

Improving Nutrition in the First 1,000 Days

A social franchise model makes a (big) difference in Viet Nam

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Key messages

- > The nutrition a child receives during the first 1,000 days of life can lay the groundwork for a lifetime of benefits.
- > Since its inception in 2008, Alive & Thrive has tested the notion that large-scale change in infant and young child feeding (IYCF) practices over a relatively short time is possible.
- > Entrenched malnutrition can't be solved with social and behavior change alone. But in many settings, social and behavior change has made a solid, sustainable difference, on a large scale.
- > In Viet Nam, social franchising emerged as a strategic and effective way forward.
- > Each of the four components of the program – interpersonal, mass media, advocacy, and data-based refinements along the way – reinforced the others.
- > Rigorously measured and evaluated results – including a tripling of the rate of exclusive breastfeeding, improvements in child dietary diversity, and other central outcomes – prove the potential of social franchising for nutrition, when done well.

Six months of exclusive breastfeeding

When Le Huong Giang was pregnant with her first child, the 28-year-old Vietnamese tour agent saw a television advertise-

ment that changed her life. Initially, the humor of the “talking babies” caught her attention, but it was their messages about breastfeeding that excited Giang. Thus began the first step of a journey that gave her new son access to the highest global standards for infant nutrition: six months of exclusive breastfeeding. No water, no food: nothing but breast milk.

As families around the world know, breastfeeding is not always easy. Doubts about the quality and quantity of milk supply, social pressure (often from older relatives), competing demands for a mother's time, ‘latching’ complications, sickness, contrary cultural dictates, and a lack of supportive health care can undermine even the most determined parents. In many settings, including Viet Nam, breast milk substitutes are inappropriately and aggressively marketed.

Giang herself faced several of these problems, and nearly gave up exclusive breastfeeding several times. But whenever the chips were down, Ms Thuy was at her side, coaching, counseling, and even getting dubious family members on board. From the nearby *Little Sun* social franchise, Ms Thuy is one of thousands of newly skilled health workers charged with fueling large-scale social and behavior change that is badly needed. Like many countries, Viet Nam suffers from high rates of child malnutrition.

“No water, no food: nothing
but breast milk”

Nutrition science meets innovation:

The *Little Sun* social franchises are born, 2009

Emerging science shows that the nutrition a child receives during the first 1,000 days of life (conception through age two) can lay the groundwork for a lifetime of benefits – or harm, if the nutrition is poor. Vietnamese leaders and advocates knew that meeting basic standards of nutrition during this period saves lives, prevents illness, and fosters healthy growth, development, educational success, and even economic productivity through-



A study tour visits an infant and young child feeding support group in Quang Nam province. A group of delegates from the Lao PDR Ministry of Health were hosted by Alive & Thrive and Viet Nam's National Institute of Nutrition in August 2016, with participation from the World Bank, UNICEF, and the SUN Movement Secretariat.

out life. Breastfeeding mothers benefit from a lifelong reduced risk of cancer.

With one in four Vietnamese children stunted, and nearly one in five underweight, people across Viet Nam also felt the need for urgent action.¹ But the question remained: how could this knowledge, and this need, be translated into a feasible plan that would effect meaningful changes for hundreds of thousands, even millions of people?

The Alive & Thrive initiative was conceived to serve as a catalyst for this type of scenario. Since its inception in 2008, the initiative has tested the ambitious (and often doubted) notion that large-scale change in infant and young child feeding (IYCF) practices over a relatively short time is possible. After eight years of innovation in three very different settings (Ethiopia, Bangladesh and Viet Nam), rigorously measured improvements in child feeding practices have occurred in all intervention areas.

One key to these notable successes has been the *absence* of pre-defined solutions. Alive & Thrive supports partnerships that bring together governments, established development partners, and often non-traditional stakeholders (including sub-national groups and representatives of multiple sectors and ministries) to craft and implement contextualized nutrition solutions. Partners draw from global and domestic evidence, their own perspectives and experiences, and innovative ideas to inform strategies, build the case for policy change, and align allies and partners. They formulate a common set of clear and attainable goals to be reached through coordinated, mutually reinforcing efforts. As a result, activities take many forms throughout societies, via health and agriculture services, social support programs, churches and more. They include timed and

targeted home health visits, community gatherings, radio dramas, Sunday sermons, and, in Viet Nam's case, newly minted social franchises. These co-created solutions not only increase the likelihood of success in the short term, but also foster sustainability through the commitment that ownership brings, as well as nuanced integration into existing systems.

