Alive and Thrive Project

Policy Support for Infant & Young Child Feeding in Vietnam

Leader Perspectives

2010

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Hanoi, September 2010

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For Community Development (RTCCD)

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Abbreviation

A&T	Alive and Thrive project
BFHI	Baby Friendly Hospital Initiative
CHS	Commune Health Station
IEC	Information Education Communication
IYCF	Infant and Young Child Feeding
MCH	Maternal and Child Health
MDGs	Millennium Development Goals
MOH	Ministry of Health
MOLISA	Ministry of Labor and Invalid Affairs
NIN	National Institute of Nutrition
SC	Save the Children
UNICEF	United Nations Children's Fund
VCPFC	Vietnam Commission of Population Family and Childcare
VWU	Vietnam Women's Union
WHO	World Health Organization

Executive Summary

With regard to malnutrition control in the last two decades, the main focus has been on providing children with adequate levels of food and qualified food as until the early 1990s there has been still 58% of households in Vietnam living under the poverty line (cannot acquire 2100 cal/person/day)[1]. However, Vietnam has been moving towards becoming a developing country over the last 20 years. The country has shifted from being a rice-imported country in the 1980s to the second largest exporter of rice in the mid 1990s and currently a recognized exporter of many food products. Malnutrition has decreased, however obesity rates are increasing more populous cities and rates of stunted children are not improving. This will influence the IYCF by adopting new approaches.

This qualitative study, approved by the Ministry of Health, conducted with 42 leaders from national agencies, government departments, mass media organizations, medical associations and hospitals in the year 2010. The study was implemented under the scope of the Alive and Thrive project Vietnam. The interviewed respondents acknowledge the values of breast milk and support the promotion of breastfeeding. Said stakeholders recognized the changes in young mother's breastfeeding and practices and the underlying reasons for not doing it for example: workload; inappropriateness of maternity leave policy; formula advertisement; poor knowledge; environment that does not allow or encourage it and poor instructions from health workers. It is obvious that the key areas for improving nutrition problems in Vietnam over the next decade are: to reduce rates of stunted children malnutrition; increase the height of Vietnamese children and improve food fortification. This information has been communicated to policy makers by the National Institute of Nutrition.

Although all policy makers support the breastfeeding promotion, many of them doubt the success of this program. The general improvement of IYCF and exclusive breastfeeding in particular in Vietnam will undergo various challenges for a number of reasons:

- **Breastfeeding is not a priority of the government**. The health sector in Vietnam has numerous areas that require financial resources in order to be improved such as: primary health care; hospital management; cost of medication, health information management; human resources, health financing; structure of the health system; health insurance etc). There is a possibility that improved quality and increased quantity of human resources in health facilities would improve the uptake of breastfeeding. Policy makers and the government now have to address the above problems in order for breastfeeding rates to improve. This may result in limited financial support from the government as aforementioned areas of the health sector compete as a larger priority.

- **The country lacks a good information system which makes it hard** to identify the true status of the IYCF and adoption of breastfeeding practices. Policy makers, health activists and the general population lack evidence necessary to understand the benefits of breastfeeding. Additionally, there is no database on exclusive breastfeeding rate across decades across Vietnam and current efforts (research and models) on breastfeeding was collected and produced for public archive. The role of independent institutions in the dissemination of information policy review was not properly recognized by governmental agencies while independent institutions recruited many intellectual scientists and policy activists.

- **Vietnam does not have the systems in place to monitor, supervising and evaluate policy implementation and policies do not support one another** in improve the IYCF (e.g. the gaps in Decree 21 and Decree 45, WHO recommendation and maternity leave policy). As a result, policies have had limited success and are not respected by the general population. Currently, Vietnamese society supports health issues that are campaigned over a short space of time for example: Vitamin A Day, Breastfeeding Week, Food Safety

[1] GSO (2003) Vietnam Living Standard Survey, General Statistics Office

Month, Child Safety Month, Traffic Safety Month, etc) as opposed to reducing the burden of a health issue on a daily basis.

- **Hospital overload in MCH hospital and obstetric department, performance of health workers in counseling and behavior change communication (BCC) to young mothers** will be major challenges to overcome. Only if these issues are solved as well as the training of health workers, the application of regulation or performance protocol and good supervision will there be an improvement in childcare, health worker performance and breastfeeding rates.
- **The health sector and mass media organizations in IYCF do not collaborate enough to make progress**. Having nutrition and breastfeeding recognized as a health issue has brought together stakeholders such as the IEC/BCC, policy makers and implementers within the health sector with less participation from the following: mass media organizations; education; MOLISA and enterprises). To date, the MOLISA currently is responsible for managing general issues that affect children while the MOH focuses on clinical treatment. In the past, breastfeeding promotion was successful as the women's union, nurseries and kindergartens, media and factories all played key roles (equally as important as the health sector) to young mothers and families. In the past, mothers were encouraged to breastfeed and instructed on how to do so at on a regular basis at childcare centers and hospitals.
- **Aggressive marketing and readily available infant formula is another major challenge.** The milk corporations have won the favor of the media and a proportion of young mothers who are average and decent income earners. Milk corporations are being supported by strong lawyer force and have been successful in misleading these mothers to believe that 'formula milk helps your child to be taller'. This message is culturally significant in Vietnam as this is an aspiration of the Vietnamese people. Large financial resources allow milk corporations to deceive the country into believing that formula is more beneficial to a child's health than breast milk and consequently influence breastfeeding practices. Media is a powerful force but 50% to 90% of the media's budget is funded by milk corporations, as stated by media leaders. With limited budget capacity, how can the government and the community-based organizations work together to reverse the situation and ask the media to cooperate for the community's benefit? It remains a key question.

It is believed that Vietnam has now lost its focus on breastfeeding as the commitments and focus of international forces on this issued have faded. Nutrition used to be a higher priority, but due to perceived progress on the issue, it has fallen off the radar. The research team believes that in the past, breastfeeding was of great concern as there was strong evidence that breastfeeding affects morbidity and mortality of Vietnamese children. If consistent and reliable evidence that details the advantages of breastfeeding is likely to also: improve emotional and cognitive development; reduce social and financial burdens by now having to purchase formula, use health services use and use supplementary food after six months of age in order to provide a sufficient amount of nutrients and micronutrients for child height and weight; then the whole society and the political force will pay attention and invest in breastfeeding, supplementary feeding and childcare.

Mothers, family members and society at large need to understand the absolute and non-replaceable values of breast milk so that mothers are provided with milieus that are conducive to breastfeeding and also so that they are supported to exclusively breastfeed for the first six months of a child's life. The promotion for breastfeeding and early childcare should be conducted in the way that Vietnam has been united the whole society to participate in eradicating illiteracy.

Chapter 1: Background

1. Introduction

The WHO/UNICEF Global Strategy on Infant and Young Child Feeding (IYCF) which was approved in 2002, sets the standard for global action in supporting optimal breastfeeding, complementary feeding and related maternal nutrition and health[2]. IYCF for children from 0 to 2 years old is related to practice, habits, education level and socioeconomic status of family and community. IYCF practice depends largely on knowledge and skills of mothers and other caregivers; in fact, it has been shown that even with a poor socioeconomic status, if a caregiver's understanding and practice of proper feeding were increased, child malnutrition would be prevented. However, the socioeconomic situation of a child's family and community plays a considerable role in ensuring adequate resources are allocated for childcare. A successful policy for IYCF needs to address these factors. The socioeconomic development and urbanization process, which has occurred in many countries including Vietnam, are creating new challenges for IYCF[3].

Alive & Thrive (A&T) takes a comprehensive approach to tackling current challenges. A&T's strategies will help the Government of Vietnam achieve its goal of doubling the rate of exclusive breastfeeding and accelerating the reduction of stunted children. A&T aims to create a supportive environment for improved IYCF practices through policy, a franchise model for IYCF counseling services and expanded access to good quality, fortified, complementary foods. As part of the initiative, Alive & Thrive works to build political and public will for policies and practices that support families in implementing optimal IYCF practices.

> ***Alive & Thrive*** is a new initiative dedicated to reducing death and malnutrition caused by sub-optimal infant and young child feeding practices. Over the next five years, Alive & Thrive, funded by the Bill and Melinda Gates Foundation, will work to increase rates and improve early initiation of breastfeeding and exclusive breastfeeding in addition to improving complementary feeding practices in Bangladesh, Ethiopia and Vietnam.

In order to better understand the policy required for IYCF in Vietnam, the A&T undertook research which collects perspectives of decision makers, influential and community leaders at Central Level and across four provinces in Vietnam. The study was carried out in partnership with the Ministry of Health Vietnam (MOH) and the National Institution of Nutrition (NIN). This report documents the analysis from 42 interviews with leaders in Vietnam.

The report consists of four chapters. The first chapter presents the study background, the overview of the IYCF situation in Vietnam and the policy supporting IYCF in the country. Chapter 2 briefs the research methodology. Chapter 3 presents key findings of the research. In this chapter, we clarify leader awareness and their perception of priorities for nutrition and breastfeeding; existing policy support of IYCF; barriers to improving IYCF; potential to strengthen policy supporting IYCF and recommended channels of effective communication to key policy makers and general populations. Finally, Chapter 4 proposes recommendations to the A&T project for further action.

[2] UNICEF (2007), UNICEF and Global Strategy on Infant and Young Child Feeding: Understanding the Past and Planning the Future.
[3] MOH (2006), Infant and Young Child Feeding: Action Plan for Vietnam 2006 – 2010, MOH and NIN Vietnam

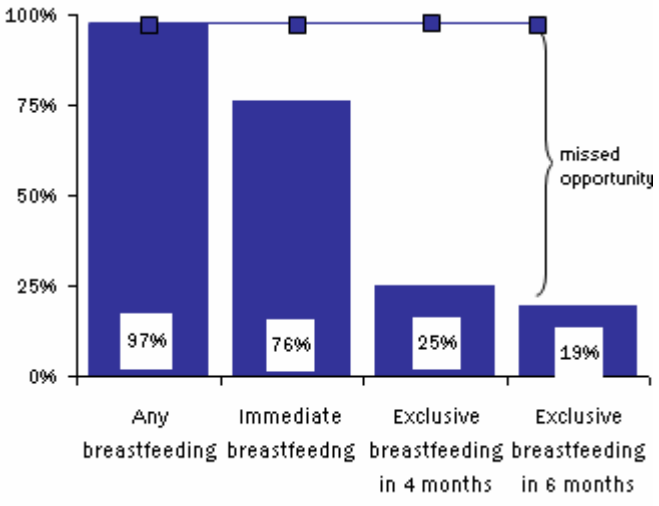
2. Current Knowledge and Awareness of IYCF in Vietnam

Although for many years, great efforts have been made to control malnutrition; its prevalence is still high. Presently, 31.9% of children under five who are stunted (low height for age) nationwide[4] and obesity is quickly emerging in larger cities. One of the main causes of this is poor feeding practices; hence why, altering feeding practices for infants and young children is an essential intervention of child malnutrition in Vietnam.

The rate of underweight children due to malnutrition standing at 18.9% in 2009 and only one quarter of women practicing excusive breastfeeding in the first four months, Vietnam is still facing many challenges. It is however, on its way to achieving the country's development goals for maternal and child health.

Although the message 'breast milk is best' is a must for any advertising related to child nutrition, breastfeeding practices are increasingly under-represented in public health concerns. Most women in Vietnam (97%) breastfeed, but only 76.2% initiated breastfeeding within the first hours of birth in 2009, as reported by the NIN. Fewer women practiced exclusive breastfeeding in the first six months (19.2%) in the same year. Bottle-feeding among infants less than 12 months of age has increased from 2.2% in 2000 to 25.6% in 2005 and sharply to 65.9% in urban areas and 28.3% in rural areas in 2009. Only 11.9% of children are breastfed up to two years of age[5]. Complementary feeding practices are also inadequate. Semi-solid foods are introduced too early into children's diets and are often of poor quality. The 'Child Survival Action Plan', in collaboration with the MOH and the Vietnamese UN Office, has a goal to attain a 50% exclusive breastfeeding rate across the country by 2015. This goal remains challenging and requires a holistic action framework to improve the situation.

