Policy support for infant & young child feeding in Viet Nam

Leader perspectives

2012
**Alive & Thrive** (A&T) is a six-year (2009–2014) initiative to improve infant and young child feeding practices by increasing rates of exclusive breastfeeding and improving complementary feeding practices. The first two years of life provide a window of opportunity to prevent child deaths and ensure healthy growth and brain development. Alive & Thrive aims to reach more than 16 million children under two years old in Bangladesh, Ethiopia and Viet Nam through various delivery models. Learnings will be shared widely to inform policies and programs throughout the world. Alive & Thrive is funded by the Bill & Melinda Gates Foundation and managed by FHI 360. Other members of the A&T consortium include BRAC, GMMB, IFPRI, Save the Children, World Vision and UC-Davis.

**Recommend citation**


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Study team

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<table>
<thead>
<tr>
<th>Contents</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>I. Background</td>
<td>1</td>
</tr>
<tr>
<td>II. Methodology</td>
<td>2</td>
</tr>
<tr>
<td>III. Key findings</td>
<td>2</td>
</tr>
<tr>
<td>- Awareness of and priorities for child nutrition</td>
<td>2</td>
</tr>
<tr>
<td>- Nutrition awareness</td>
<td>2</td>
</tr>
<tr>
<td>- Breastfeeding and child nutrition priorities</td>
<td>3</td>
</tr>
<tr>
<td>- Existing policy supporting infant &amp; young child feeding (IYCF)</td>
<td>3</td>
</tr>
<tr>
<td>- Adequacy of existing policies</td>
<td>3</td>
</tr>
<tr>
<td>- Effectiveness of existing policies</td>
<td>4</td>
</tr>
<tr>
<td>- Policy interaction</td>
<td>4</td>
</tr>
<tr>
<td>- Provincial level</td>
<td>4</td>
</tr>
<tr>
<td>- Existing public support for IYCF</td>
<td>5</td>
</tr>
<tr>
<td>- Perception of public support for IYCF</td>
<td>5</td>
</tr>
<tr>
<td>- Mass media and IYCF promotion</td>
<td>5</td>
</tr>
<tr>
<td>- Existing IYCF promotion models</td>
<td>6</td>
</tr>
<tr>
<td>- Barriers to improving IYCF</td>
<td>6</td>
</tr>
<tr>
<td>- Policy level</td>
<td>6</td>
</tr>
<tr>
<td>- Provincial and implementation level</td>
<td>7</td>
</tr>
<tr>
<td>- Potential to strengthen IYCF policy</td>
<td>7</td>
</tr>
<tr>
<td>- Channels for effective IYCF communication</td>
<td>8</td>
</tr>
<tr>
<td>- Communication to key stakeholders</td>
<td>8</td>
</tr>
<tr>
<td>- Communication to the general population</td>
<td>8</td>
</tr>
<tr>
<td>IV. Conclusions and recommendations</td>
<td>9</td>
</tr>
</tbody>
</table>
I. Background

Alive & Thrive (A&T) is a 6-year (2009–2014) initiative to improve infant and young child feeding (IYCF) practices by increasing rates of exclusive breastfeeding and improving complementary feeding practices. The time between birth and age 24 months provides a unique window of opportunity to impact the long-term health and development of children. A&T aims to reach more than 16 million children under 2 years old in Bangladesh, Ethiopia and Viet Nam, as well as to create program models that can be replicated worldwide.

In Viet Nam, A&T is working with the Ministry of Health (MoH), the National Institute of Nutrition (NIN), the Viet Nam Women’s Union and provincial authorities to double the rate of exclusive breastfeeding, improve the quality and quantity of complementary foods, and reduce stunting by 2% each year. A&T aims to achieve this through:

- Policy engagement
- Implementation of the franchise model
- Fortified complementary foods and related products

While A&T aims to improve young children’s nutritional status in all 63 provinces of Viet Nam, more intensive capacity building and provincial planning activities are taking place in 15 provinces (Ca Mau, Da Nang, Dak Lak, Dak Nong, Ha Noi, Hai Phong, Khanh Hoa, Thai Nguyen, Thanh Hoa, Quang Binh, Quang Nam, Quang Ngai, Quang Tri, Tien Giang, Vinh Long).
As part of the initiative, A&T works to build political and public will for policies that support families to implement optimal IYCF practices. To better understand the policy environment related to IYCF in Viet Nam, A&T undertook opinion leader research from March to May 2010, in partnership with the Ministry of Health Viet Nam (MOH) and NIN. Interviewers collected perspectives of decision makers and influential community leaders across four provinces in Viet Nam.