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What's in a logo?

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Clinic name: short, easy to remember and understand, reflecting the nature of the project as well as its *modus operandi*. The beaming sun symbolizes both a blooming sunflower and a smiling child in good care. The sun represents vitality; the two leaves, nurturing hands. The essence of the message is caring for a healthy, happy child and a future 'crop.'



The work in Viet Nam began with the crafting of strategic partnerships and intensive collaboration, informed by existing data as well as new formative research, as needed. A key output was a collective decision to go with a social franchising approach – a sensible option given the context of a strong health system benefitting from recent upgrades that enabled easier access and resulted in high use at the facility level. Increasingly used in the public sector, social franchising borrows concepts that have been tried and tested in commercial settings.² Successful franchises build a strong brand that represents a known, reliable, consistent and desired product or service. Ideal *social* franchises create a sustainable model that efficiently produces a public good, as opposed to a profit. While the franchising model has been effectively applied to other health services, including reproductive health in Viet Nam, this application of franchising for social and behavior change related to nutrition during the first 1,000 days is a first (Figure 1).³

The relationship between franchisor and franchisee is a unique facet of this kind of effort: it ensures consistency, minimum standards, and provision of ongoing support through demand generation (often via mass media), troubleshooting, policy advocacy, and continued refinements. In this case, Alive & Thrive and the National Institute of Nutrition were the co-franchisors, and existing health facilities the franchisees.

The *Little Sun* brand was created, designed for scale, and rolled out within Viet Nam’s public health system (Figure 2).

(These distinctive and cheerful clinics were complemented by health-system-convened community support groups in remote and hard-to-reach areas.) In all cases, pregnant women, mothers, families and community leaders learn about maternal health and nutrition, breastfeeding, complementary feeding (foods and liquids introduced at six months of age), and child health. Importantly, interpersonal activities at the clinics and in the catchment areas are reinforced by high-profile mass-media campaigns and advocacy activities.⁴

From 2010 to 2014, notable results were achieved: more than 678,000 Vietnamese mothers of children received counseling and breastfeeding support from over 1,000 Little Sun franchisees. (An additional two million mothers were reached by mass media.)⁵ Mothers’ breastfeeding knowledge, beliefs, intentions and practices increased, and the rates of exclusive breastfeeding tripled, from 19% to 58% in intervention areas.⁶ The number of children eating a diverse diet increased by 17 percentage points.⁷

Learning from Little Sun: Deconstructing what worked well

Monitoring and evaluation efforts yield a steady stream of data and analysis that enable ongoing refinement of this program (and can inform similar efforts elsewhere in the world). Incorporation of a model originally developed in the private sector into a large public health system calls for revised frameworks of analysis, as opposed to private-sector considerations of simple profit or loss. In this case, evaluators created assessments using

