

# Ensuring nutrition benefits in a vibrant economy: Alive & Thrive's approach and results in Viet Nam



Malnutrition is uncharacteristically high for a country like Viet Nam that has experienced impressive economic growth and rapid reductions in poverty. When Alive & Thrive began program activities in Viet Nam in 2010 to improve infant and young child feeding (IYCF), nearly one-third of children under 5 years of age were stunted. While most women breastfed, fewer than 20 percent of infants under 6 months of age nationwide were exclusively breastfed. By 2013, changed perceptions, practices, policies, and services related to IYCF were helping Viet Nam achieve nutrition benefits.

For change to occur, several challenges needed to be addressed:

- **General perceptions** that Vietnamese women could not produce sufficient breastmilk
- **Common practice** of giving non-breastmilk substances to newborns before initiation of breastfeeding (prelacteal feeds)
- **Early introduction of water and foods** prior to 6 months of age
- **Aggressive marketing** and ready availability of infant formula
- **Lack of support** from family members and employers
- **Limited health worker commitment and skills** to encourage and support mothers to breastfeed

**PROGRAM FRAMEWORK.** To address these challenges and achieve population-level impact, Alive & Thrive worked in partnership with the Ministry of Health, the National Institute of Nutrition (NIN), the Women's Union, the General Confederation of Labor, the Institute of Legislative Studies, provincial authorities, and UNICEF. The program adopted an implementation framework with four components: 1) advocacy and policy dialogue, 2) interpersonal communication and community mobilization, 3) mass communication, and 4) strategic use of data. This brief describes how each of the four components in the framework was implemented in Viet Nam.

## Advocacy and policy dialogue

Alive & Thrive's advocacy goals in Viet Nam are to foster political support for implementation and funding of IYCF programs and to develop an enabling environment to encourage sustained efforts to create long-term changes in IYCF practices. Opinion leader research conducted by Alive & Thrive in 2010 found that child malnutrition was not a top priority for government officials. Officials were often unaware of policies or misinformed about the benefits of improved feeding practices.

To achieve the advocacy goals, Alive & Thrive undertook the following activities, in close collaboration with partners:

- **Facilitated development** of province-specific and national policy goals and advocacy strategies based on in-depth policy research
- **Provided technical support** for development of the National Nutrition Strategy and IYCF Action Plan
- **Engaged Provincial People's Committees** to effectively allocate increased resources to IYCF through planning tools and consultative workshops
- **Identified, recruited, and equipped members** of the Viet Nam Women's Union, the media, medical associations, and other key opinion leaders as IYCF champions at provincial and national levels
- **Followed a methodical, iterative process** to change policies on maternity leave and the marketing of breastmilk substitutes
- **Advocated for establishment** of workplace lactation support programs

## Interpersonal communication

Studies show that interpersonal communication that is timely and responsive to mothers' needs is an effective approach for changing infant feeding practices. Alive & Thrive developed two models for providing quality IYCF counseling services in Viet Nam: social franchises in health facilities and support groups in relatively remote areas with poor access to health facilities. The 781 franchises are located in 15 of Viet Nam's 63 provinces, covering 8 percent of the country's children under 2 years of age and 27 percent of children in this age group in the 15 provinces. The 675 support groups are based in 225 villages in 8 of these provinces.

**SOCIAL FRANCHISE MODEL.** Viet Nam is the first country to establish social franchises that provide IYCF counseling services. Alive & Thrive and the National Institute of Nutrition introduced the Mặt Trời Bé Thơ (MTBT) ("The Little Sun") social franchise model in a range of health facilities that operate at different levels, mostly at government commune health centers. The MTBT franchises aim to increase the availability of timely and accurate information on breastfeeding and complementary feeding through 15 high quality individual and group counseling sessions beginning in the third trimester of pregnancy and continuing through the child's first 2 years of life.

To be franchised, facilities have to meet established criteria including a room for providing IYCF counseling, health staff and community workers trained in IYCF, and IYCF job aids and client materials available for distribution. Qualifying

facilities earn the MTBT brand, which includes name, logo, tag line, and uniform design of a welcoming and child-friendly counseling room. Services are monitored to ensure that counseling is uniform and of good quality. The role of Alive & Thrive and the National Institute of Nutrition is to provide a standardized framework and ensure capacity to deliver services according to protocols.

**IYCF SUPPORT GROUP MODEL.** IYCF support groups give access in the community to information and support and provide a forum for women to share their experiences. Each village has three types of support groups focused on exclusive breastfeeding, complementary feeding, and community support (for fathers and grandmothers). The groups for pregnant women and mothers of children under 2 meet monthly. The community group meets every other month. Commune health staff supervise the community-based workers who serve as group facilitators.

