownership and responsibility for their upkeep, and applicants are screened carefully and usage is monitored at the district and commune levels. Key aims of this programme include improvements in nutrition (reducing rates of diarrhoea and pneumonia) and reducing women's time poverty so as to facilitate income generation. However, limited guidance for poor households remains a concern, especially given Decree 200, which banned the use of latrines near fish ponds and resulted in an increase in open defecation. While this is part of the Ministry of Agriculture and Rural Development (MARD's) mandate, implementation has been poor and the issue has fallen on the health sector and mass organisations to tackle (Official, Centre for Preventative Health Services, Department of Health, An Giang).

⁸ The rate of clean water usage in the province is 82% (Vice-chair, Women's Union, An Giang).

⁹ Water cleaned by private businesses is sure to be clean and a better quality control mechanism is needed, as is the invention of a low-cost sediment deposit system to purify river water (Head of Social Protection, Department of Labour, Invalids and Social Affairs, An Giang).

¹⁰ 40% of the ethnic minority population in the province now has decent composting or absorption toilets.

These programmes have been underpinned by a range of communication efforts. Since 2006, the health care sector has been conferring the title of 'health cultural village' on communes that comply with safe water and sanitation measures. Commune authorities communicate the criteria to the population, which include moving animal enclosures away from houses, as well as ways to ensure clean water sources and sanitary latrine options. However, there is still more to be done to raise awareness about water and sanitation-related diseases and nutritional problems, especially in ethnic minority languages (Head of Health Station, Co To commune, An Giang).

6. Political economy dynamics

Unlike scholarship on the welfare state in the developed world, which has long paid attention to the politics underpinning choices about redistribution (e.g. Esping-Andersen, 1990; Rueschemeyer et al., 1992), until recently discussions about social protection in developing countries have tended to be more technical in nature. However, as different levels of elite and public buy-in, social protection programme design choices and especially modes of implementation at the grassroots level have become increasingly clear, analysts have started to turn their attention to the political economy challenges that the rollout of progressive social protection strategies face (McCord, 2009).

This literature focuses on the so-called ‘3 Is’ of political economy: 1) *institutions* (e.g. elections, political party systems, informal politics such as patron–client relations, monitoring and evaluation systems) and the opportunities or constraints they present for social protection policy and programme development; 2) *interests* of key actors (e.g. political elites, bureaucratic agencies, donors and civil society champions) and the relative balance of power between them; and 3) *ideas* held by elites and the public regarding poverty and its causes, the social contract between the state and its citizens and the merits of particular forms of state support. To date, however, the role of gender in shaping these institutions, interests and ideas has largely been overlooked by mainstream development actors (Jones and Holmes, 2010). Accordingly, in this section, we employ a modified version of this framework to assess the challenges involved in integrating a gender perspective into social protection strategy, policy and programme development.

6.1 Ideas about poverty/vulnerability, food security and social protection

Political economy analysts emphasise the centrality of ideas in shaping policy development and outcomes (e.g. Hickey and Bracking, 2005). In the Vietnamese context, this is certainly the case around issues of poverty, vulnerability and food security, where policy dialogues reflect a wide range of ideas about the nature of poverty and vulnerability; the ways in which these are experienced by different social groups (e.g. men, women, children, ethnic minority groups) and their underlying causes; the purpose of social protection and the role of the state therein; as well as the extent to which these ideas are shared by different actors in the policy process.

A key factor shaping the relatively weak linkages between social protection programmes and nutrition and food security initiatives in Viet Nam is the limited availability of data, especially at the decentralised level (NIN director). In 2010, a national nutrition survey with provincial-level surveillance data was undertaken for the first time, supported by UNICEF. The availability of these survey data will enable programme planners and implementers to undertake a results-based (rather than input-based) approach, including a baseline and specific targets (UNICEF nutrition expert). Even where data have existed, these have historically been poorly disseminated; a new information management system is just being established in 2011 to try to address this. It is hoped that, together, these reforms will serve as a useful catalyst in promoting greater cross-sectoral as well as provincial- and local-level ownership of nutrition-related strategies and programmes, leading to more carefully tailored and context-appropriate initiatives (ibid).