Figure 1: Room for improvement: Missed opportunities for early and exclusive breastfeeding in Vietnam, 2009



Source: National Institution of Nutrition

3. Policy Environment on IYCF in Vietnam

There are many policies supporting the IYCF in Vietnam where each policy has different goals/targets and direct or indirect influences on IYCF practice. Figure 2 below presents an overview of policy development and implementation

1. Action Plan on Infant and Young Child Feeding 2006 – 2010:

This plan was developed by the department of Reproductive Health (now the Department of Maternal and Child Health – MCH) and the Department of Legislation and was approved in December 2006 by the Minister of Health. The plan has three objectives of which the 2nd focuses on exclusive breastfeeding and complementary feeding for children 0-3 years of age. Set targets include:

[4] NIN (2010) Statistics of Malnutrition in Children across years 2000 – 2009, http://www.nutrition.org.vn/news/vi/106/61/a/so-lieu-thong-ke-ve-tinh-trang-dinh-duong-tre-em-qua-cac-nam.aspx

[5] NIN, Overview of Nutrition Care for Children under 2 years old, 2010

- Increasing the rate of exclusive breastfeeding in the first six months from 12.5% in 2005 to 25% in 2010
- Increasing the rate of immediate breastfeeding within one hour after birth to 90% in 2010.
- Doubling the number of baby-friendly hospitals by the year 2010 in comparison to the number in 2005.
- The rate of appropriate complementary feeding increases 30% by 2010 in comparison to the rate in 2005.

By 2010, none of these indicators were achieved. Given reasons for these are lack of financial and human resources and ineffectiveness of other policy implementation such as Decree 21 and 45. The MCH department is waiting for financial support from the WHO to revise this plan for the period 2010 – 2015.

Figure 2: Policy support for Breastfeeding and Child Nutrition in Vietnam

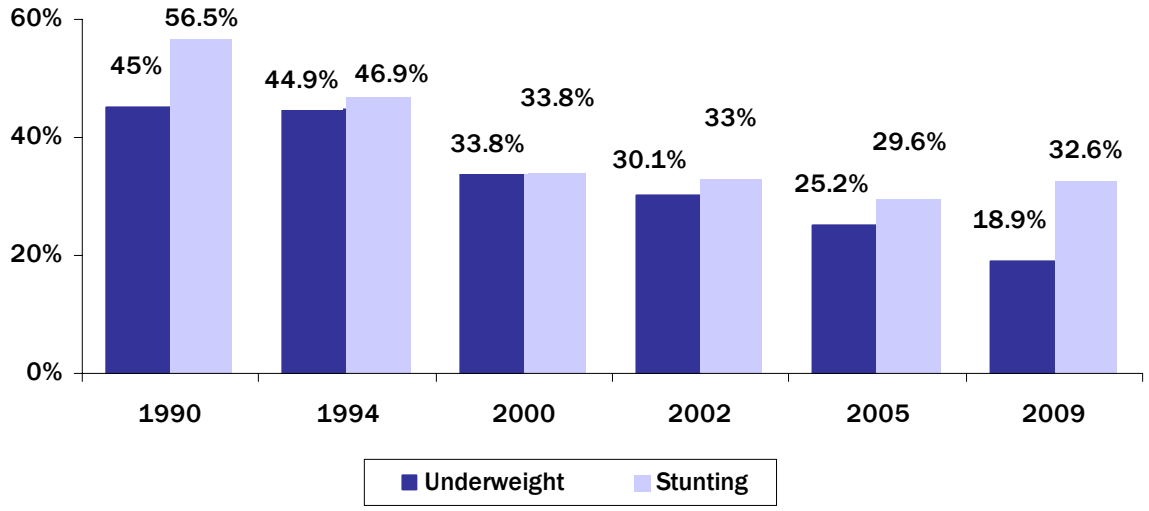
2. National Program for Nutrition 2001-2010

The program contains five objectives and is divided into two phases: 2001 – 2005 and 2006 – 2010. Objectives are as follows:

- General population is strengthened in terms of knowledge and proper practice of nutrition care. In this objective, exclusive breastfeeding within the first 4 months were set by 40% increase in comparison to year 2000.
- Reduce the rates of: malnutrition in children and mothers, underweight children, stunted children, low birth weight and obesity.
- Control Vitamin A and Iodine deficiencies and reduce protein anemia
- Reduce the rate of households with low calorie intakes.
- Improve food safety and hygiene.

The program set a target reduction of 1% wasting underweight and 1.2% stunting malnutrition per year. Of the six strategies of this program, the 5th strategy is to strengthen the education and communication on IYCF, focusing on breastfeeding benefits and appropriate complementary feeding through community talks and campaigns nation-wide and pilot nutrition centers in selected areas. So far the NIN has completed the draft of the National Program for Nutrition 2011-2020, which has been submitted to the Minister of Health and to the Prime Minister for approval.

According to the statistics of the NIN[6], the prevalence of underweight children nation-wide has gradually reduced; however, rates of stunted children have remained stagnant since 2000 and are possibly increasing.



3. National Population Promulgate 2003

This promulgate was approved by 2003 and revised in 2009 with regard to article No.10 (clearly defining each couple as allowed to have only two children, excepting special conditions approved by the Prime Minister). This promulgate does not directly mention the IYCF but in article 24 it addresses the government policy and measures to prevent the discrimination of females and males. It also mentions that family members are responsible for healthcare including reproductive heath and family planning, of other family members. Since this promulgate was issued and implemented, the prediction and informing of an infant's sex via ultrasound is prohibited which has attributed to the reduction of abortion due to sex preference in Vietnam.

[6] NIN (2010) Statistics of Malnutrition in Children across years 2000 – 2009, http://www.nutrition.org.vn/news/vi/106/61/a/so-lieu-thong-ke-ve-tinh-trang-dinh-duong-tre-em-qua-cac-nam.aspx

4. Action Plan for Child Survival 2009 - 2015

The Action Plan for Child Survival aims to reduce the child mortality rate to under 18‰, infant mortality rate under 15‰, perinatal mortality rate to under 10‰, underweight children under 15% and rates of stunted children under 25% by 2015. To achieve these indicators, the MCH department needs to focus on increasing the rates of breastfeeding, measles immunization and tetanus vaccinations to pregnant mothers to 80% of newborns and mothers visited at home within the first week of delivery[7]; increasing skills and knowledge of health workers on newborn care, strengthening the pediatric system and strengthening the community-based environment for childcare.

5. Maternity leave in the Social Insurance Policy

The maternity policy is outlined in chapter 2 of the Decree 152/2006. It defines maternity leave as four months for female workers in a standard working environment, five months for those in heavy or shift work and six months for handicapped female workers. For twins, an additional 30 days is added. The chapter also mentions days-off for child mortality and abortion or miscarriage. During maternity leave, a female worker is entitled to salary payment by the social insurance, which is calculated based on the average health-insurance salary of the previous 6 months.

History of maternity leave policies:

- During the subsidy scheme, female workers were eligible for 2 months maternity leave, however the nursery system was very good. Every factory or company had a nursery located within the working area which was financially funded by the factory or company. Female workers could drop in to breastfeed their babies anytime during working hours. Condensed milk or formula milk was distributed by the government to female workers who were too sick to breastfeed. It is believed that, by that time, everyone practiced exclusive breastfeeding within the first 2 months.
- In 1983, according to **Decision No.7,** article 1, maternity leave increased to 75 days for normal work and 90 days for heavy work and 30 additional days was added for twins.
- In 1985, according to **Decision No.121**, maternity leave increased to 180 days (6 months) after receiving evidence of high infant mortality rate due to poor feeding practices. It was believed that the infant mortality rate was greatly improved under this policy.
- In 1995, according to **Decree No.12**, maternity leave reduced to four months (5 months for heavy work and 6 months for special work) under pressure of enterprises which is detailed in the section below.
- In 2006, according to **Decree No.152**, maternity leave is 4 months (5 months for heavy work and 6 months for handicapped workers with 21% and over working capacity reduction due to being handicapped). In comparison to Decree 12, the decree 152 made clearer situations where women might be entitled to more maternity leave such as twin, triple births, handicapped by level of working capacity reduction

After the Doi Moi – economic reform in early 1990s – labour workforce was shifted from public to private corporations. Private employers did not want to recruit females and they used salary schemes for insurance claim and bonus/benefit schemes based on the amount of completed work. As such the female worker would not get any bonuses and other benefits if she was on maternity leave. Many female workers requested to return to work before the 6 months because of financial difficulties. Based on the consultation of the National

[7] Findings from previous studies (UNFPA 2009; ChildFund 2006; Binh Dinh 2007) indicated that women living near the CHS are more likely to be visited by CHS health workers than those living in remote villages. The rate os postnatal care (within 42 days after delivery) visits/check-ups varied from 23.8% to 70% depending on province.

Confederation of Labour (NCL), the government negotiated with corporations and Decision No.12 mentioned above was issued.

A survey conducted by the National Confederation of Labour in 2009 at 43 enterprises in 10 provinces indicated that 54% of female workers provided their children with complementary feeding before 4 months of age due to work reasons. A draft law on Labour has been revised up to version 7 and submitted to the Prime Minister, in which, Chapter 10 is relates to maternity policy. This draft of the law is currently on hold because there are many issues with contenders for revision but no concern related to maternity leave. No leader can give an affirmative answer of when the draft of the law will be approved. It is estimated that it would be considered again in 2011 after the National Assembly election.

6. National Strategy on Reproductive Health Care 2001 – 2010

The government of Vietnam developed and approved its first National Strategy on Reproductive Health (RH) Care for 2001 – 2010 in 2000 with UNFPA support. The implementation of this strategy is supported by the National Standards and Guidelines for RH care services in Vietnam, which is also supported by UNFPA. The Standards and Guidelines have 6 chapters of which chapter 2 focuses on safe motherhood. There is information on appropriate counseling topics for each stage of pregnancy, the birth process and postpartum including a large section on breastfeeding[8]. The Standards and Guidelines is the key handbook to all health workers in MCH care.

If counseling, good pregnancy care and good information on breastfeeding is present in the guidelines, women in Vietnam will have enough the necessary prerequisites to practice breastfeeding. So far, the strategy and standards handbooks has been introduced to all health facilities, however, there is a lack of good monitoring and supervision to ensure the practice is carried out by all health workers and to all clients. Currently the standards and guidelines are under revision.

7. Decree 21 on Marketing & Use of Nutrition Products for Young Children

The Decree was approved by the Prime Minister in 2006 which replaced the Decree No. 74/2000 issued in 2000 regarding marketing and use of nutrition products for young children. Decree 21 and 74 was adopted from the International Code of Marketing of Breast-milk Substitutes. However, decree 21, to some extent, responded better to the gaps of Decree 74 in terms of penalty condition and clarification of violation. In Decree No.21, all forms of advertisement and sale promotion of formula for children less than 12 months and supplementary food for children under 6 months of age is prohibited. The Decree also bans the advertisement of bottles, artificial nipples and requires the use of the message 'breast milk is the best for the growth and development of children' and others on milk advertisement for children aged over 12 months. Milk companies or trading companies are not allowed to directly approach families and children at health facilities to sell formula milk for children under 12 months and supplementary food for children under 6 months and health facilities are not allowed to assist milk companies or trading companies to distribute samples or gifts, IEC materials or advertise infant milk to mothers. Any encouragement of bottled milk or comparison of bottled milk with breast milk is prohibited.

The Decree is moving towards the right direction but there are clear obstacles to its implementation. There is a gray area in the decree regarding the definition of support groups and associations, such as the Pediatric Association, Midwives' Association and Nutrition Association via which, milk companies were approaching hospitals. The Decree limits the advertisement of products for children less than 12 months and companies selling and advertising their products for children more than 12 months old [9] must include a message on

[8] UNFPA (2007), improving the Quality of Reproductive Health Care Services in Vietnam: the role of National Standards and Guidelines for Reproductive Health Care Service.
[9] Thanh Nien News (2010), Children suffer as formula milk companies circumvent law

the TV screen stating 'formula milk for children under 12 months is not advertised here'. An obstacle to improving the screening of violation arises when the Inspection Department has only 316 inspectors (only 30 in the MOH central office) across 63 provinces and there has been no effective linkage or alert system with participation of other health agencies to support the inspection department. In addition, the inspection department is also responsible for screening violations in vaccination, medicine and medical treatment.

According to the report in 2007, 24% of health facilities still sold formula milk in hospital food courts, 32% of health facilities used bottles and nipples to feed newborns and 61% of milk companies and trading agencies violated the Decree No.21 about misleading provision of product ingredients. The situation seems not to have improved greatly[10]. According to the report in October 2009 of the Department of Inspection, 5 out of a total 10 health facilities visited still used milk branded posters and clocks with health workers in one hospital still using bottles to feed the newborns as they lack staff. Most hospitals supervised do not have posters on breastfeeding promotion. In addition, 26/124 (21%) milk products and 53.3% bottle and nipple products violated labeling guidelines[11].