**SYSTEMS STRENGTHENING.** Planning and preparation for the launch of the franchises required stakeholder consultations, government and facility approvals, franchise branding, and infrastructure upgrades. Both the franchises and support groups required development of training modules, counseling materials and protocols, and a monitoring and reporting system. By mid-2012, almost 20,000 people had participated in training courses to support the franchises: 1-day trainings for 1,500 franchise managers, 5-day trainings for 3,300 franchise counselors, and 3-day trainings for 15,000 community-based workers. Refresher training for counselors and supportive supervision helped ensure the quality of franchise services. Before organizing the support groups, more than 700 community-based workers participated in 5-day trainings on IYCF and group facilitation. A monitoring system was set up to collect data on coverage, volume, and repeat clients (as a proxy for quality) for the franchises and data on coverage and attendance at group meetings for the support groups.

## Mass communication

The mass communication campaign gives credibility to health workers' messages and makes mothers more receptive to these messages and the support delivered by counselors. The campaign reaches key audiences repeatedly with a common, tested message, boosts reach in a timely and cost-efficient way, and helps create a supportive environment for behavior change. The award-winning TV spots featuring "talking babies" address misperceptions about the adequacy of breastmilk and the need for water. TV spots also promote iron-rich foods for growth and development and urge mothers to use the IYCF counseling services of the Mặt Trời Bé Thơ social franchise.

The campaign quickly reached masses of people with these messages by using multiple channels of communication (box 1). Eighteen months after the launch of the mass communication campaign, 85 percent of mothers interviewed reported exposure to the campaign's breastfeeding message on television and/or through loudspeaker broadcasts, out-of-home advertising, or digital platforms. Urban populations were attracted to the website with its online counseling and interactive mothers' forum as well as social media and mobile applications. Digital platforms provided new ways to reach young mothers in immediate, efficient, and timely ways. Over a 26-month period, the *Mặt Trời Bé Thơ* website recorded more than 1 million unique visitors.

**TELEVISION** | National and provincial

**OUT-OF-HOME** | Billboards, LCD screens in hospitals and supermarkets, bus ads, loudspeakers, posters

**DIGITAL** | IYCF website with forum and online counseling, social media, mobile application, Internet ads

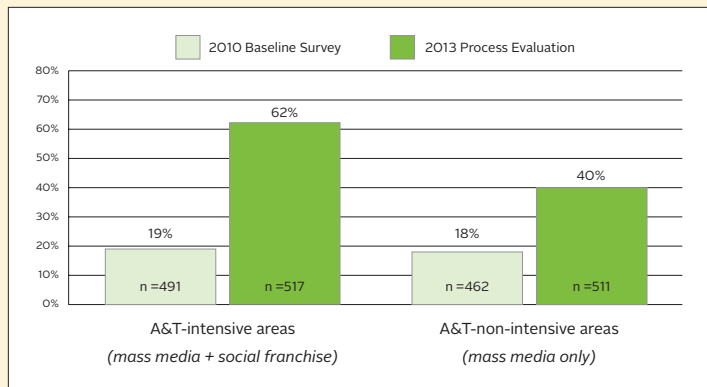
**BOX 1.** CHANNELS OF COMMUNICATION

## Results

### 2.3 MILLION MOTHERS OF CHILDREN UNDER 2 REACHED.

From January 2012 to March 2014, the program reached 460,000 mothers of children under 2 years of age through interpersonal communication (counseling at health facilities and community-based support groups). These women and almost 2 million additional women in this target population were reached through mass media. By late 2013, an average of 100,000 counseling contacts were made monthly in A&T-supported health facilities.

**IMPROVED PRACTICES.** In an evaluation of the Alive & Thrive mass media campaign in four provinces, exclusive breastfeeding increased from 26 percent before the campaign to 48 percent after one year of the campaign. A process evaluation reported that in three years (2010-2013), exclusive breastfeeding increased from 19 percent to 62 percent in Alive & Thrive intensive areas, much higher than in non-intensive areas with mass media only (figure 1).



**FIGURE 1.** LARGE GAINS IN EXCLUSIVE BREASTFEEDING

**Source:** Nguyen PH, et al. Program impact pathway analysis of a social franchise model shows potential to improve infant and young child feeding practices in Viet Nam. *Journal of Nutrition* (in press).

**IMPROVED SERVICE DELIVERY.** A process evaluation found that staff at health facilities supported by Alive & Thrive demonstrated significantly better IYCF knowledge and interpersonal communication skills and offered more comprehensive counseling sessions than staff in the comparison facilities. Currently all 15 provinces have developed plans to sustain counseling services and to offer counseling services in new commune health centers.

**SUPPORTIVE LEGISLATION.** On January 18, 2012, Viet Nam's National Assembly made a landmark decision to extend paid maternity leave from 4 to 6 months in support of exclusive breastfeeding. Three days later the National Assembly expanded the ban on advertising of breastmilk substitutes marketed for children under 24 months. Six additional Southeast Asian countries (Cambodia, Indonesia, Laos, Myanmar, Thailand, and Timor Leste) have joined a regional initiative to replicate Viet Nam's success in improving policies and legislation for IYCF.