II. Methodology

In-depth interviews were conducted by a team of two independent consultants from the Research and Training Centre for Community Development and examined eight key questions that sought to 1) identify barriers to political and public support of IYCF practices, 2) find possible solutions and 3) identify the motivations of opinion leaders and possible points of engagement. In total, 43 leaders were interviewed from March to May 2010, for 20 to 60 minutes each in Ha Noi and four provinces (one in the North, two on the Central coast and one in the South). Two of these provinces were urban and two rural. Interviews were conducted in Vietnamese, and most were tape-recorded; the remainder were manually recorded. Results were coded by theme and type of respondent using NVivo 7.0. Challenges to the research included availability of key respondents and time restrictions on interviews.

III. Key findings

Awareness of and priorities for child nutrition

Nutrition awareness

When asked about key problems faced by children under two years of age in Viet Nam, participants registered a range of issues. Most government officials, leaders at provincial health and nutrition departments, and heads of national and provincial television and press agencies mentioned malnutrition, including undernourishment and obesity, and a decrease in breastfeeding. When asked which specific nutrition topics were of concern, national policy leaders, government officials and health and nutrition leaders at hospitals, medical associations and provincial agencies stated that child malnutrition was a long-term problem in Viet Nam, as well as that the national program had made substantial progress in the last 10 years. According to opinion leaders, the challenge in the next decade would therefore be to reach the target for reduction in child stunting. This opinion, however, was likely influenced by the introduction to the study by the interviewer prior to the interview and by the MOH approval letter regarding breastfeeding and child feeding practices.

Assessing breastfeeding trends and practices of Vietnamese mothers also raised different perspectives among leaders from national agencies, ministry-level departments, media, hospitals and medical associations. Almost all of these leaders noted that the prevalence of breastfeeding had declined over
the last 10 years and would continue to decline in the future, particularly due to urbanization. However, some of these leaders stated that they believed there was either a slight increase in the prevalence of breastfeeding, or that the number of women breastfeeding remained unchanged.

**Breastfeeding and child nutrition priorities**

When leaders were asked whether nutrition and breastfeeding are a priority in Viet Nam, the unanimous answer was “no.” Both national policy makers and MOH leaders stated that the major health priorities are related to health systems issues. More importance was ascribed to issues that cause dissension, such as the lack of health insurance, excessive demand on provincial and central hospital resources, and drug price controls.

“There are a lot of problems: H1N1, food safety, the deteriorating health system, unauthorized payments for health services, epidemics, infectious disease, etc. The MOH has so many issues to focus on and to communicate to the general population. If the MOH moved to consider breastfeeding a priority, the situation would greatly improve. However, the MOH’s budget capacity is limited.”

— Medical association leader

**Existing policy supporting infant & young child feeding (IYCF)**

**Adequacy of existing policies**

The majority of leaders at both the national and provincial levels agreed that the policy framework supporting IYCF in Viet Nam was reasonably adequate, but that there were difficulties in implementation. A small proportion of national policymakers and ministry department heads believed there was no legislative pathway for IYCF, and that one possibility for Viet Nam would be to have a breastfeeding law or similar measure stating that every child has the right to be breastfed.
Effectiveness of existing policies
The most frequently identified policies supporting IYCF in Viet Nam were Decree 21 (on the trade and use of infant nutrition products), Decree 45 (on the organization, activities and management of associations), the Baby-Friendly Hospital Initiative (BFHI) and the Labor Code maternity leave policy. Only a few health sector respondents mentioned the National Action Plans on IYCF and Child Survival, Program 135, the National Strategy on Reproductive Health Care or other policies. In addition, almost all health leaders and national policymakers stated that Decree 21, Decree 45 and the maternity leave policy required revision in order to be practical, for example to tighten regulations on nutrition product advertising for children under 12 months old.

“We propose that if milk companies do not change the way they label their products, they not be allowed to sell them in Viet Nam. This is our recommendation. However, the current Decree 21 makes it difficult to act on this proposed change. Given the current regulations on nutrition product advertising for children under 12 months, companies find ways to avoid them.”
— Government official

Hospital and medical association leaders have suggested that implementation and assessment of the BFHI should be reviewed. Hospital leaders indicated that the BFHI offers few benefits to hospitals, due to a lack of MOH investment in BFHI-approved hospitals and the influence of milk companies on health workers. The main reasons that staff were not reprimanded for violating BFHI practices were the lack of staff to spoon-feed newborns with breastmilk and absence of a breastmilk bank.