After four years of implementation, Decree 21 was identified as having gaps and the policy implementers realized a need for urgent revision. The revision of Decree No.21 has been put onto the agenda of the Department of Legislation, MOH. It is expected that the revised version will be available by 2011, together with the revision of Decree No.45 of which the Inspection Department and the Department of Legislation are the two key stakeholders with the Department of Legislation holding the trigger.

8. Decree No. 45 on Regulating Sanctions on Administrative Violations in Health Domain

This Decree covers a wide range of topics. The code on violation of formula and substitute products for breast milk is referred to in article No.17. This Decree was issued in 2005, one year before the launch of Decree No. 21. Therefore, some violations mentioned in Decree 21 are not covered by decree 45, and inspectors cannot penalize the violating agencies. Additionally, the penalty amount is too small to prevent agencies from further violation. Currently Decree 45 is under revision by the Department of Legislation, MOH and there is no confirmation of when the revision will be approved as issues on vaccination, emergency/epidemic control and treatment request more revision and discussion.

9. Baby-friendly Hospital Initiative

The Baby-friendly hospital initiative (BFHI) has been welcomed and adopted in Vietnam since 1992. Until 2006, Vietnam had 53 hospitals identified as a BFH. The application of BFH significantly changed performance of health workers and strengthened the breastfeeding habits of mothers in the 1990s. Despite this, the supervision of BFH practices were not paid attention to at that time. The common violations included not counseling mothers during antenatal care and postpartum care, tolerating milk advertisement in the health facilities, tolerating the use of bottle feeding in the health facilities by families and not instructing new mothers of breastfeeding practice.

10. The Program No. 135

On July 31, 1998, the Prime Minister, by decision no. 135/1998/QD-TTg, approved a program for economic and social development in villages facing special difficulties, mountainous regions populated with ethnic minorities, border and remote regions, referred to as Program 135. This program does not directly target the IYCF issues but it provides social and economic support to reduce poverty in disadvantage communes which pave the way for improvement in IYCF practices in Vietnam.

[10] Le Thi Anh Dao (2008), Increasing the monitoring and supervision of trading and using of breast milk substitutes, Inspection department, Ministry of Health, page 26 – 29, Issue 19/2008

[11] MOH (2009), Findings from supervising the Decree No.21 implementation in 2009, Department of Inspection

The program focuses on construction of roads, electricity, schools, small irrigation and medical stations. Program 135 began implementation in 1999 in 1,200 villages facing the greatest difficulties across 37 provinces and cities. Aside from the central budget, the program has also raised other funds from the community and local budgets. Previously, only 20% of 135 villages used the national electric network; after 5 years' implementation, there are 1,052 electric works increasing the ratio of electrified villages to 85% with 64% of the local population using electricity and many provinces having 100% electrified villages. This has resulted in accelerating economic development. The ratio of poor households in these villages has been reduced rapidly to 25.9%, compared with 50 – 60% in 1998. At present, almost all Program 135 villages meet primary education standards and have eradicated illiteracy, compared with the ratio 1164/2362 villages in 1998. Many provinces have begun building a high school for villages which previously faced difficulties.

11. Child Friendly Commune 2010

The Decision No. 37/2010/QD-TTg of the Prime Minister defines criteria for communities that are friendly to children. This decision officially legalizes the guideline of the Vietnam Commission for Population, Family and Child Care (VCPFC) on child friendly commune issued in 2004 with major modification. A commune meets the child friendly criteria when it can provide a safe and friendly living environment for all children and when children are provided with their basic rights (living, development, protection and participation) and have opportunities to reach their health status potential including emotional and physical health.

The decision 37 has 25 criteria (1000 points), 850 is the cut-off point. The criteria include children given breast milk within the first hour of birth and accounts for 50 points. The remaining points are allocated for:

- the local authorities (People's Committee, People's Council) has a commitment to protecting, caring for and educating children
- has an annual plan for child protection, caring and education
- ensure good condition, supporting social agencies and NGOs provide support for child protection, caring and education
- over 90% registration of children with child birth certificates
- the rate of street children and those suffering from sexual exploitation or child labor in hazardous or endangered conditions lower than 1%
- no increasing cases of child trafficking, kidnapping, violation, crimination and drug use
- 95% of orphans receive financial support under the government scheme;
- newborns measured in length and weighed
- all children are eligible to access of government immunization programs
- children under 5 are weighed and monitored under the national nutrition program
- primary and lower secondary children are given annual health-checks
- almost all households have access to hygienic toilets and clean water
- activities in the commune occur to prevent child injury
- over 95% of children encouraged and given access to kindergartens and six-year-old children to primary school, play ground and place for child social events and sports within the commune.

The assessment of child friendly commune is conducted once a year. Based on the self-administered assessment of a commune, the district People's Committee will do spot checks and assess progress made. Those that meet all criteria will be given prizes in both certificate and financial material form (1.5 monthly basic salaries for each member of the commune authorities). Up to now there has been no written document reviewing the implementation of this decision and the previous guideline of the VCPFC.

Chapter 2: Methodology

1. Research Objectives

This was an exploratory study, commissioned by Alive & Thrive with support from Department of Maternal and Child Health – MOH in February 2010, which applied qualitative research methods. The research aimed to feed information to build political and public will for policies and practices that support families in implementing optimal IYCF practices. The research had four objectives

- To identify barriers to political and public support for IYCF
- To identify some possible solutions to these barriers
- To explore motivations in favor of supporting IYCF
- To recognize channels of communication and points of engagement with opinion leaders

2. Research Questions and Tools

The research focuses on answering eight key research questions. While these are important questions, specific interview guides were developed for each segment of the key audiences. Due to the time available to interview (from 20 to 60 minutes), key questions (the last five) in reference to specific law (e.g. Decree 21, Maternity Code or Baby-friendly hospital) were prioritized while the remaining were optional. Desk research was included in the review of existing policies.

- Who is involved in IYCF policy development in Vietnam and what are their specific roles?
- What are current models for infant and young child feeding in Vietnam? Strengths and weakness of those models?
- What are the unfilled gaps?
- What are current political and public supports for IYCF?
- What are barriers to political and public supports for IYCF?
- What should be changed? By whom and how?
- What is the optimal way to communicate with and conduct policy advocacy to policy leaders?
- Is there any chance that policy amendment for supporting IYCF could be done?

3. Respondent Selection

In total, forty-three [12] leaders were interviewed of which 42 were face-to-face interviews. Priority was given to the interview with policy makers and health/nutrition leaders at central and provincial levels. As such the component of corporation interviews was canceled. This report will present information analyzed from 42 interviews, exclusive of the corporation interview.

[12] It is planned that 51 individuals will be interviewed, including the corporations. Due to unavailability of some individuals, up to date of this report, 43 leaders – the most important stakeholders – have been interviewed and this report reflects analysis from perspectives of those 43 ones.

Type of respondents	*Number*
National policy makers	2
Ministry-level policy makers, including mass agencies	9
Mass media leaders at central level	5
Social and medical association/hospital leaders	8
Provincial health/nutrition leaders	12
Provincial mass media leaders	5
Provincial mass agency leaders	1
Corporation	1
Total	**43**

Agencies for the interviews were identified based on their participation on health/nutrition-related policy draft and consultation, policy implementation and intervention deliveries to communities, communication and education to the population on child nutrition and breastfeeding. Key respondents for the interviews were active participants in the IYCF, mostly directors or deputies of the above agencies.

National policy makers mean those who are involved in the draft and approval process of national policies. Government officials refer to leaders of departments of the MOH, MOLISA, Health Insurance, National Confederation of Labor and the Central Women's Union. Mass media at central level refers to leaders of television, radio and newspaper which belonged to the national management while the provincial mass media refers TV and radio of provincial stations (mostly TV representatives). Provincial health/nutrition leaders refer to those leaders in management positions of the department of health, IEC centre and reproductive health centre.

The list of respondents was consulted with the MOH, NIN and the Save the Children working group and reached agreement among research partners.

4. Research Settings and Schedule

The research has been undertaken by a team of two independent consultants from the Research and Training Centre for Community Development (RTCCD). The interviews ran from early March until late May 2010 and the preparation was commenced since October 2009.

The research was conducted in Hanoi and four provinces (two in Central Coast, one in the North and one in the South). Of four provinces, two are in cities and the remaining two are in rural areas.

Interviews were launched with provincial first to gain insights into policy implementation and barriers from local communities. The most important interviews with ministries and top national agencies were conducted last.

5. Information Analysis

Thirty-two of the interviews were tape recorded and the remaining six were manually recorded. An independent team transcribed all information and transcripts were fully translated in English using professional translation service. Transcripts were identified by an ID code that was assigned before the interview. No names of respondents was written or identified in the transcripts.

Transcripts in Vietnamese then were imported to the NVivo 7.0 for analysis (the translation transcripts were sent to the English-speaking research partners). Coding was developed based on the pre-agreed structure of the report guideline. Themes include awareness and priority for nutrition; existing policy support (specific for national and provincial levels); existing public supports (social trends/norms changes and models); barriers to improving IYCF (specific for national and provincial level); potentiality of policy strengthening and channels of effective communication (specifically key stakeholders and general population). Each theme was stratified for type of respondent (national policy leaders, ministry-level policy makers, hospital/medical association, mass media (both central and provincial levels) and provincial health/nutrition leaders).

Top issues were prioritized based on the frequency of reference by respondents. Contradictory perspectives were also highlighted in the reports. No identity of respondents was attached to the quotation to ensure confidentiality.

6. Research Limitations

Limitations of the research have included the somewhat restricted opportunity to meet with some key policy makers who could spend only 15 or 30 minutes to share their viewpoints with the research team and very limited quantitative data on national and provincial budget on nutrition and breastfeeding. Time stress is a further limitation of this study while some appointments with key respondents were postponed and re-scheduled several times. Having limited quantitative data on IYCF practices, especially data on exclusive or predominant breastfeeding in the first six months in Vietnam across years stratified by regions, and having limited access to updated and unpublished reports at ministry level are additional limits of this study.

Chapter 3: Findings

1. Awareness and Priorities for Child Nutrition

1.1. Awareness of Nutrition

When being asked to list the three key problems relating to children under two years old in Vietnam, there are different perspectives from respondents. The majority of government officials, leaders at provincial health/nutrition agencies, and mass media mention malnutrition, including undernourishment and obesity, and the decrease of breastfeeding practice. The introduction to the study prior to the interview and the approval letter from the MOH regarding breastfeeding and child feeding practices are likely to have influenced these answers.

When asked which specific topics of nutrition are of concern, national policy leaders, government officials and health/nutrition leaders at hospitals, medical associations and provincial agencies stated that child underweight malnutrition was a long-term problem in Vietnam and that the national program has done a great job in the last 10 years. According to them, the challenge in the next decade would be reaching the target for reduction in child stunting.

- *The three main issues related to nutrition are: firstly, obesity; secondly, stunting malnutrition; thirdly, low breastfeeding (Int 30_a hospital leader)*
- *In 2009, our message to Senates and Ministry-level leaders was to reduce stunting malnutrition, increase the height of Vietnamese children and improve food fortification (Int01- Government official).*
- *In the strategy for reducing stunting and supporting a healthier, taller generation, I strongly support the breastfeeding and nutrition program. However, we need to know the exact point we are at now and to this end we need evidence-based figures. (Int14- medical association leader)*
- *With regard to the situation of children still suffering from undernourishment, combined with growing obesity, breastfeeding should be mentioned in the child nutrition program (Int09 – National policy maker)*

Up to one third of medical leaders highlighted vaccination, morbidity, child injury and food poisoning as the second or third issues of concern. Leaders in rural provinces primarily mentioned child morbidity as the most concerning issue in their provinces.

