



Speaker Summary Note

Session: East Asia

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Chair: Rector
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Title: An Agriculture-Based Health and Nutrition Program

The East Asians inhabit large tract of land masses that are blessed with tropical and sub-tropical weather and the gigantic Mekong River system and hundreds of smaller rivers, canals. These natural conditions enable the economically poor tropical agriculturists to flourish in producing tropical produces for the economically rich temperate world, such as tropical fruits, vegetables, spices and medicinal herbs. These produces are essential to daily requirements for human health and nutrition.

Unfortunately, people in tropical countries have yet to acquire the nutritionally conscious habit of those in the temperate countries. In the country, the farmers in the rural areas—where most foods and produces are grown—do not eat daily fruits and vegetables like people in the cities. Visual observations in most universities show that body size of students are generally small both in height and weight. Only in some particular cases one can find a tall and heavy student, who likely comes from a wealthy family in the city.

In a national conference in 2007, it was pointed out that there are about 21.2% rural children in Vietnam suffered malnutrition. But both UNICEF and UNDP¹ put the figure at 30%.

Aware of this common problem, governments of many countries have been collaborating with UNICEF or other international donors to carry out projects specially designed for improving the conditions. For examples, in Vietnam, the government, as early as January 2001 promulgated a Prime-ministerial decision no. 21 that charged the Ministry of Health to (1) readily improve the nutritional level of the common man by 2010; (2) in each family, mother and children must be reasonably cared of; (3) people's daily meals must be enriched; and (4) everybody must be improved of their knowledge and practice on nutrition. Of course it was not possible to implement such a decision due to lack of finance, human resources, and the political will. In 2006, another project supported by UNICEF² called "Nutrition Policy and Advocacy" was formulated to put more realistic activities to implement the earlier Prime-ministerial decision. This project is supposed to end at 2010, but many experts said, it's still not realistic and the results were far from accomplished.

¹ (http://www.un.org.vn/index.php?option=com_content&task=view&id=339&Itemid=1&lang=vi)

² (<http://www.nutrition.org.vn/news/vi/28/39/0/a/chinh-sach-dinh-duong-va-van-dong-xa-hoi.aspx>)

The failure of most of nutrition and health improvement projects could be attributed to their lack of linkage to agriculture. If on the other hand some projects have interdisciplinary link with agricultural experts, the latter may not fully aware of the existing socio-economic aspects of the poor whom they try to help. They may prescribe solution beyond the financial capability of the poor farmers, and the project may not have all the funding for everyone. Therefore the poor families could not realize all the recommendations.

In Vietnam there are several health and nutrition models that based on agriculture as a primary objective. The most popular model in northern Vietnam is called VAC (horticultural garden + fish pond + domestic animal raising). In the Mekong Delta in the south, we have been promoting the ABCD approach which was advocated by Coady International.³ This approach, asset-based community development, has been used all over the world including Africa with relative success. In Vietnam, the ABCD staff visit and discussed with poor families—especially with youth and women—of the vegetables and fruits, fishes and domestic animals suitable for raising in the area. They then explain clearly the nutrition values of each of the agricultural products that they have pointed out to the families. Then the agricultural extension workers take over to guide the families how to raise the crops first around their houses instead of leave the land idle. From there they may have some cash to invest in fish culture and animal husbandry.

As the poor families grow the crops, they learn to eat, particularly mothers teach daughters and the rest of the family eat the harvest. They improve their nutrition, hence, their health, and with surplus to sell in the market. The biggest drawback of this approach is that the landless or homeless farmers cannot participate successfully.

³ (<http://www.coady.stfx.ca/>)