Policy interaction
According to respondents, the national nutrition program focuses predominantly on wasting, malnutrition and breastfeeding, while the National Action Plan on Child Survival emphasizes achievement of the Millennium Development Goals. The National Strategy on Reproductive Health Care and the BFHI both target standardization of health worker performance to ensure application of best practices.

Provincial level
Leaders from three of the four provinces stated that there was no specific strategy or policy in their province to support IYCF, and that their province followed national policies. In general, most provincial authorities in the four provinces did not mention or directly quote any specific policies to encourage breastfeeding and good IYCF practices on a provincial scale, with the exception of material support to the national nutrition program.
Existing public support for IYCF

Perception of public support for IYCF

The majority of activities mentioned by respondents, such as Breastfeeding Week, Nutrition Week and community talks, all fall under the national nutrition program. The opinion leaders indicated that civil organizations have increasingly advocated for nutrition and breastfeeding with policymakers in recent years.

When asked how the general population perceives and supports IYCF practices in Viet Nam, in particular breastfeeding and good nutrition, most national policymakers, government officials, hospital and medical association leaders, and media representatives said that optimal breastfeeding practices had largely been forgotten. Respondents cited economic stress as the main reason for young mothers’ poor practices in relation to breastfeeding, nutrition and childcare. The main points raised were that:

- Changing social norms keep mothers from initiating and sustaining breastfeeding in the first six months.
- Changes in the work environment have led to changes in lifestyle and childrearing practice.
- The emergence of HIV and spread of hepatitis B have limited breastfeeding promotion activity.
- Aggressive marketing and readily available infant formula affect a mother’s patience and implant the message that formula milk helps children grow taller, which is every Vietnamese family’s dream.

Cesarean births are also frequently cited as a barrier to breastfeeding. The rate of Cesarean births increased from 5% in the early 2000s to 27% in 2009, and up to 90% in some private hospitals in Ho Chi Minh City, far above the WHO-recommended level of 15%. With widespread availability of infant formula and low awareness of the benefits of optimal breastfeeding practices, mothers who have a Cesarean birth are more likely to rely on formula to raise their children in the first weeks.

Mass media and IYCF promotion

Mass media have been used in various ways to promote IYCF. O2TV, the health television channel managed by the MOH, periodically broadcast programs on maternal and child health and nutrition. Other television and radio stations and newspapers primarily featured content related to short-term campaigns, such as World Breastfeeding Week, Vitamin A Day, etc. Decrees 21 and 45 require that advertising content be approved by the MOH, and formula milk companies must submit their MOH approval to media outlets. Respondents commented that while there was ample communication between media and NIN, there was no framework for collaboration between mass media and the
MOH. Reporters were more likely to obtain information from personal contacts than from institutional relationships.

**Existing IYCF promotion models**

When asked to list programs that promoted child nutrition and breastfeeding in Viet Nam, health leaders in provinces and at the MOH cited NIN’s nutrition center and national program, as well as Save the Children’s model of a community-based program supporting supplementary feeding and breastfeeding-friendly workplace spaces for milk pumping. No governmental health officials identified any models of good practice, effectiveness or sustainability. At the provincial level, a few leaders applauded the results of certain models (Save the Children, UNICEF, NIN nutrition centers), while others considered them unsustainable. The most negative comments regarding these models related to low sustainability after project termination and lack of research on impact.

**Barriers to improving IYCF**

**Policy level**

Breastfeeding and child nutrition were not believed to be high priorities in Viet Nam, and most government officials and national policymakers said that much more can and should be done in terms

“In 2009 there were more than 600 policy documents submitted to the Prime Minister regarding government concerns and resource investment. Where was nutrition on that list?” – Government official

“In my opinion, Decree 21 needs to be revised. It is vital to do so – but it depends on the availability of the Department Legislation, in terms of its list of priorities and human capacity.” – Government official

of IYCF legislation. To date there have been numerous policies supporting nutrition, but no law stating that all children have the right to be breastfed from birth. MOH department leaders reported that they believed Decrees 21 and 45 would soon be revised, and that the implementation of these policies would continue to be a leading concern. Respondents also stated that the Ministry of Labor, Invalids and Social Affairs (MOLISA) might review the Labor Code provision on four months of maternity leave, revising it to six months.