- *It is about mortality of newborns and infection. Regarding problems of children under five, I think injury is a great concern: injury in daily life, from food poisoning or in traffic accidents. In the community as a whole, I think reduction of morbidity and mortality rates in children is the most pressing problem (Int 30_a hospital leader)*
- *HCMC has to address both child malnutrition and obesity. That is the first problem, and the second concern is morbidity. Living in an urban setting, although the living conditions are better than those in rural areas, urban children are at higher risk of infections such as dengue fever, foot and mouth disease, measles, virus fevers and others. Poor nutrition and morbidity are the two biggest problems (Int27_Provincial Health leader)*
- *First is undernourishment. Second is obesity. Third, child vaccination is currently uncontrolled. Service-based vaccination is beyond our capacity to control. Forth, child caring practices strongly adopt traditional behaviors, while there is almost no information for instruction on childcare and feeding in the media (Int45_Provincial Health leader)*
- *Regarding health problems of children under 2, diarrhea and ARI are the biggest problems. In the mountainous districts, malaria and worm infection is the second problem.*

Household toilet facilities cause many problems, with children walking bare foot (Int 33_Provincial Health leader)

- *In our city, lack of play grounds and safe public environments affects the physical development of children. Safety for children to avoid injury requires a safe play area for children so that they don't have to play on the road or in ponds without adult supervision (Int44_a health leader)*

When being asked to assess the breastfeeding trends and practices of Vietnamese mothers, there are different perspectives. Almost all leaders from national agencies, ministry-level departments, media, hospitals and medical associations considered that the prevalence of breastfeeding has declined over the last 10 years and will continue to decline in the future, particularly in urban areas and considering the current population trends. Meanwhile, some leaders were of the opinion that there was a slight increase in the prevalence of breastfeeding, or that the number of breastfeeding women had remained unchanged. A leader suggested using the term 'predominant breastfeeding' rather than 'exclusive breastfeeding' in Vietnamese culture.

- *Exclusive breastfeeding in the first four months reached 25% and in the first six months stayed at 19.2% (statistics of 2009), with the rate of breastfeeding until 12 months of age being over 80%. In comparison with the last five years, the rate of exclusive breastfeeding in the first 6 months has increased but not significantly. In comparison with the past subsidy period [before Doi Moi in 1998], it remains not greatly changed. In Vietnam, it should be predominant breastfeeding. Exclusive breastfeeding as per the definition is very low (Int01-National nutrition leader)*
- *In the 1980s, the habit of breastfeeding was extremely common. Almost 100% of Vietnamese women breastfed their children and practiced immediate breastfeeding after birth. We did not talk about everyone breastfeeding as a priority. The average length of breastfeeding was 18 months. In 1985, in the International Conference of Pediatrics, the figures were presented and the entire delegation of the conference stood up and applauded Vietnamese women. Since 2000, from the market scheme, women have been following campaigns and breast milk has become devalued. (Int15_leader of a medical association)*
- *I do not trust the rate of 17%. If you ask a mother what she fed her baby from birth until 6 months, I bet that you would not find a person who did not feed with anything other than the mother's nipple. In Vietnam they have a habit of feeding child with a spoon of water after breastfeeding. If using the WHO definition, I believe that the prevalence of exclusive breastfeeding, regardless of 4 or 6 months, would be nil (Int27_Provincial Health leader).*
- *According to my observations, the rate of breastfeeding is decreasing and communities underestimate the value of breast milk (Int31_Provincial Health leader)*
- *Exclusive breastfeeding in my province has increased in recent years because we have had more communication and education in the community via projects, thus people have had a better understanding of good breastfeeding practice. In addition, in poor provinces, formula milk is a luxury so we paid more attention to instructing mothers to breastfeed to reduce malnutrition. (Int33_Provincial Health leader in a rural province)*

1.2. Priorities for breastfeeding and child nutrition

Upon asking whether nutrition and breastfeeding is a priority in Vietnam, the unanimous answer was "No".. At the country level, prioritization refers to the allocation of funds and the focus of media events and government strategies to address the issue. According to the interviewees' statements, child malnutrition is still a concern for national policy makers and health/nutrition leaders, but it is not a country priority.

- *At this time, child nutrition is not the leading concern of the country. It is not prioritized in term of resources. This is true not only for Vietnam but the whole world in general (Int01_Health/Nutrition leader).*

- *[MOH] Ministry leaders have not shown concern for breastfeeding because it is not an emergency. As far as child health is concerned, the priorities mostly focus on national indictor achievements on child mortality, infant mortality and peri-natal mortality. In my opinion, ministry leaders all perceive that investment in preventive medicine systems is more effective than investment in treatment. But there is much dissension and most of the funding stays in the area of treatment, which requires urgent response and affects the reputation of the health system and individual leaders (Int02_Government officer).*

Both national policy makers and MOH leaders stated that more attention is paid to issues that cause dissension such as health insurance, overload of provincial and central hospital systems and drug price control. The following box is a summary of a discussion with a group of national policy makers.

Proposed five health priorities in Vietnam in 2011 - 2015

- Primary healthcare system improvement
- Human resource improvement
- Health system management reform, including hospital management and information system management
- Private healthcare development
- Pharmacy control

- *Health is a broad issue but priority is given to how to develop the health system to meet the needs of the general population, as the strategy on major health issues has been identified by the National Assembly. First the law on health insurance, second the law on health examination and treatment and third, Decree No.48 – a big strategy – that encourages the socialization of resources for preventive medicine. I think that in a couple of years, health promotion, including wine and tobacco control, will be a major concern (Int08_national policy maker)*
- *The major issue of concern is still primary health care. The agreed perspective is to strengthen the primary heath care system, then the human resources for the system (Int09)*

Among MOH departments' officials, the majority of them quoted stunting and epidemic control as a priority while one third stated that health system, health financing and hospital management reform was the biggest concern for Vietnam.

- *Reducing stunting of the next generation and food fortification are the priorities in nutrition (Int01_Health / Nutrition leader)*
- *We have to look into the real conditions now. Vietnam is mostly concerned with hospital management reform and strengthening health financing. Breastfeeding practice is a basic issue but policy makers in the health sector do not consider breastfeeding as a priority. In 2009, Vietnam had more than 600 documents submitted to the Prime Minister suggesting issues for priority. Where is nutrition located in the long list? The top five priorities in Vietnam were related to health system reform in general. Specifically, they are hospital management and self-financing, primary health care, drug, health information management and human resources (Int05_government official)*

Medical leaders don't believe that the government prioritizes breastfeeding and nutrition.

- *There are a lot of problems: H1N1, food safety, degrading health system, envelope payment in health service use, epidemics, infectious diseases etc. MOH has so many issues to focus on and to communicate to the general population. If the MOH move to consider breastfeeding as a priority, then the situation will be greatly improved. However, the MOH budget capacity is limited (Int13_ leader of a medical association).*
- *In my opinion, breastfeeding is not an issue needing priority (Int18_a hospital leader).*

Responding to the question "what is the main health priority in your province this year", we received the following replies:

- *Previously, the Dutch Embassy supported our province to implement nutrition projects that focused on nutrition and breastfeeding. The Department of Health and the People' Committee all paid attention to the nutrition issue. However we pay more attention and allocate more resources to issues such as SARS or H5N1 (Int35_A health leader in rural province)*
- *It [breastfeeding] in this province is not a hot issue as the majority of mother's breastfeed their children. (Int36_a media leader)*

2. Existing Policy Supporting IYCF

2.1. National level

This section aims to answer four questions. Firstly, are existing policies sufficient enough to support the IYCF? Secondly, which policies are effective and ineffective and why? Thirdly, what policies are required to fill the gaps of the ineffective policies; and finally how do policies that support the IYCF in Vietnam interact with each other?

a) The adequacy of existing policies

Majority of leaders at both central level and provincial level agree that the policy framework supporting the IYCF in Vietnam is now reasonably adequate with several decrees and regulations issued. The problem remains implementing policy. Meanwhile, a small proportion of national policy makers and ministry department leaders believe that there is not a legislation corridor for the IYCF. It has been proposed that Vietnam might require a breastfeeding law or something alike that states every child has the right to be breastfed.

Below are two exerts from interviews which provide insight to leaders' opinions on policy supporting breastfeeding and nutrition:

- *Actually, if all the issued policies were implemented with our devoted efforts, we would not have energy to do it all, let alone produce new policy (Int31_a provincial health leader)*
- *From national level, I can tell that our government have a lot of good polices. The national strategy of nutrition 2001 – 2010 has approached nutrition at multi-faceted aspects, from IEC to food safety, model pilot for capacity building. I think it is terrific. It is at the strategy level. Going into details and implementation phase, there are a lot of problems. Health sector just do messages in intensive campaigns when they have projects, mainly depending on poster, billboard etc. When the project ends, everything ends. Thus messages could not come to the heart of people in community (Int38_Provincial mass organization leader).*

When being asked to list out policies that support the IYCF in Vietnam, the national nutrition program, decree 21, decree 45, the BFHI and maternity leave in the labour code are the most frequently reported policies by all leaders interviewed. The action plan on IYCF and the National Action Plan on Child Survival, program 135, National Strategy on Reproductive Health Care and other policies were mentioned by a couple of respondents in the health sector.

b) The effectiveness of existing policies

The National Nutrition Program, the Safe Motherhood Program, the National Strategy on Reproductive Health Care, the action plan on Child Survival and the National Program 135

are mostly mentioned by interviewees from the health sector and national policy makers as helpful programs that strongly support the IYCF.

In terms of policies that need revision or improvement, almost all health leaders and national policy makers stated that Decree No.21 and 45 as well as maternity leave policy require revision in order to be more practical as indicated below:

- *In my opinion, Decree 21 needs to be revised (Int02_government official)*
- *At the moment, we have some recommendations for reforming Decree 21: The labels of products including name, color and symbols are different, making it difficult for consumers to distinguish between products (for example: Dutch Lady 1-2-3, Enfa family, Friso…). The names of products for children aged 0-6 months are different compared to products for older children. For example, Abbott, a product for children under 6 months is called Similac whereas for children older than 1 year, they are named Gain or Growth. In general, Abbott complies better than other milk companies. We propose that if milk companies do not change the way they name their products, they are not allowed to sell them in Vietnam. This is our recommendation however the current 21 Decree means it is difficult to act on this proposed change. With the regulations of nutritional product advertising for children under 12 months old, company bent to avoid the rule. They advertised products for children over 12 months of age and have a small subtitle underneath or a message that said "products for children under 12 months are not allowed to introduce here". This should be seen as a code violation. The quote "Breast milk is the best for the development of infant and children" must be included in the promotional advertising of these products. These products are not forbidden by MOH. The printed date must be in advertised in these documents. (Int06_goverment official)*
- *In the past, the government allowed mothers to take 6 months of maternity leave. It was a wonderful time to raise a child by breastfeeding as recommendation of the WHO and UNICEF. However, in recent years, the government held back and just allowed four months of leave. As such most of mothers trained their babies with bottled feeding before they returned to work. That is why the possibility of exclusive breastfeeding in the first six month is very difficult. We need to back to the past policy of 6 month maternity leave (Int30_a hospital leader)*

It has been suggested by hospital and medical association leaders that the implementation and assessment of the BFH strategy should be reviewed. According to hospital leaders, BFHI is a movement that offers few benefits, either spiritual or material, to hospitals. There is no investment from the MOH to hospitals granted with BFH. Furthermore, health workers are losing their medical ethics to the milk companies for individual benefits. Lack of staff to spoon-feed newborns with milk and lack of a breast milk bank are the main reasons why staff is not reprimanded if they violate the BFHI. As such, the meaning of BFHI has altered and it seems it is not being contextualized correctly in Vietnam.

- *In the first couple of years after obtaining the BFH certificate, it was quite effective. After that, things faded (Int16_leader of a medical association)*
- *[Being granted the certificate of BFH, do you have any benefits?] None. If violated, a penalty will be issued. MOH supervises and reviews the hospitals annually regarding criteria. In fact, many health workers don't like the BFH certificate. Big hospitals have to follow the BFH as a criterion of capacity competition. It is obligatory (Int 19_a hospital leader)*
- *Policy of BFH has been issued but we don't know how performance is supervised and assessed. The supervision and assessment must be unannounced and based on random checks. When the supervision team came, they performed well. When the supervisors left, things returned to the way they used to be (Int31_a health leader)*

c) Interactions among policies

Discussion surrounding this issue was limited during the face-to-face interviews with leaders due to time limitations. However, this issue was spontaneously raised during one interview with a MOH department leader. According to the respondent, the national nutrition program focuses predominately on wasting malnutrition and breastfeeding, while the action plan for child survival emphasizes the achievement of MDG indicators (maternal, infant and child mortality ratios). The National Strategy on Reproductive Health Care and the BFH Strategy target the standardization of health worker performance to ensure best practice is applied.

Literature review[13] indicated that with the improvement in economic status in Vietnam over the last 15 years, child morbidity and mortality has also improved[14][15]. This can be partially explained by the improvement in economic conditions (improved road conditions, easier access to markets, higher household income, having access to electricity, clean water and sanitation) owing to the National Program 135 and the Credit and Saving Scheme. The Child Friendly Commune program aims to create a safe environment for children to grow and develop.

Decrees 21 and 45 limit the overwhelming action of milk companies, while the population program slows down population growth, ensuring each child is being offered optimal opportunities to survive and fully develop their potential.