FIGURE 1: The *Little Sun* behavior change framework

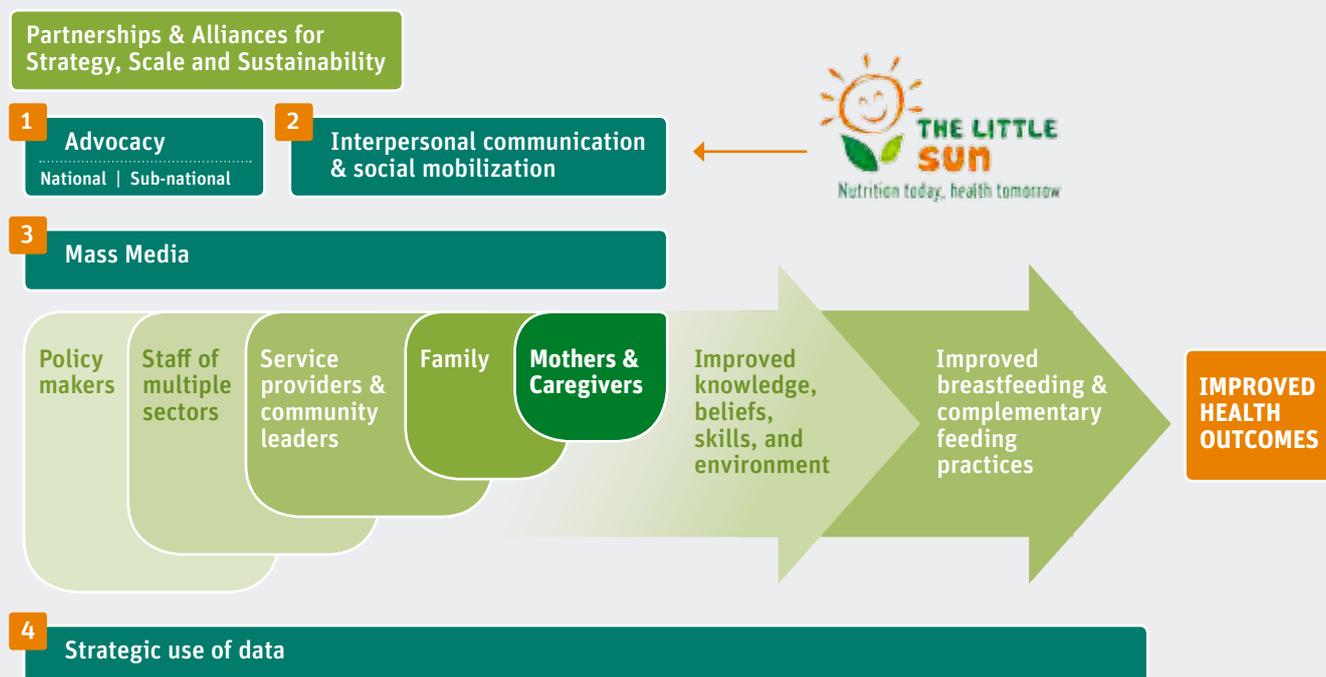
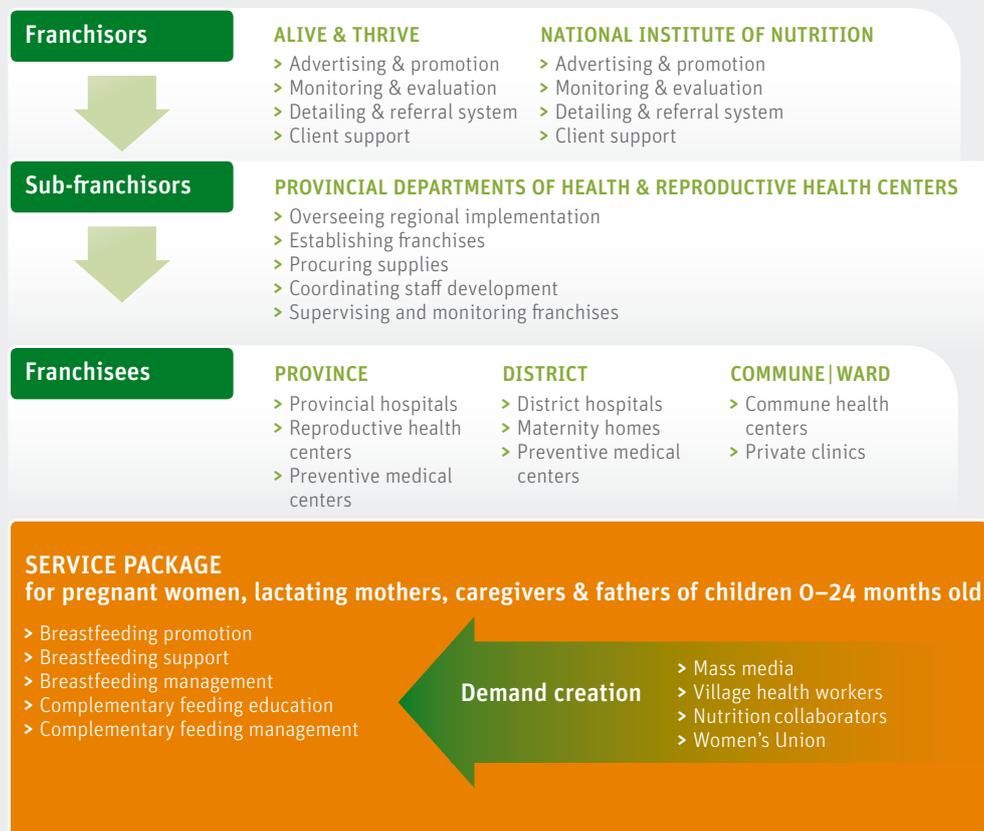