Government institutions were still the respected source for providing evidence related to policy development. However, funding presented the largest challenge to a holistic project approach to IYCF. National and provincial budgets for IYCF programming had been reduced. Respondents stated that Viet Nam lacked a robust information system to identify the true situation of IYCF, and of
breastfeeding in particular. Such a system is necessary to measure trends, track policy implementation and evaluate the impact of laws and decisions before launching or continuing programs.

**Provincial and implementation level**

All respondents asserted that communicating and publicizing IYCF issues was important to achieve effective results, but that these had received little attention and funding. Medical associations had limited financial resources for training health workers and raising awareness of the problem. Media companies cannot turn down advertisements for breastmilk substitutes, as these provide a stable source of income. Government and other resources for IYCF promotion are substantially lower than required. Government and other agencies promoting IYCF require more persuasive evidence, materials and approaches to enable behavior change.

Respondents reported that there was no effective health-service supervision system and no means of identifying IYCF policy violations, which led to generally poor implementation of policy. Three of the four provinces studied were thought to have strong collaboration between the Center for Reproductive Health Care and Center for Health Education and Communication, while one province struggled to maintain good contact between the two bodies. Such collaboration with regard to planning, resource allocation and intersectoral coordination was deemed very important, but it depended mainly on the relationship between the leadership of each agency. Weak coordination by the provincial Department of Health may have contributed to poor collaboration between the two centers, which in turn strongly affected the quality of community IYCF promotion activities.

Health workers often lacked information about the benefits of breastfeeding and, in turn, gave poor IYCF instruction to families, which resulted in poor understanding at the community level. In addition to lack of information, the primary reason given for limited IYCF counseling by health workers was lack of time due to excessive workloads.

**Potential to strengthen IYCF policy**

There have been many discussions and workshops among the MOH, MOLISA, the National Assembly and other government agencies regarding outdated policies that require revision, such as maternity leave and Decrees 21 and 45. The majority of respondents believed there was strong movement from the MOH, MOLISA, the Viet Nam General Confederation of Labor (the national trade union) and other large organizations to increase maternity leave from four to six months. Some MOH department leaders believed that Social Insurance Viet Nam would not challenge this increase, while some medical leaders had the opposite view. It was generally agreed that Decrees 21 and 45 were likely to be revised, yet it was also agreed that no change could be achieved at the community level if national and provincial inspection and supervision of policy implementation were not improved.
The majority of government officials and provincial health leaders stated that strengthening IYCF in Viet Nam required better implementation of existing policies rather than a new or special policy. The government’s commitment to the Millennium Development Goals was one factor influencing the decision of the MOH and related agencies to adopt international recommendations within national programs such as the National Action Plans on IYCF and Child Survival, as well as revise the National Strategy and Guidelines on Reproductive Health Care. National leaders were concerned about stunting in Viet Nam and had committed to reducing this. Respondents stressed that if technical agencies such as NIN and the National Institute of Health Strategy and Policy provided evidence-based information to political agencies about the importance of investing in IYCF in Viet Nam, these agencies would be more likely to support the policy and associated budget allocations.

Channels for effective IYCF communication

Communication to key stakeholders

Respondents indicated that one of the most effective channels to help policymakers identify IYCF as a health priority for Viet Nam would be to provide evidence-based information to the National Assembly and members of Provincial People’s Committees via presentations and policy briefs. They also identified other useful mechanisms for change, such as establishing and publicizing an official website to pool all research and policy, as well as hosting IYCF reviews, publishing articles and conducting talks on television. The majority of political and health leaders said they obtained information from print and television news (6 to 6:30 a.m. and 7 to 10 p.m.), as well as from online news and ministry contacts.

“One channel for policy advocacy is through the Deputy Minister of Health for reproductive health and preventive medicine. If the Deputy saw this as a priority, the Minister would pay attention to the advocacy issue.” – Government official

“There are many information channels, but one of the most effective is mass media communication: TV, radio, newspapers, panels, posters or leaflets. Even word-of-mouth is effective advertising.” – Government official

Communication to the general population

Respondents identified several ways to effectively communicate infant and young child feeding information to the general public. Among those listed were:

- Individual and group counseling and instruction for mothers on breastfeeding and child nutrition, during pregnancy and before and after delivery, as part of premarital education
(making it compulsory for couples to submit education certificates before being granted a marriage certificate)

- Community breastfeeding or IYCF clubs managed by the Women’s Union
- Website on breastfeeding or maternal and child health

**IV. Conclusions and recommendations**

Based on the recommendations of the opinion leaders and the perspectives of the researchers, the research team suggests the following recommendations to strengthen policy support for IYCF and family feeding practice.