From theory perspectives, Vietnam has policies to address the IYCF issues from an environmental aspect (Child Friendly Commune Policy), economic aspect (National Program 135 and the Credit and Saving Scheme), family aspect (population program), health-care setting aspect (National Strategy on Reproductive Health Care and the BFH Strategy, Action Plan on Child Survival, Safe Motherhood program), community-based nutrition aspect (National Nutrition Program), and market aspect (Decree 21 and 45). However, the implementation of these policies has not been satisfied by policy makers, health leaders or the population.

2.2. *Provincial level*

Out of four provinces visited, leaders from three provinces stated that there had been no specific strategy or policies in their provinces to support the IYCF. Their provinces follow the national policies and do not issue their own policy or regulation on IYCF. The annual support provided by the provincial People's Committee is only a small provincial fund that supplements the national fund for nutrition activities. Depending on the financial capacity of each province, the local fund support ranges from several thousand dollars to over 150.000 dollars for nutrition activities per year.

- *In general, the policies applied to provinces are as such because this outline has been agreed at workshops and the strategy has been built based on inputs from provinces to be consolidated into the national strategy. In each province, depending on the individual situation, the health sector have to collaborate with other provincial agencies in order to organize provincial planning workshops, building an action plan that contextualizes the province situation. Based on this our health sector will make a submission to the provincial People's Committee requesting supplementary support. As such the province provides additional funds for actwities that the national fund does not cover (Int33_a health leader)*

Health leaders from only one province stated that the provincial Department of Health (DOH) focuses on malnutrition programs for mountainous areas that aim to increase the breastfeeding rate and reduce complementary feeding before 3 months, as postpartum mothers in that province often return to work after one week of delivery. This province

[13] David Dollar (2004), Reform, Growth and Poverty, World Bank Regional and Sectoral Studies
[14] A. Wagstaff and N.N.Nga (2004), Poverty and Survival Prospects of Vietnamese Children under Doi Moi, World Bank Regional Sectoral Studies
[15] P.Glewwe, S Koch and N.B.Linh (2004), Child Nutrition, Economic Growth and the Provision of Health Care Services in Vietnam

welcomes the pilot of measures from Save the Children, World Vision and MCNV to increase breastfeeding and child nutrition in mountainous districts.

In general, with the exception of material support to the national nutrition program, most provincial authorities - including health and non-health leaders – in the four provinces studied did not mention or directly quote any specific policies to encourage breastfeeding and good IYCF practices on a provincial-wide scale.

3. Existing Public Support to IYCF

3.1. Perspective of Public Support to IYCF

Upon discussing recent public programs that support the IYCF, other than the national program, the response was, "*I have not seen any impressive media or large campaigns related to breastfeeding on communication channels, except some shows on O2TV and VTV2" (Int25_a media leader*").

The majority of activities mentioned by respondents, such as breastfeeding week, the nutrition centre and community talks all fall under the national nutrition project. However, there is evidence that there has been more and more advocacy for nutrition and breastfeeding from civil organizations to the policy makers in recent years.

- *Workshops on maternal and child health have been organized quite frequently for the National Assembly and provincial representatives in recent years. Nowadays, workshops and seminars on MCH, and breastfeeding in particular, were organized in many provinces to inform assembly representatives of pressing issues in MCH such as pre and post-delivery care, nutrition, and there was some discussion about building legislation related to child care and MCH, including breastfeeding (Int 08_national policy maker)*
- *The NIN is invited by the Committee for social and health affairs of the National Assembly to present information on nutrition twice a year, including the pressing issues and recommendations (Int0_goverme tn official)*

When asked "how the general population perceive and support the practice of IYCF in Vietnam, especially breastfeeding and good nutrition" it is a common view of national policy makers, government officials, leaders of hospitals and medical associations, and even the mass media, that the practice of breastfeeding is forgotten and newborns now have fewer opportunities to access breast milk. Economic stress is the main underlying reason for young mothers' poor practices in relation to breastfeeding, nutrition and childcare.

- *In the past, our parents breastfed babies and it was not an issue to be raised with babies being breastfed until they refused breastfeeding. Now, with some economic developments, women care for their body image and health. In addition, grandparents want to take care of grandchildren, thus their parents are naturally pushed away from childcare. Women nowadays have less children and also do not know the value of breast milk, as the more we breastfeed a child the better for the child it will be. Thirdly, in an industrial society, we are driven by the market economy, people have to focus on livelihood for incomes, thus after the delivery they have to return to work or bonuses are withheld. Forth, a 4-month maternity leave policy forces mothers to stop breastfeeding sooner to return to work. I think those are the main four reasons for a lack of support in the population for improved breastfeeding practice (Int 09_national policy maker)*
- *We should not claim that advertising is the main cause of not practicing breastfeeding. There have been many reasons of which 30% to 40% can be attributed to milk advertisements. Other factors include the unavailability of the mother for breastfeeding due to busy life styles, and work requirements (Int21_a media leader)*

3.2. Social trends and norms changes

Perspectives of leaders have been summarized in the following points, which are illustrated by the quotations underneath. In general, these are the perspectives of the majority of respondents.

- Changing social norms impede mothers from initiating and sustaining breastfeeding in the first six months. This point is raised by all respondents, analyzed from different angles:
    - Poor understanding of the value of exclusive breastfeeding
    - Social norms and beliefs that a heavy child is an indicator of a 'healthy child' lead to the use of formula milk and supplementary feeding in parallel with breast milk within the first six months.
    - Social perspectives of delivery have significantly changed. In the past they blessed newborns and postpartum mothers with "round mother and square baby". In other words, mothers need to be big to have enough nutrients for the newborn. Nowadays, they comment on the heavy body of a postpartum mother and suggest measures to lose weight.
- The working environment has changed leading to the changes in lifestyle and childrearing performance.
    - Women now join the workforce; therefore, they have to leave the baby to return to work at four months of age (in urban areas), or even earlier at 2 weeks or one month after birth (in mountainous areas). It is not financially viable for the family to have the mother at home until baby is six months of age.
    - In the subsidy scheme, all factories or workshops funded nurseries at work sites and provided residual housing for their workers near the factories, allowing mothers to travel to work on foot, enabling them to breastfeed as the baby needs during working hours. The transition from subsidy to market scheme saw the dissolution of the nursery system. Housing and childcare services for female workers became a market-based commodity, not social welfare as was the case twenty years ago.
    - Over the last ten years it has been common practice for domestic workers, grandparents or private untrained nurseries to assume care of infants upon the mother's return to work four months after birth . The quality of feeding and childcare provided by these services is beyond the scope of the government's control and supervision.
- The emergence of HIV/AIDS and spread of hepatitis B has limited activity in breastfeeding promotion.
    - In the past, hospitals used to encourage mothers to feed other newborns if the newborn's mother could not produce breast milk. Hospitals also recommended that new mothers contact discharged mothers in their residual housing areas to set up breastfeeding clubs or to seek advice and support if needed. Nowadays, health workers have ceased this practice as it is difficult to identify people with infectious disease that can be transmitted via breast milk.
    - Due to this reason, women's unions in the community also ceased their breastfeeding promotion activities, which were highly active before the Doi Moi.
- Aggressive marketing and readily available infant formula affects mother's patience and implants new messages of 'formula milk helps your child to be taller', which is the dream of the Vietnamese population. This perception was influenced not only by media but also national policy makers, government officials, hospital/medical association leaders and provincial leaders
    - There are no specific long-term programs regarding breastfeeding on television, however infant formula advertisements appear on television daily,

through various approaches: advertising, panel discussions, instructions, games, child-parent interactive programs etc.

- For many years the Vietnamese people have predominately been given information and policies via television, and they trust this information as the declaration of the government and the communist party. Under the market scheme, people in many areas of Vietnam still believe that what is on television must be true.

- *Milk companies have now changed their approach to advertising. They do not advertise milk by messages, but introduce their products via educational programs. For example, the IQ institute program, GAIN, talks about psychological education for children but the term IQ of GAIN is given exposure via the audience. They produce 20 shows a year and re-broadcast year round. They encourage mothers to breastfeed but also mention that in the cases where breast milk cannot be produced, mothers can use Mama colostrums [a formula milk brand name] to feed the infant…On average each tin of formula milk appears on television once a day or at least three days a week(Int21_a medial leader)*

Cesarean birth is frequently cited as a barrier to breastfeeding. This issue was raised by health leaders at DOH, hospital and medical associations. The rate of cesarean birth increases from 5% in the early 2000s to 27.3% in 2009 and up to 90% in some private hospitals in HCMC, far beyond the recommended level of 15% suggested by the WHO[16]. With the availability of infant formula and low awareness of the benefits of optimal practices, young mothers tend to rely on formula to raise their children in the first weeks and lose the patience and willingness to initiate breastfeeding.

- *When I asked mothers coming back here for health-checks after delivery, most mothers were not breastfeeding. I asked why and they said it was because they had a cesarean birth so was not producing milk. Cesarean birth does not lead to loss of milk however it is a barrier to receiving information, encouragement and breastfeeding instruction. Some health workers are not concerned with counseling cesarean mothers on breastfeeding, as they believe that mothers would lose their milk if they did not try to breastfeed in the first week. (Int31)*

- *In the past the government allowed 6 months of maternity leave. It is an excellent time for breastfeeding and to start supplementary food by the following month. But the policy now allows only 4 months of maternity leave. To return to work, mothers wean their babies and introduce the bottle. In addition, many mothers suffer from a lack of confidence that they have enough milk for their babies needs in the first six months or misbelieve that their milk is hot, causing constipation in the child. Advertisements on TV always offer young mothers a large choice, focusing on the message that formula milk is special, containing Tyrosine and Tryptophan for more effective learning and DHA, AA, Choline and SA to support child brain development. These make young mothers less confident and they therefore, surrender to the milk companies. I think we paid attention to breastfeeding in the past as we were poor and formula milk was not affordable. Now everyone has an improved lifestyle, thus we health workers at peadiatric hospital and maternal hospital have become less concerned with counseling and instruction. Having no breast milk bank at maternity hospitals is one of the main reasons attributed to the reduction in breastfeeding. (Int30)*

In general workload, maternity leave policy, formula advertisement, poor knowledge, limited encouragement, and poor instruction of health workers are the primary reasons for the reduction in breastfeeding rates.

[16] MOH (2009) http://www.moh.gov.vn

3.3. Mass Media and IYCF Promotion

Activities on IYCF promotion:

Aside from the health television show under the MOH's management (O2TV) which broadcasts MCH and nutrition shows periodically, other TV and radio stations, and newspapers, broadcast information based on the IYCF campaign. For example, information related to "breastfeeding" day, "vitamin A" day etc.

- *The content of the health programme is based on the times of the national campaign required by the Prime Minister and the MOH's proposal. If the official correspondent of the Prime Minister requires, the programmes have to be deployed, even if there is no budget. We have the framework for each month and year, but not the detailed programme for each month. For example, the topic of nutrition is examined in the nutritional month, as is the topic of breastfeeding. In the breastfeeding programme, an expert will talk about the steps of breastfeeding. We don't have a separated programme for breastfeeding, but a "Health for People" programme, which includes MCH, nutrition and breast milk. (Int20_a TV media leader)*

- *[So how often is the message of breastfeeding discussed?] Just occasionally because it is not included in our strategy. It is dependent on the consciousness of the editorial board. If it is necessary for propaganda, we will deploy it. If the propaganda is broadcast too much, people think that the programme is too repetitive. …And the contents were provided by Hospitals. They will provide the information and we will design a scenario and distribute the human resources and time. We usually choose stories relating to how to feed a baby. (Int23_a TV media leader)*

- *The information is published during breastfeeding weeks or when the MOH has the results from the milk advertising inspector. Last year, we published some articles in the paper regarding the price and quality of milk (this is essentially the competition between milk companies). A correspondent is usually appointed when the milk advertising inspector arrives. Generally, there are very few artciles on breastfeeding and nutrition (Int24_a newspaper leader).*

- *[How often is nutritional information broadcasted?] Advertising information on breastfeeding has recently been broadcasted for 2 months, with a total frequency of about 20 times on O2TV. Advertisements are funded by the VCPFC (MOH) programme, though O2TV volunteers to broadcast. (Int25_a TV leader)*

- *VOV2 is the advertising – culture and life system broadcasted nationwide on both AM and FM frequencies from Monday to Wednesday. We also have a daily public health programme. On Saturday, the medicine in life programme is a 30 minute interview with an expert. This programme began on 1/1/2010. In addition, the public health programme is also covered within this content. The social and family programme, which is broadcasted from Monday to Saturday for 15 minutes, is also concerned with breastfeeding because it is a social and family issue related to women. If propaganda is needed, we integrate other programmes. Although we understand the meaning of breastfeeding, it is a requirement of this channel. It's very broad and breastfeeding is just one of the issues in the health area. We have other programmes to implement so last year we implemented about ten more programmes in the health area. (Int 26_a radio leader)*

Advertisement censorship on breast milk substitutes:

Information censorship in the mass media is primarily based on the Promulgate of Advertisement. Mass media is not concerned with decree 21 or 45 as the MOH must approve advertising content and milk companies have to submit the MOH's approval to the media.