In terms of nutrition policy priorities, while the Vietnamese government has made significant inroads into tackling the prevalence of underweight children, stunting remains a major challenge, given the very high baseline from which the country started. Part of this challenge lies at the level of ideas. The government views its nutrition improvement efforts as very successful (and as reinforced by its performance against MDG underweight indicators), and is of the view that it can continue with the approach it has used to date. However, international evidence suggests that stunting is a considerably more complex problem, involving interactions between food insecurity; nutritional knowledge; the nutritional practices and status of children and mothers across generations; gender relations, especially in terms of intra-household decision making and resource

allocation; and broader poverty (UNICEF, 2008b). An important advance in this regard is therefore that the 2010 survey discussed above established a strong link between poverty, vulnerability and malnutrition, highlighting that the single most important factor is frequency of meals and the resulting intake of micronutrients. However, this idea remains somewhat politically unpalatable as, in the context of the country's drive to achieve middle-income country status, references to hunger were dropped from the government's national flagship poverty reduction programme from the mid-2000s (see discussion in Jones and Tran, 2010). As we discuss further below, this understanding has also contributed to weaker than desirable linkages between MOLISA, which deals with social protection, and agencies responsible for nutrition and food security.

Lastly, the introduction of national surveillance data is undoubtedly an important step forward in identifying the specific patterning of and trends in nutritional status in the country. However, while there is growing international awareness about the importance of social determinants of health and nutrition (e.g. Sen and Ostlin, 2010), in Viet Nam there is a dearth of evidence on nutritional practices and knowledge and the ways factors such as gender, socioeconomic status and ethnicity shape these. A number of key informants highlighted that these dimensions required greater attention, including investments in anthropological research, if they were to be factored effectively into programme design and implementation. Key informants at both the national and sub-national levels admitted they were largely unable to provide specific detail on the gendered and ethnic patterning of food utilisation and nutritional knowledge and behaviours.

6.2 Institutions, their inter-coordination and their capacities

Institutional factors play a key role in shaping the divergent parameters of social protection policy choices across country contexts. Similarly, a recent publication by The Lancet (2008) on under-nutrition points out that the most significant challenge is to include nutrition on the national agenda, as national targets receive more attention and resources compared with sectoral priorities. As highlighted in Jones and Tran (2010) and Jones et al. (2010), weak inter-sectoral coordination is a major problem undermining the development of a coherent and gender-sensitive national social protection system in Viet Nam. Key informants emphasised that these problems were even more acute in the case of efforts to effectively tackle the linkages between poverty/vulnerability and food security/malnutrition.

At the national level, nutritional programming remains very siloed, with programmes of various ministries often running in parallel rather than capitalising on synergies (NIN director). More specifically, NIN is housed outside the Ministry of Health, and there are weak linkages between the Ministry of Health's Food Administration and Health and Environmental¹¹ Departments and MARD's Food Security Department. Moreover, while MOLISA is involved in some dimensions of nutritional work (for example in supporting exclusive breastfeeding practices by promoting maternity leave), Ministry of Health officials mandated with nutrition-related responsibilities and NIN have at best very limited dialogue with officials in MOLISA responsible for social protection policy and programme development and implementation.

Similarly, linkages to MOLISA's Gender Equality Unit appear non-existent, despite the importance of gender as a driver of nutritional outcomes. NIN staff have undergone some gender mainstreaming training, but this has been limited in scope and there are no budget provisions to roll out gender training more widely, resulting in a very piecemeal approach. Furthermore, the Law on Gender Equality has had very little impact as to how nutritional issues are approached. The discourse employed by officials in the Department of Food Administration, for instance, was that there are 'so many laws,' 'it takes time' and, until 'specific guidance' is provided, departments cannot be expected to take the initiative themselves (Head of Department of Food Administration Head, Ministry of Health). Efforts to bridge nutrition and water and sanitation programmes

¹¹ This department deals with water and sanitation issues.

appeared to be better coordinated, including with MARD, but they also suffer from significant budget constraints and only limited scale-up opportunities.