**SUPPORTIVE WORKPLACES.** At the end of July 2014, lactation support programs were in place in 70 locations (60 companies and 10 government agencies). The program involved setting up private spaces to enable mothers to safely express and store breastmilk and orientation sessions for employees and staff on breastfeeding and the rights under the law to paid maternity leave and breastfeeding breaks.

**INCLUSION OF IYCF INDICATORS.** The core WHO IYCF indicators are now routinely collected in the annual National Nutrition Surveillance of the National Institute of Nutrition.

## Strategic use of data

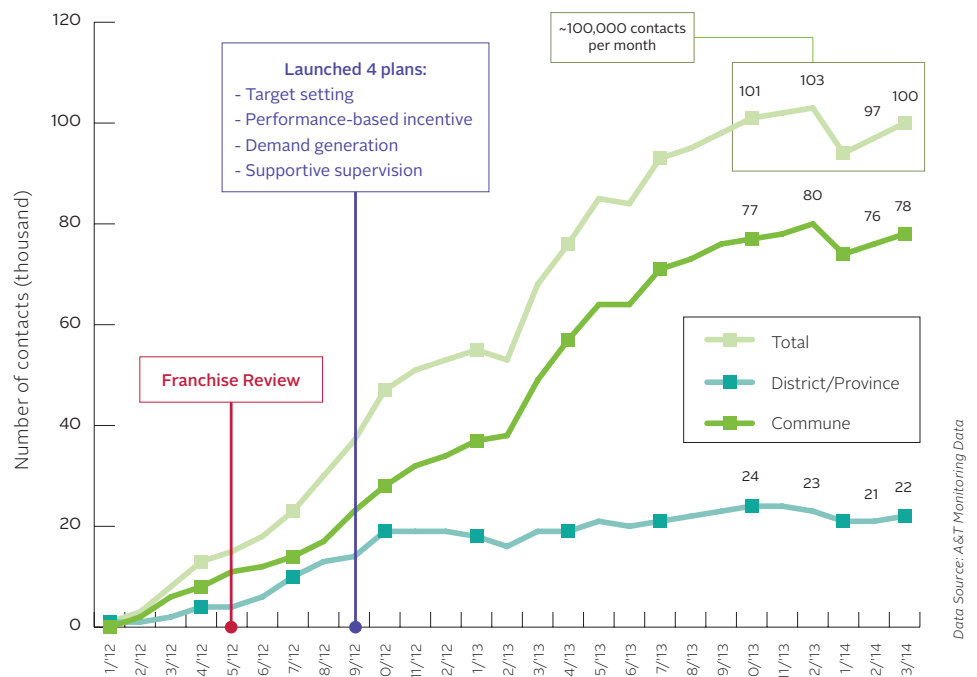
Strategic use of data guided program design, implementation, and advocacy. Monitoring data helped track coverage and performance and make mid-course corrections as needed.

**DATA FOR ADVOCACY.** Opinion leader research and stakeholder mapping informed advocacy strategies and tactics as did a monitoring exercise on implementation of the code of marketing of breastmilk substitutes. Alive & Thrive and UNICEF used data to build the case for extension of paid maternity leave, revisions to the marketing code, and coverage of nutrition counseling in health insurance. The data aligned allies and partners around a common set of goals and strategies.

**DATA FOR PROGRAM DESIGN.** Before going forward with a social franchise model, Alive & Thrive undertook a feasibility study. The study highlighted that the necessary infrastructure was in place to deliver services—99 percent of communes had a health center with an average of six health workers each. Utilization of existing services was high with 86 percent of pregnant women receiving at least three antenatal care visits. These findings suggested that strengthening the health system to deliver services in a substantial way was the most appropriate approach.

**DATA FOR IMPLEMENTATION AND PROGRAM ADJUSTMENTS.** Several months after the franchises were launched, a qualitative review and process evaluation found low service utilization due in part to unclear productivity expectations and missed opportunities for demand creation. A&T responded by setting clear targets, developing a demand-generation plan, introducing performance-based incentives for facilities and individuals, and strengthening supervision. These changes resulted in increased volume (figure 2).

FIGURE 2. DATA-DRIVEN PROGRAM ADJUSTMENTS INCREASED COUNSELING CONTACTS



Data Source: A&T Monitoring Data

## LEARN MORE ABOUT THE VIET NAM PROGRAM

Visit the website for tools and resources: [www.aliveandthrive.org](http://www.aliveandthrive.org).

### ADVOCACY

- Advocacy toolkit: The process and tools that led to stronger national infant and young child feeding policies in Viet Nam

### INTERPERSONAL COMMUNICATION

- Toolkits for infant and young child feeding counseling in social franchises and in community support groups

### MASS COMMUNICATION

- Strategic design of mass media: Promoting breastfeeding in Viet Nam

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E-MAIL: [aliveandthrive@fhi360.org](mailto:aliveandthrive@fhi360.org)  
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