Reporters are the key people needed to make sure that shows meet the advertisement criteria. This situation is common in both central media agencies and provincial television and radio.

- *We obey all ordinances on advertisements and never violate the law. If milk companies want to advertise on TV, they must submit permission from the Ministry of Health together with approved contents. The milk companies are always careful not to take risks (Int20_a TV Leader)*

- *Journalists are legally responsible for the content of the programs. The head of section is then responsible for program screening. Once you bring the programs to the director, he will sign immediately. Sensitive programs related to political matters and public security has to be screened by the director. The head of the department takes responsibility for other social, economic and cultural aspects and then it can be broadcast. (Int20_a TV leader)*

- *The advertisement will be screened by the Booking Section (Advertisement Unit). The advertising message always includes the sentence: "Breast milk is best for infants and children" and it must also have advertising permission from the Ministry of Health. The formatted programs that have permission from the MOH do not need to have permission for every detailed program, but the TV station's attendant experts on film scripts and making films will screen them. After that, the advertising programs will be submitted to the Board of Directors and screened for political matters or advertising ordinance violations. The first criterion for screening is script content. The second criterion is the expression and then the quality of pictures. Besides that, programs related to political matters will be rejected. For example, the TV station can broadcast a program on Hoang Sa and Truong Sa islands, but the next day it may be stopped upon request from the City committee of the Party. VTV2 has many of programs and headings (Int23_a TV leader).*

<u>Collaboration with the Ministry of Health and MOH-related institutions:</u>

Respondents commented that there is ample communication between media and the NIN, however, there is no framework for collaboration between mass media and the MOH. Departments of the MOH do not sustain a contact list of reporters to which they could periodically send public releases. Reporters get information via their personal relationships, not institutional-based relationship. All TV, radio and newspaper leaders stated that they have friendly and frequent contacts with the NIN but not the MOH.

- *The National Institute of Nutrition is friendly to the media. Every year, there are 2 days for a Vitamin A campaign and three or four days for other programs and they all invite the media to join. In general, there are about five to six days a year. I rarely access the NIN website (one or twice), because it's very boring. I usually look at the website of Ministries and Departments. UNICEF and the WHO have the initiative to send information to Labor Newspaper, so I don't often to look at their website (Int24_a newspaper leader).*
- *Mainly based on personal relationships. There are no regulations or official signings between VTV and the MOH about exchange of information. Reporters discover information by attending press conferences. We also invite MOH experts to seminars through personal contacts, but there is no collaboration between organizations. It's same situation with all channels, not only VTV (TV Int20_a leader).*
- *Recently breastfeeding programs encountered limited funding. Previously, when the Safe Motherhood initiative program was running, there were some programs that were to be broadcast once a year, one or two have no contacts anymore. The reproductive health department and communication services do not cooperate well. Actually, we have never cooperated with the MCH department; we often work with the Hanoi Department of Health. Furthermore, the MCH department never invites us to workshops or sends us the public release. We have to find information on our own in order to be aware of MCH*

department activities. When I develop a talk show, I invite experts with excellent speaking skills to speak, via personal contact, not via organizational collaboration (TV Int21_a leader).

- *The appropriate authorities are often sluggish like that. They discover nothing. They do nothing until the articles are broadcast. They go to inspect and supervise after food safety issues have been reported. We coordinate with the Bureau of Pharmacology and Food Safety Bureau, but rarely collaborate with the Reproductive Health Department. For example, it is very difficult to call the Head of the Department of Preventative Medicine about epidemic issues. There are usually no messages to broadcast at the end of the day, but sometimes they share a message or issue without naming the provider of the information.*

- *UNICEF and other international organizations issue their press releases weekly or daily when there are problems such as epidemic issues. The reporters have to update the information throughout press conferences or exchange it with colleagues. There are no official e-mail notices of new policies between the MOH and the press. However, the Labor newspaper has a group who is responsible for updating information on political issues, new policies and national assembly meetings. When there are related problems, they inform our technical team (Int24_a newspaper leader).*

3.4. Existing Models on IYCF Promotion

Awareness of nutrition and breastfeeding promotion models:

When being asked to list programs that promote child nutrition and breastfeeding in Vietnam, health leaders in provinces and health leaders at the MOH government are aware of the NIN's nutrition centre, the NIN's national program, the Save the Children model of community-based food supplementary program and the milk pump. Due to the time limit of the interviews with each leader, it is not possible to ask each leader to describe the details of the models. Instead, the research team questioned them about their assessment of model effectiveness and their impression (which is presented in the section below).

- *The NIN's nutrition centre model created a centre which brought mothers and fathers together to be provided with information on breastfeeding. The second model applied group-work, including the establishment of groups for infant's care or nutrition improvement. The model of the (former) SC (now Central SC alliance) community-based food supplementary program helped create groups for mothers who were now breastfeeding their infants. We, the province nutrition program, learned lessons from these previously conducted models, and then set up similar groups in the two mountainous districts (Int33_a provincial health leader).*

- *We also have the group-based nutrition model for children under 2 years old. We recruited women who were in their third trimester of pregnancy and women who have children under 2 to allow the IEC to observe the demonstration meals. Every week, there were 1-2 occasions where the participating women and infants had eaten the foods in the food-cooking demonstration. This meant that we had taken advantage of both the subsidized money from the program and the food voluntarily brought by the women. However, this method could not be applied to the western Mekong River Delta due to the higher education of the people (the people are able to understand what has been provided by oral introduction/presentation without any cooking demonstration) and the different features of health care activities. (Int33_a provincial health leader).*

- *In 2000-2005, UNICEF launched the program on childhood injury prevention in two districts. Additionally, Vietnam-Netherlands Health Commission and SC US also had launched projects in regards to nutrition and /or breastfeeding focusing on two mountainous districts (Int36_a provincial health leader).*

Assessment of model effectiveness:

The health leader assessment contradicts these findings. No health government officials identified any models of good practice, effectiveness and sustainability.

- *In Vietnam, several models have been implemented for IYCF promotion but I do not see any that have been effective. I do not feel satisfied with any model, even with the one implemented by Save the Children and the NIN. I have visited other countries but their models were no better than ours. (Int01_government official)*
- *I have never seen any good models in HCMC that promote breastfeeding and good nutrition. In the U.S.A, they encourage mothers to commence breastfeeding immediately but do not focus on the value of breast milk. Since working in the nutritional field, we have been involved in study tours on school nutrition, but not done any study tours on breastfeeding promotion. (Int28_provincial health leader)*
- *Currently we have some pilots such as the home gardening or the nutritious gardening. However, to be frank, those models did not have much leftover [sustainability and values that stay with the community after project ends] (Int38_a provincial mass organization leader)*

At the provincial level, a few of leaders applauded the results of the SC models, the UNICEF model and the NIN's nutrition centre model, while others were of the opinion that they were ineffective in terms of sustainability. The most negative comments regarding the models are related to the low sustainability after termination of the project and the lack of research conducted to measure the model impact.

- *The model in our mountainous district promoted the milk pump activities. The infants who consumed pumped milk were healthy. The infection of pumped milk and milk containers had been carefully monitored and groups of breastfeeding mothers had been trained very well. The knowledge related to this issue was drawn from the SC model. We instructed mothers in a very detailed way on how to clean their nipples, to pump the breast milk, and how easy it is for the pumped milk to become infected. This activity had a positive result on mothers' and infants' health and weight gain. We were supported to maintain the survival of some models in the district (Int33_a provincial health leader).*
- *Of all models I know, I am impressed the most with the UNICEF early childcare and development program. It is a step-based instruction program, providing appropriate knowledge and support activities to the community. E.g. during the IEC session, they always have demonstration sessions so participants can practice. This approach made the participants interested and keen to learn. Their program is very well organized with full and appropriate training of key human resources in communes and villages. Throughout the program, we have had a strong team of IEC facilitators at all villages, even the remote villages (Int38_provincal mass organization leader).*
- *The model of breastfeeding groups that was launched by the SC for ethnic people who have difficulties worked better at the beginning; however there were issues with sustainability due to the low level of education in the target group. For instance, they participated in the community group, pregnant women's group or infant's care group very actively at first, with their participation decreasing during later activities. Another point is that because of the geographic characteristics of the mountainous area (far distance between houses), it was difficult to collect a group of 10 mothers.*
- *There have been many models conducted. However, I think that a model should be designed that corresponds with existing characteristics of each specific ethnic area and its people. The direct communication via mass media may suit people in delta /flat areas. The model with group activities for ethnic areas should continuously be applied with more research. Currently, through attending a group meeting, I can see that the discussion content is repetitive, and the meeting frequency is too thick, they find it hard to*

participate every time.....The milk pump, I think, is not practical now. If we accept the research conclusions of a Yen Bai study, the milk which was pumped in a totally sterilized condition may keep its sterilization just within 2 to 3 hours. Breast milk is an ideal environment for the growing of bacteria that is always present in the air, which is why the breast milk is easily infected (Int34_a provincial health leader).

4. Barriers to Improving IYCF

4.1. Policy level

Breastfeeding and child nutrition is not believed to be a high priority in Vietnam. Due to a significant decrease in child malnutrition in the past two decades, the prevalence of underweight children has decreased to less than 20%. As a result it is likely that policy makers will now decrease their concern regarding nutrition and turn their attention to other so-called emergency issues.

- *There have been numerous global commitments to breastfeeding and child nutrition. However once set goals are achieved, global commitment tends to decrease often ignoring the issue altogether. Achieving goals is not the most important focus, but rather sustainability of programs and actwities. For us, a reduction in rate of malnutrition to 20% is a significant achievement. Some leaders informed me that because we achieved the nutrition target it is not necessary to mention it next year [presentation at National Assembly]. I say we have to attempt to sustain the concern of nutrition. If we lose focus, the problem will return. (Int03_a government official)*
- *In 2009 there were over 600 policy documents submitted to the Prime Minister regarding government concerns and source investment. Where is nutrition located in that list? (Int05_goveremt official)*

Most government officials and national policy makers believe that there is a lack of legislation corridors for the IYCF. To date there have been numerous policies supporting nutrition, but no law that mentions that all children have the right to be breastfed from birth. An indicator of breastfeeding, exclusive or otherwise, may be added to the policy documents upon the interest of any policy maker that is not law-based. So far, it is viewed by MOH's department leaders that the Decree No.21 and 45 will soon be revised. The implementation of these policies would be a leading concern. Respondents also stated that the labor code which includes the new policy of maternity leave (increasing to 6 months) may be revised and reviewed in 2011. However, this code has many underlying concerns and economical obstacles. There has been no potential commitment regarding its early approval.

- *[Responsibility of decree 21 and 45 revision] is under the department of legislation MOH. It has been revised several time and returned for revision again. Decree 45 is very broad, it covers a wide range of issues including vaccination, medicine, animal screening etc. On any mistakes, it will be returned [to the Department of Legislation for revision again].*
- *In my opinion, Decree 21 needs to be revised. It is vital to do so but it depends on the availability of the Department of Legislation upon their priority list and human capacity. (Int02_government official)*
- *After discussions with the MCH department, we understand that there are some points that need to be revised. However, with the current Decree 21, if we do it seriously, society will change and that would be good enough. The difficulty is in our lack of legislation framework for breastfeeding and marketing the substitute for young infants. The National Assembly needs to issue a framework law and appoint the government / Prime Minister to develop a law guideline, in such case Decree 21,45 or any other decree will be valid and have room for implementation and strong financial penalty (Int04).*

However one government official suggested that it is not necessary to issue a new law on childcare or breastfeeding as the Vietnamese government has signed the international

convention of children's rights. Thus, children in Vietnam are eligible for the right to breastfeeding and good practice of childcare.