At the international agency level, efforts at stronger coordination have been prioritised in recent years, facilitated by the development of an inter-institutional nutrition working group. Key players include the Global Alliance for Improved Nutrition, ADB, FAO, WHO, the Spanish government as part of its MDG 5 focus, UNICEF and Alive and Thrive, a Gates-funded initiative focused on stunting prevention and exclusive breastfeeding. While this group has not been especially active in broader social protection debates, the recent appointment of a nutrition expert at UNICEF is helping to drive forward discussions and promote linkages with broader development and social protection initiatives, buoyed by UNICEF's new global focus on equity and support for the poorest and most vulnerable (UNICEF nutrition expert). The working group is also seeking to strengthen the integration of gender dimensions into nutrition strategy development and planning through the development of guidelines, and to foster greater cross-ministerial linkages, for instance by encouraging involvement of the Ministry of Industry and Trade in nutrition dialogues, given its role in the sale of fortified food stuffs such as flour and the marketing of breast milk substitutes.

At the provincial level, both coordination and capacity constraints are even more pressing than at the national level. One major concern is that, while there are staff with technical nutritional knowledge, this is largely not matched with skills in terms of planning and advocacy.¹² So, while there is recognition of nutritional challenges, and while the new national surveillance data mentioned above should help, coordinated strategies to tackle these problems are lacking, as reflected by poor integration to date into provincial-level development plans. This is compounded by human resource constraints: at the provincial level, there is only one official dealing with nutrition within the Department of Health; at the commune level, community health extension workers are overstretched, work largely on a volunteer basis and tend to suffer from very low levels of nutritional knowledge. Although short trainings are provided, these focus primarily on information-gathering needs of commune authorities (e.g. growth monitoring data) rather than on interventions.

Similar constraints are faced by water and sanitation staff. The local level suffers from no dedicated village staff, no budget for monitoring purposes and weak coordination across agencies. Even where cross-sectoral committees (involving the Departments of Health, Agricultural and Rural Development and Invalids, Labour and Social Affairs) exist at the local level, often the right people are not represented on these committees and/or meetings are scheduled too infrequently to be effective (Official, Department of Health and Environment Official, Ministry of Health).

6.3 Interests of key government agency, political, civil society and private sector actors

The constellation of actors involved in social protection debates is diverse, including political, social and economic elites, who play a key role in setting the terms of the debate; administrative bureaucratic agencies with responsibility for delivering social protection objectives (typically spanning a range of ministries: social welfare, women and children's affairs, health and nutrition, food security bureaus and rural development); civil society actors – both international and national – working with or acting on behalf of the poor; and bilateral donors and multilateral agencies. Not surprisingly, these actors have a range of different interests in promoting social protection; linkages with food security, nutrition and gender equality; and degrees of influence and capacity.

¹² NIN is involved currently in piloting education programmes, including the use of leaflets translated into local languages and is starting to work more closely with the Ministry of Education and Training on school nutrition programmes (currently school milk rather than school lunch initiatives).

In terms of actors with a nutrition/food security mandate, the level of interest in pursuing a broader social protection agenda appears to be quite limited in Viet Nam. First, in light of NIN's limited institutional clout (non-ministerial status, limited budget and human resource constraints), it is heavily reliant on external project-based funding for its operations, and thus works largely on small-scale pilot projects, with few initiatives over the past decade having been taken to scale (NIN director). As a result of these institutional parameters, NIN does not command strong inter-institutional authority and organisationally appears to have only modest ambitions, including at best limited efforts to advocate for greater recognition of nutritional priorities within larger development and poverty reduction/social protection initiatives. This is reflected in the way that programmes related to nutrition tend to be carried out by different ministries (e.g. MOLISA, Ministry of Health) in parallel rather than in a coordinated fashion with attention to potential synergies.

The Department of Food Administration of the Ministry of Health appears to have similarly limited horizons. For instance, while there is recognition that behavioural change communication efforts are needed to reduce national stunting rates, this does not appear to be a major priority, as reflected in the rather piecemeal approach to such communication and follow-up. There are, for example, competitions to promote childrearing and micronutrient awareness days in October during Nutrition and Development Week and on World Food Day on 16 October, but no more comprehensive approach, including concerted efforts to tackle language barriers that disadvantage ethnic minority communities' access to information and services on nutrition and food security.