FIGURE 2: The Alive & Thrive franchise model

the public sector concepts of *quality of care*, broken into three established components of service quality: structure, process, and outcome.⁸

The *Little Sun* franchises, compared to the standard government health services, had better quality facilities, equipment and materials. While the general services and staffing were comparable, the *Little Sun* staff were better trained. *Little Sun* staff demonstrated greater knowledge in many areas, and better counseling skills, and ran counseling sessions that were of higher quality in many regards, including targeted timing, the effective practice of delivering messages exactly when applicable within the 1,000 day timeframe. Client satisfaction was high in both groups. Overall, the incorporation of social franchising elements resulted in significant improvements in nutrition counseling services, particularly with regard to structure and process.⁹

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“The incorporation of social franchising elements resulted in significant improvements in nutrition counseling services”

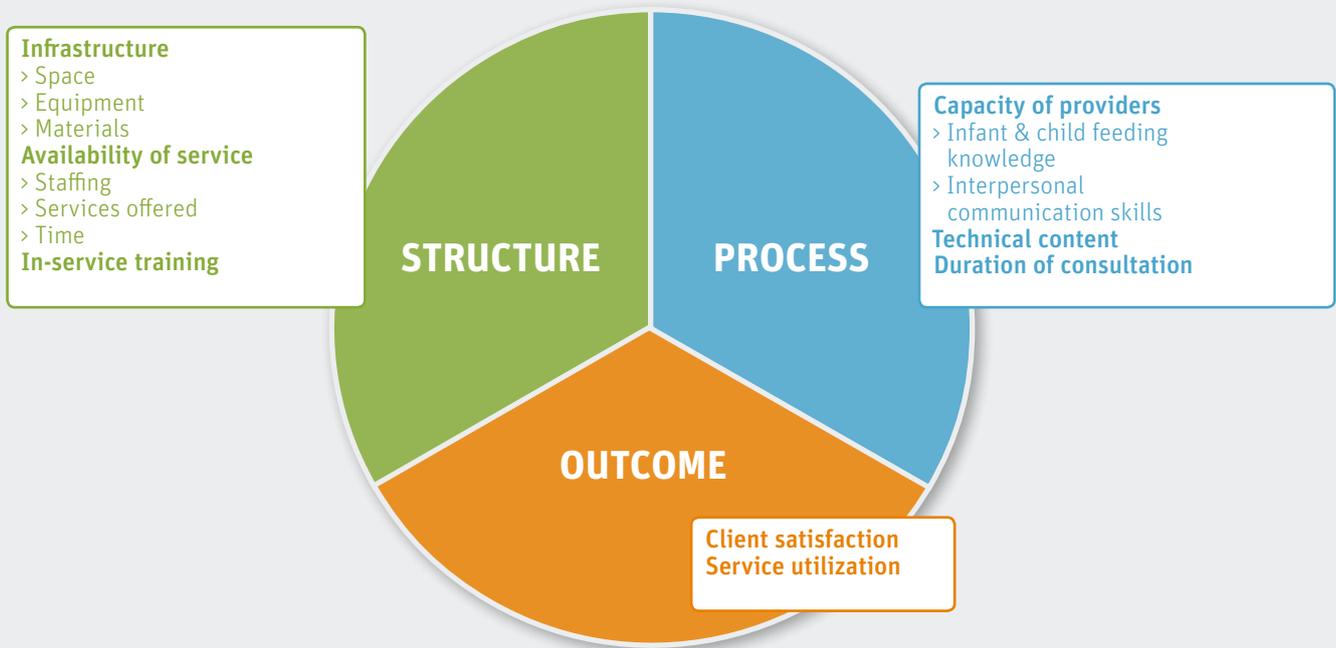
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Low service utilization: Digging deeper