- *Firstly, Vietnam has signed the international convention of children's rights. Secondly, Vietnam is committed to reducing the rate of malnutrition; this rate was approaching the national target. It was approved by the National Assembly, 10 breastfeeding advisors and gained commitment by other international organizations, particularly the WHO, advising that infants should be fed completely by breast milk within the first 6 months. Thirdly, research was completed in Vietnam showing that only 18% of children were breastfed. One of the reasons for this is that maternity leave is very limited for some mothers which mean infants cannot be breastfed for the full 6 months that is suggested as mothers must return to work. We have committed and signed the international convention (Int07_governemnt official).*

A major challenge to conducting activities that take a holistic approach is the significant lack of financial resources available. At both the provincial and central level, it is thought that the budget for program activities was reduced because the MOH prioritizes other activities ahead of funding allocation. Depending on current international projects, revising the national strategy is a common occurrence.

- *It is very difficult. We suggested an amount but when the National Assembly reviewed it, others [Ministry of Planning and Investment] had to re-calculate and adjust the budget in consideration of macro economy. Everyone believes their field is important, but the government cannot respond to all of the requests…We asked for an amount of money to do this amount of work, but we never received enough of the proposed funding. The Prime Minister approves the strategy, but will the MPI and MF approve the budget?…Thus if we don't achieve the goal, no one reprimands achievements because they know we don't have what we asked for (Int02_government official)*
- *Instead of equally distributing money to ten provinces for no effective implementation, why don't we spend it on two provinces to pilot innovative modes to change the IYCF….that needs international-funded projects. With the government budget, we are not allowed to do so. (Int01_government official)*
- *We are waiting for the WHO's approval of budget support to revise the Action Plan for IYCF 2011 – 2015 (Int02_goverme mnt official).*

The country lacks a robust information system to identify the true situation of the IYCF in general and breastfeeding in particular. It needs to be achieved by paving a way to measure the trend across years or to supervise the policy implementation and evaluate the impacts of laws and decisions before launching programs. Government institutions are still the respected source in providing evidence for development.

- *Research; there isn't any formal channel, no coordination at all. Those who have funds or projects would facilitate the research….To draft a policy, we need evidence. This tenet has been a greater concern recently but we have to face the fact that there is no consolidated source of information in Vietnam on any specific topics. No one knows who is doing what…To develop a policy or strategy we normally hire consultants to conduct research or literature reviews. We do not have a systematic source of information (Int02_government official).*
- *Our policies are often not detailed enough and do not have an independent system to monitor implementation…It is necessary to have an independent institution to conduct research and advise policy makers. The situation of both playing and honking should not be stopped (Int03_governmetn official).*
- *Up to now, the role of independent institutions is not appreciated and viewed as significant. We are different from Western society. They respect independent voice regardless of where it comes from. In Vietnam we default information distributed by government agencies as the formal and official source. As an independent agency, regardless of how good we carry out and bring the results to them, they [government*

agencies] will not appreciate it. People still consider the Department of the Ministry as the contact agency for research and policy drafts (Int05).

Nutrition and breastfeeding is a social issue however in Vietnam it is considered a health issue. Therefore, the approach of policy development and implementation is tied within the health sector.

- *[about the draft law of maternal and child care and nutrition or something else] It is best to be raised and drafted by the MOH. Other sectors should not complete this for the MOH. MOH must be the trigger. Others support the MOH. If we push the MOH out of the trigger position, the draft will not be effective (Int09_national policy maker)*

4.2. Provincial/Implementation level

All respondents believe that communicating and advertising these issues is important in order to receive effective results, however limited attention and funding has been provided to do so. . This viewpoint is similar for all respondents. Medical associations have limited financial resources for the training of health workers and communicating the problem. Media companies need to present effective advertising to receive stable income. Funds from government resources and local resources for IYCF promotion is always less than the requested amount. Agencies that do not shake hands with milk companies in terms of advertising were not well recognized by the society and the government. Their scarification of money from advertising for community merits is not applauded or appreciated in visible manner.

- *If there is no budget for implementation we can't do anything. The government does not distribute the budget; therefore the Women's Union does not have money (Int12_leader of central mass agency).*

- *Following the inter-ministerial circular, provinces and cities spend between 1 – 1.5% of their budget on health communication. However, we only received 0.005%. The budget for the Health Sector of this city is 300 billion per year, but only 200 million is spent on health communication (Int46_provincial health leader).*

- *50% of our budget is funded by the MOH, Our rule is self financing. 50% of the remaining comes from advertising, and there are no other sources. The challenge is to reduce the harmful effects of propaganda while also promoting breastfeeding in the community. without refusing the main income as this is the socialization channel, not the channel of Government. This is the major problem. I, myself deal with stresses from this issue. These advertisements are very interesting but not illegal. In addition, milk companies assist the advertising campaigns through PR. If we do it in the interest of the community, Government agencies also have to prove our exertion. If the community doesn't recognize our exertion, our hard work will not be recognized and therefore our work will be unsustainable. (Int25_a TV leader)*

- *The way we can present propaganda in the community is to deliver the message that breastfeeding is the best option and bottle-feeding is less desirable. To implement this, we have to propagandize more continuously and regularly. With NIN, they just support us from 3 – 5 programmes each year, and we are very busy with other news programming (Int26_a radio leader).*

Implementation agencies need evidence and materials to persuade the general population of the benefits of breast milk and information for behaviour changes. Communication

delivered to the general population is currently infrequent and does not utilize an effective approach. This viewpoint is shared between all provincial leaders and media leaders.

- *We need good evidence to persuade the population of the benefits of breast milk…why children who consume infant formula are big and do not have sickness while my children who consume breast milk look so small, the people will frequently ask about it. …what is the difference in brain development between children who consume breast milk and those with formula? How about the child emotional reaction difference? Will breastfeeding increase or decrease the beauty of women's breasts? We need to answer their concerns. (Int31_provincial health leader)*
- *The IYCF's community-based education is very weak, mostly using television and radio. The Centre for RH lacks good speakers. As such mothers get one-way information from IYCF promotion but receive multiple approaches from milk companies and their attractive offers (Int46_provincial health leader)*
- *Our grief is that we do the right thing but we don't have the evidence. (Int14_leader of a medial association)*
- *There are a number of current information sources but their reliability is low. If you supervise at the province, you'll see that the places where information is most needed are usually the places that receive inadequate information. For example, the Pediatric and obstetrical department in hospitals are places where information is most needed but consultancy information is limited. (Int38_leader of a mass organization).*

There is an ineffective supervision system to identify violation and poor performance. The MOH inspector, government officials, leaders of hospitals and medical associations all support this statement.

- *When the inspectors went away, things returned to their old practice (Int06_government official)*
- *We have to strengthen the supervision system within the health sector., If we do not focus for a short time, things become out of our control. Milk corporations often want to care for your needs, they know they cannot sell milk here but if they are successful in winning the agreement, the whole system at the primary level will follow. As such I always remind my staff that what we are doing here, using any kind of milk;, the primary health care system uses that product. Thus health workers must be reminded of the importance of their behavior and their understanding which influences the population…I think it is most important to have policy from the DOH and effective implementation. In Vietnam people believe in health workers (Int31_provincial health leader)*
- *There is a need to have an independent agency to supervise and criticize the policy implementation. Here, we haven't seen the independent assessment of policy development and implementation; we implement the policy, assess it by ourselves and report to ourselves. There is no independent assessment (Int03_government official).*
- *In fact, there is supervision of produces however this has not been implemented in a professional manner adequately enough because there are limited human resource and time for supervision. So far the evaluation and supervision are only implemented through review meetings, briefings and monthly or quarterly meetings. (int45_provincial health leader)*

The collaboration between the provincial Centre for Reproductive Health Care and the provincial Centre for Health Education and Communication is viewed as strong is some provinces and weak in others. This collaboration, in planning, resource allocation and coordination with other sectors, is very important but depends mainly on two agencies' leader relationships. Weak coordination of the Department of Health might attribute to the weak collaboration of these two agencies which strongly affects the quality of activities on

IYCF promotion to communities. In the four provinces studied, three are thought to have strong collaboration between these two agencies while one province struggled to keep good contact between these two agencies.

- *The fact is we are not invited to develop the city strategy on nutrition. What has been implemented in the centre for RH we don't know. They do not collaborate with us for communication into community. How much of budget they get a year for nutrition, we don't know. (Int46_provincial heath leader)*

Health workers may lack information about the benefits of breastfeeding and in turn poor instruction is given to families about IYCF. Therefore information surrounding breastfeeding and good nutrition is not always effectively delivered to families resulting in poor understanding in these communities. Being overloaded with work is the primary reason for limited counseling being provided by health workers to mothers. This view is shared by both health leaders and medical association leaders.

- *Even doctors are now unsure whether breastfeeding is more beneficial than bottle-feeding. Milk companies advertise that formula has similar qualities to breast milk and that it contains micronutrient supplements. In addition it has been observed that bottle-fed infants, are not less likely to be weaker or less intelligent than breastfeeding infants, and may actually be larger. Therefore mothers are unsure which is better. Breastfeeding is good in theory but let's look at bottle-fed children, they are also strong. Furthermore, it's too difficult for mothers to practice breastfeeding so they cease breastfeeding and change to bottle feeding for their babies. (Int30_leader of a hospital)*
- *For example, in a family planning campaign there are about 5-6 counselors, but hundreds of women come at once. With such crowd, there is only 1 or 2 tables for clinical health-checks and counseling and, we can't find the time and space for counseling (Int16_ leader of a medical association)*
- *Their clinical perfromance [of health workers] is satisfactory but health workers do not have enough time to communicate with patients or they are not devoted to medical work. Overload of patients is common, however, we still supervise. If there are 4 beds in each patient room, and there are two midwives for each room, one is in charge of clinical care and one in charge of breastfeeding and the health worker's performance and counseling would be very good. But at the moment, there are only 2 midwives for the whole department, taking care of more than 60 pregnant women. Their roles include medicine distribution, dressing change, injections and serum transfusion. How can they find time for instructing mothers for breastfeeding? It relates to the human resources of hospitals and the MOH regulation (Int19_leader of hospital)*
- *Breastfeeding instruction at obstetrical and children's hospitals has not received a great amount of attention in recent years. In the National hospital of Pediatrics, we just receive patients and do not have the breast milk bank. This factor affects the breastfeeding trend. (Int30_leader of a hospital)*
- *When in hospital, the first recommendation is not to breastfeed the baby.. When babies cry, the advice is 'you should go and buy a formula to feed the child, not let him/her go hungry. A lot of pregnant mothers, once completing the registration for hospitalization, will require that their family members buy one can of formula for the baby. This advice is given by the health worker. Pregnant women who come to provincial hospitals undergo cesarean. These mothers don't have or have not enough breast milk and most of them are suggested to buy formula milk by health workers. Doctors even use mama colostrums for their own babies after giving birth. Looking at the people around, there is no recommendation or encouragement for mothers on how to breastfeed after birth or how to encourage milk to come out. There is no counseling and instruction of meals for cesarean mothers to promote breast milk production (Int38_leader of a mass organization)*

The lack of official collaboration between the health sector and mass media organizations at the provincial level and mass organization (WU) in education information delivery to general population is a major concern. Collaboration between the media and health sectors mostly involved news delivery rather than informational instructions and discussion panels. This limits the effective communication to the general population on IYCF.

- *WU has more contacts with women and they are able to counsel mothers of IYCF. The difficulty is that the health sector does not have a budget to train WU staff and does not appropriately recognize the capacity and role of WU in IYCF (Int46)*
- *[Do Media and DOH have any MOU of collaboration and information exchange or does the provincial People's Committee have any requirement of collaboration between media and DOH?]: None. There is no regulation of collaboration. However in health promotion, DOH and media still collaborate but there is no mention about budget to the media participation. I still send my staff to DOH, women's union, former Dept of Population Family and Childcare (PCPFC) to explore information for the news and shows. PCPFC have IEC on child nutrition contest; however there is almost no detailed instruction program for the community. The media dominates society and the population prefers to watch TV which is why advertisements are broadcast on TV rather than on radio (Int43_Medial leader).*

At the provincial level, health respondents view the current approaches to addressing the IYCF among special groups poorly. These groups include populations whose malnutrition rates remain dangerously high. As a result, health respondents are not interested in providing information-rich shows on their dialects. They are ethnic minorities, workers in industrial zones and migrant groups,

- *[Ethnic minority people] have access to television but only a few of them could understand the messages. Most females do not know Vietnamese. They can neither read nor write. Meanwhile the TV program in their dialect is at limited length of time and content (Int 34_provincial health leader)*
- *There are many groups of people lacking information on child care and feeding. The most information thirsty individuals are those who belong to an ethic minority group. Their knowledge of nutrition is very poor, The second group are women in the rural areas of poor and disadvantage communes. Especially, poor families who don't have access to visual and audio materials, and who are less likely to participate in community events. The third group is laborers in factories and enterprises. They don't have the opportunities to participate in community activities so they don't receive the information [of child care and nutrition] (Int38_leader of a mass organization).*

The penalties given to violation agencies are not viewed as fair or strict enough. .Health facilities were not fined and there is no follow up system to remind facilities of their violation penalty.