The approach of the Department of Health and Environmental working on water and sanitation issues is relatively more proactive in terms of promoting cross-sectoral coordination, but the department is similarly hampered by budget and human resource constraints. Officials do, however, have a budget advocacy strategy aimed at increasing resource flows to tackle water and sanitation vulnerabilities facing the poor. This includes pooling resources from: 1) national targeted programmes; 2) provincial budget block grants that could be invested in water and sanitation activities; 3) the socialisation of costs – i.e. the contributions of government, NGOs, the private sector and commune authorities; and 4) support from the international community, especially so-called golden donors, including WHO, the World Bank, Danida, AusAID, UNICEF and ADB.

For actors involved in social protection programming, efforts to broaden the existing narrow focus on economic rather than social vulnerabilities (including issues such as nutritional vulnerabilities and gender inequalities) have also been quite weak. A key reason for this includes limited leadership within the executive regarding the development of the National Social Protection Strategy. The strategy was ultimately drafted by researchers from the Institute of Labour and Social Affairs within MOLISA rather than by a department with a budget and implementing powers, and thus ownership of the strategy has been difficult to foster. Not only is the Department of Social Assistance, which should theoretically lead, capacity-constrained, but also, in light of the experience of NTPPR implementation, supra-ministerial leadership is necessary, for instance at deputy-prime minister level, especially given the relative weakness of MOLISA.

Other factors contributing to weak integration of social vulnerabilities into social protection strategy development include insufficient pressure and support from donors and international agencies (Social Development Advisor, Department for International Development (DFID); Social Protection Team Leader, Institute of Labour Studies and Social Affairs (ILSSA)) and the limited involvement of senior staff from the Department of Gender Equality in MOLISA in strategy development.

7. Conclusions and policy implications

Overall, our analysis of the role that Viet Nam's national social protection system is playing in addressing risks and vulnerabilities related to food insecurity and under-nutrition, and especially the gendered dimensions thereof, suggests the need for a more inclusive growth model; for the explicit reintegration of nutritional targets into national development and social protection strategies; and for more coordinated policy and programming to address the complex economic and social interplay of factors contributing to food insecurity and under-nutrition. More specifically, our findings point to the following policy implications:

- As economic growth *per se* cannot end malnutrition, a more balanced model of economic growth, paying attention to issues of equity and inclusiveness, is urgently needed; in particular, strategies that combine agriculture, trade, local employment and better access to food have to be developed along with infrastructure improvements and the creation of social safety nets. Growing ethnic disparities not only in nutrition but also in employment and education have to become the targets of specific, sustainable and adequately funded policies and programmes.
- As food insecurity and nutritional disparities still affect millions of Vietnamese adults, especially women, as well as children, they need to be explicitly acknowledged and integrated into the National Social Protection Strategy and related programming.
- As malnutrition is a multifaceted problem, and income growth is not the major determinant of improved nutritional status, relevant policies need to more effectively integrate strategies to tackle the other factors involved, such as parental education and behavioural change support; awareness-raising activities for schools and communities; improved sanitation and hygiene measures; food fortification; and gender empowerment measures. Particular attention needs to be paid to the specificity of stunting, given its chronic nature and the risks of life-course and intergenerational transfers.
- Given the multiple institutional actors involved in the fields of social protection and nutrition/food security, strong leadership and improved coordination mechanisms among all of them, including actors involved in the rollout of the Law on Gender Equality (such as the Department of Gender Equality in MOLISA and the Women's Union) are critical to avoid delays, duplication and compromised results. In order to achieve a more joined-up approach, leadership at the level of the deputy-prime minister may be essential, especially in light of ongoing tensions and differing institutional motivations among key ministries involved in these areas.
- In a related vein, there is an urgent need to strengthen information management and monitoring and evaluation systems in order to identify problematic areas, especially at the provincial and district levels, and to support effective and tailored policies.
- Similarly, in order to strengthen the gender sensitivity of social protection approaches designed to tackle food insecurity and under-nutrition, the provision of clear guidelines and tailored and practical gender training to government officials is essential.
- Finally, investment in improved quantity and quality of human resources deployed to tackle poverty and vulnerability, including food insecurity and under-nutrition, at the national and especially the provincial and commune levels, is vital if these problems are to be addressed effectively.

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