As countries such as Viet Nam transition to middle-income status, donor funding decreases, leaving health systems with the challenge of designing the most cost-efficient service models possible, including a focus on facility-based services (as opposed to community- or household-level care). Inevitably, facilities must foster a complex understanding of utilization in order to make sure their targeted clients show up – and that they realize the intended health benefits.

The clinics were running, and the indicators were improving. However, malnutrition rates were still high. The next challenge was to better understand supply- and demand-side factors with the goal of addressing underutilization of *Little Sun* services. Study of the full range of use patterns – ranging from one visit to completing the minimum package of services – uncovered the two most influential factors: demand-generation activities and counseling skills. The latter, which includes good interpersonal communication skills with provision of appropriate content, was already strong. On the demand side, three demand creation strategies emerged as the most influential: receiving invitation cards from health workers, viewing promotional TV spots, and seeing a promotional billboard. Further analysis indicated that the three strategies combined resulted in a multiplicative effect.

FIGURE 3: Three components of service quality: structure, process and outcome



Efforts to apply these findings resulted on ongoing increases in demand.

Ultimately, the data suggested that if all mothers could be reached by all three strategies, and could interact with health workers equipped with good counseling skills and a reasonable workload, an additional 49% of the population could complete the entire counseling and services package.¹⁰ Efforts to operationalize those recommendations are already bearing fruit.

Results, sustainability and replication

As indicated in **Table 1**, immediate results were large in scale and reach, as were related policy advocacy efforts. Alive & Thrive has handed over the management of the *Little Sun* franchises to the National Institute of Nutrition. Other countries seek to replicate the innovative model, including Lao PDR; Alive & Thrive has provided strategic technical assistance as part of dissemination efforts across Southeast Asia. Globally, Alive & Thrive continues to apply its framework, guidance and processes to develop contextualized solutions in a range of countries.

TABLE 1: Summary of accomplishments

Component	Achievements, 2009–2016
<i>Little Sun</i>	✓ Franchises in 21 provinces
Social Franchise achievements	✓ 1,112 total franchises, 781 established by project and 251 replicated by the National Institute of Nutrition
	✓ 180,000 mothers/caretakers received infant and young child feeding counseling monthly
	✓ Over four million counseling contacts
	✓ Over a million mothers counseled
Complementary policy advocacy	✓ Advertising of formula for children up to 24 months banned, including bottles and teats
	✓ Decree issued regulating trade and usage of nutrition products for young children, including bottles and pacifiers
	✓ Paid maternity leave extended to 6 months
	✓ National early essential newborn care guidelines piloted in select hospitals in four provinces
	✓ Decree clarifying implementation of regulations related to female employees including requirement for lactation rooms in all workplaces
	✓ National early essential newborn care guidelines rolled out in all hospitals in seven provinces

In sum: Complex, contextualized, continuous learning

Entrenched malnutrition can't be solved with social and behavior change alone. But in many settings, social and behavior change has made a solid, sustainable difference, on a large scale. In Viet Nam, social franchising emerged as a strategic and effective way forward, a thoughtful hybrid fusing private-sector experience with public-sector knowledge around quality of care. Each of the four components of the program – interpersonal, mass media, advocacy, and data-based refinements along the way – reinforced the others. Rigorously measured and evaluated results – including a tripling of the rate of exclusive breastfeeding, improvements in child dietary diversity, and other central outcomes – prove the potential of social franchising for nutrition, when done well.

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Families and staff at the *Little Sun* Franchise at Hai Ninh Commune Health Center of Quang Binh Province in Viet Nam