- *[Do we have any measure to prevent or stop the re-violation of the decree 21 of an enterprise or agency?] I have to admit, it is very difficult. The violation agencies are given a letter requiring them to collect a penalty decision letter, pay a fine or sign the commitment. However, if they make the same mistake again, they are fined continuously. The decree 45 does not have a regulation item line to close or stop the violation agency once they violate the code again. [How about the health agencies? Do they encounter the same penalty level?] No, in fact, they don't have to pay the fine. The hospital leader will cut bonuses of the health workers violating the regulation and requires the health workers not to violate again. Health agencies always claim that it is the nurses and doctors who violate the code and the hospital leaders do not have policy [for shaking hands with milk companies]. When I visited my friend and family members at the provincial hospital, I always see the bottle, however, when the inspection team come, those bottles were hidden away (Int06_government official)*

5. Potentiality for Strengthening Policy for IYCF

This section presents the perspectives of respondents' regarding factors that may strengthen existing policy for IYCF in Vietnam.

The awareness of the government and MOH department leaders about existing policies and unpractical issues in some policies: there have been many discussions and workshops among MOH, MOLISA, the National Assembly, and other government agencies regarding the outdated policies that require revision:

> *Matemitive leave code:* The interviews indicated that **the** majority of respondents believe that there is strong movement from MOH, MOLISA, Labor Confederation and other mass organizations increase maternity leave from four to six months. As the government feels strongly about this issue, it is likely that maternity leave changes will be accepted if the Labor Code is re-submitted for approval early next year. Some MOH department leaders believe that this increase will not be challenged by the Social insurance Vietnam while some medical leaders oppose this perspective.
>
> *Decree No. 21 and 45:* There is high potentiality that Decree 21 and 45 will be revised. However, there will be no change to the community if the inspection and supervision of policy implementation at both central and provincial levels is not improved.

The global and country commitment for MDGs: is one factor that fosters the MOH and related agencies to adopt the international program into the country program, such as the Action Plan for Child Survival, Action Plan for IYCF, and to revise the National Strategy and Guidelines on Reproductive Health Care. In addition, the MOH are periodically offered technical and financial supports from the WHO and other UN organizations to revise these policies.

The commitment of political will: Country leaders are concerned about the "stunting" issue in Vietnam and have committed to increasing the body size of Vietnamese people. This emphasizes the IYCF and the importance of breastfeeding for the next generation, so they are healthy and do not suffer from malnutrition. If technical agencies such as the NIN, the National Institute of Health Strategy and Policy and other institutions could provide evidence-based information to political agencies about the importance of investing in the IYCF in Vietnam, these agencies would be more likely to support the policy and its budget allocation. It is well recognized that since gaining independence 35 years ago, any problem that wins political concern as well as the population's interest is likely to be successfully solved in Vietnam.

Strengthening policy implementation and supervision: The majority of interviewed government officials and provincial health leaders stated that strengthening IYCF in Vietnam did not require a new or special policy. It requires better implementation of existing policies and educating mothers about these issues before marriage.

6. Channels of Effective Communication for IYCF to Key Stakeholders and the General Population

6.1. Effective Communication to Key Stakeholders

In every in interview, the question "what is the optimal way to communicate with and conduct policy advocacy to policy leaders" is always asked. The main suggestions of respondents included:

Providing evidence-based information to the National Assembly and the member of Provincial People's Council via presentation and policy briefs on IYCF is one of the effective channels to help policy makers identify health priorities for the country.

Establishing an official website to pool all research, policy, reviews on IYCF in a systematic way and inform policy makers of the website.

Publishing articles, newspapers and talks on television repeatedly. A large majority of political leaders and health leaders seek updated information from news and television in the morning (6.00 – 6.30) and evening (19.00– 20.00). Online newspapers are preferred rather than printing newspapers. Retrieving evidence from friends working in ministries is a common source of information.

- *One channel of policy advocacy is through the Deputy Minister of Health who is in charge of reproductive health and preventive medicine. If the Deputy were to view this [IYCF/breastfeeding] as a priority, the Minister would then pay attention to the advocated issue (Int05_government official)*

- *To combine the political will into the IYCF promotion, an independent network should be involved, providing evidence-based information to policy makers. In order to make a policy more appropriate to the real situation, information must be provided and updated to related agencies. We have to start from the advocacy level. Proposals must be submitted to the steering committee which will then be referred to the government. In our case, we encounter a lack of information; we have to depend on the Institute of Health Strategy and Policy Development for information briefs to the central official. It's important to first start with IEC and policy advocacy (Int09_national policy maker).*

- *[Where did members of the National Assembly get information from on nutrition] everyone has their own sources. We, the scholars, retrieve information through internet. Once click and we are open to a wide world of knowledge (Int13_leader of medical association)*

- *The information and knowledge needs to be provided to the Provincial people's committee and People's council if we want to get their support [They are the key persons of decision making, provincial planning and budget allocation] They are the group who need to update knowledge about this issue (Int38_provincial mass organization leader).*

The following table summarizes the most common information sources of respondents. With provincial leaders and medial leaders, a template of proxy information sources (specific types by television, printed newspapers, online newspapers, professional journals and websites) was drafted and respondents were asked to mark on sources they access daily or at least weekly to obtain social information and nutrition/child-related information. With regard to central government officials and policy makers, the research team asked them to list out sources they access daily for information or sources they prefer to read on child/nutrition issues.

Most common information resources in nutrition/ health issues to respondents

	Natinal policy makers	Ministry officials	Provincial health leader
Television			
VTV1 (news - daily)	X	X	X
VTV2 (weekly)	X	X	X
O2TV (weekly)	X	x	x
Provincial TV (daily)			x
Online newspapers			
VNexpress	X	X	X
Dan tri online	X	X	X
Thanh nien online		X	X
Vietnamnet	X	X	X
VNN		x	x
Printing newspapers			
People's Representative/ Assembly	X		
Health and Life (MOH)		x	X
Thanh nien		X	x
Tuoi tre		X	X
Lao Dong			X
Journal articles on IYCF		sometimes	
Websites			
WHO		sometimes	sometimes
MOH			X
NIN			x
National Assembly	X		
Friends at ministries and UN	X	x	x

6.2. *Effective Communication to the General Population*

At the end of each interview, the research team asks respondents what kind of advice they would provide to the general population to achieve effective information exchange and behavior change if a project to support IYCF is carried out. Below is summary of respondent's advice:

Counseling and instruction of breastfeeding and child nutrition during pregnancy care, before and after delivery to mothers.

Education to pre-married couples (make it compulsory for couples to submit educational certificates before granting marriage certificate)

Breastfeeding or IYCF clubs undertaken in communities, managed by Women's Union

Breastfeeding website or MCH website

Repeated program of IYCF on television: panel discussion, instruction show, contest, IYCF games, music festival on breastfeeding and child rearing, film on IYCF and comedy.

- *There are many sources of information but they are often confusing for individuals. Should we need an internet orthodox channel to feed the general population with good information? When we communicate with people in need we can refer them to the right source of information for reference (Int38_provincial mass organization leader)*

- *[Produce visual instructions of breastfeeding and childcare via CD or video tape]: I think it's excellent. Both men and women can watch. If we can use it at the commune health station, it's very good, because mothers can come and see when they bring their babies there for vaccination. If it can be shown at public places like train or bus terminals. It is too good to be true. Broadcasting at health facilities is a must (Int44_provincial health leader).*

- *Models and approaches [in nutrition] that the health sector has been implementing should be promoted and sustained. In addition, we need to make nutrition promotion an accepted social activity. Socialization is not only about encouraging different sectors to participate in activities or raising funds but also about piloting various models by both health sectors and others. There are many models of WU for pregnant women and mothers who have infants, e.g. happy family club, good household livelihood club, breastfeeding club and others. So we can develop integrated models and mobilize human resources. The youth union has the pre-married club, young happy family and others. If we understand their needs, we can implement these same models at public places in local areas. The challenge is how to find interesting content for the communication in consecutive months (Int45_provincial health leader).*

- *In cities, the best form of advertising is through television and short messages. The second is to provide short messages on talk shows where audiences can questions of doctors regarding breastfeeding once or twice per week. The third is to broadcast on FM in health programmes. But the most important is direct communication sessions to community as this is a two-sided information method which is more convenient. The one-sided information methods are much more expensive (Int46_provincial health leader).*

- *[information to the community] should be extended, utilizing the broadband internet and cell-phone (Int31_provincial health leader)*

- *There are many channels of information provision but one of the most effective ways is mass media communications: TV, radio, newspapers, panels, posters or leaflets. Even oral communication is effective advertising (Int36_TV leader)*

- *In cities, communication by mass media about breastfeeding week, nutrition week, Children's International day etc. is the most beneficial. During those days, TV radio and other mass media have to broadcast messages repeatedly. At the commune, information in CDs and tapes must be broadcasted on loud speakers during the time women and workers are at home and at gold time, not at the time when they cook or do housework... and the broadcast on loud speakers must be supervised by asking people how the programme was implemented (Int44_provincial health leader)*

Chapter 4: Recommendations

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

1. **Strengthen the role of the MOLISA in IYCF.** MOLISA is currently appointed by the Prime Minister as the Ministry to manage child issues, other than the health treatment (which belongs to the MOH). MOLISA should raise awareness in the revision of the labor code and policies relating to childcare; socially, mentally and physically.

2. **Greater research should be conducted** to measure the feasibility of maternity leave of six months (perspectives of employees and employers, feasibility of social insurance coverage); to measure the exclusive breastfeeding and complementary feeding practice of populations across the country and to identify specific practices and determinants of each group (city vs. rural/mountainous areas, Vietnamese vs. ethnic minorities, regions, farmers vs. office clerks or factory workers; to assess appropriateness and effectiveness of existing IYCF/nutrition/breastfeeding models in Vietnam in the last five years.

3. **Setting up a technical consortium to support policy development/ revision for IYCF.** There has been a successful example that the National Strategy on Reproductive Health Care and the National Standards and Guidelines for Reproductive Health Care Service were developed by a consortium led by the UNFPA and the documents have been approved by the MOH and applied as the national guideline for health worker's performance. The IYCF consortium will contribute inputs and technical support to IYCF-related policies and networking agencies working for the IYCF, both interventions and research.

4. **Establishing a strong connection to policy makers** is a vital step to influence change. The IYCF consortium or another leading agency should frequently provide policy briefs or presentations at meetings where influential persons are present (e.g. the National Assembly, the Central Commission for Education and Communication, the Provincial People's Council, the Ministry-level meeting.

5. **Strengthening the collaboration with media.** Media press should be invited to any meeting of the consortium or any IYCF event. In addition, the consortium should support media to organize talk shows in terms of good speaker provision and content development. Short and impressive messages on IYCF/nutrition/breastfeeding promotion should be developed and frequently placed on air to gain the public's attention including the policy makers.

6. **Developing innovative models to promote breastfeeding and good childcare practices.** The model should be thoroughly measured to evaluate the impact on the community in terms of behavior changes and child development.

    - Comprehensive training about breastfeeding and counseling at nursing schools and medical schools, specialty of obstetrics.
    - Training Women's Union leaders at the School of Women Union Training on breastfeeding counseling and activity to promote breastfeeding In particular and IYCF in general.
    - Piloting certificate of family planning and childcare training before marriage.
    - Applying protocols to promote and supervise the health worker's performance at hospitals and commune health stations about breastfeeding instructions.
    - Piloting community-based models to create supportive environments for young mother's and to promote good practices surrounding nutrition and childcare.
    - Developing a breastfeeding website or childcare website that provides accurate information to the general population and also acts as a database and research and policy review in IYCF in Vietnam.

Acknowledgement

Many people in addition to the authors contributed to this report, and we appreciate their assistance. The literature review section for this report was initiated Sarah Keithly. Comments on the research design and question guidelines were provided by Karen Gruebnau, Nemat Hajeebhoy and Vu Thi Thu Ha. Constructive feedbacks to the report were obtained from Katrine Pritchard, Alyson McColl and Phan Thi Hong Linh. Very able editing was provided by Kate Elliott.

Finally, we would like to thank all the leaders that participated into this research; by providing a large amount of information and sharing their thoughts with the team. Hopefully, this research will lead to better policies that will improve the support for IYCF in the years to come.

September 2010
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