**Strengthen MOLISA’s role in IYCF.** The Prime Minister has currently placed MOLISA in charge of children’s issues (with the exception of health treatment, which pertains to the MOH). MOLISA should raise awareness on efforts to revise the Labor Code and policies relating to childcare.

**Conduct further research** to measure the feasibility and likely benefits of extending maternity leave to six months (perspectives of employees and employers, feasibility of social insurance coverage).

**Set up a technical consortium to support IYCF policy development and revision.** Successful examples of the consortium approach exist in Viet Nam, including the UNFPA-led consortium that developed the National Strategy on Reproductive Health Care and the National Standards and Guidelines for Reproductive Health Care Service. These documents have been approved by the MOH and applied as national guidelines for health worker performance. Using this model, an IYCF consortium could be established comprising government and UN agencies, as well as non-government organizations that would contribute technical support and research on IYCF-related policies. The IYCF consortium or another leading organization should establish a strong connection to policymakers as a vital step to influence change, by delivering policy briefs or presentations at key meetings where influential persons are present (e.g., the National Assembly, the Central Commission for Education and Communication, Provincial People’s Committees, relevant Ministries).

**Strengthen collaboration with the media.** Media representatives should be invited to all IYCF events. In addition, the proposed consortium should support the media to organize talk shows by providing good speakers and quality content. Short, influential key messages on IYCF, nutrition and breastfeeding promotion should be developed and frequently broadcast to gain the attention of the public and policymakers.
Develop innovative ways to promote breastfeeding and good childcare practices, which should be carefully assessed to evaluate community impact in terms of behavior change and child development outcomes.

- Conduct comprehensive training on breastfeeding and counseling at nursing and medical schools specializing in obstetrics
- Train Women’s Union leaders at the Central Women’s Cadre Training School on breastfeeding counseling and activities to promote breastfeeding in particular and IYCF in general
- Pilot premarital childcare and family planning training and certification with IYCF content in the curriculum
- Apply protocols to promote and supervise health workers to achieve improved performance in providing breastfeeding instruction at hospitals and commune health centers
- Pilot community-based models to create supportive environments for young mothers and to promote good practices related to nutrition and childcare
- Develop a breastfeeding or childcare website that provides accurate IYCF information to the general population and acts as a database and source for research and policy review in Viet Nam
A&T Viet Nam has launched an innovative franchise system, Mật Trời Bé Thơ ("Little Sun"), that provides a quality counseling package on infant and young child feeding (IYCF) for pregnant women, lactating mothers and caregivers at commune, district and provincial health facilities.

Approximately 800 social franchises are in operation across 15 provinces, providing accurate IYCF information through interpersonal counseling and group sessions from the third trimester of pregnancy through the first two years of life.

The health system is enabled to run franchises through focused capacity building for healthcare workers at all levels. One-on-one services, including e- and tele-counseling, are supported by a communication strategy that generates demand and promotes optimal IYCF practices via a mass media campaign, print materials and an interactive website (www.mattroibetho.vn).

franchisors

Alive & Thrive
- Advertising & promotion
- Monitoring & evaluation
- Detailing & referral system
- Client support

National Institute of Nutrition
- Training
- Support & supervision

sub-franchisors

Provincial departments of health & reproductive health centers
- Overseeing regional implementation
- Establishing franchises
- Procuring supplies
- Coordinating staff development
- Supervising and monitoring franchises

franchisees

Province
- Provincial hospitals
- Reproductive health centers
- Preventive medical centers

District
- District hospitals
- Maternity homes
- Preventive medical centers

Commune/Ward
- Commune health centers
- Private clinics

service package
for pregnant women, lactating mothers, caregivers & fathers of children 0–24 months old

- Breastfeeding promotion
- Breastfeeding support
- Breastfeeding management
- Complementary feeding promotion
- Complementary feeding management

demand creation

- Mass media
- Village health workers
- Nutrition collaborators
- Women’s Union