- Site visits and facility selection based on a list of necessary and preferred criteria
- Franchise agreements with each facility to commit to delivering quality IYCF services
- Facility upgrades: pre-testing the counseling room design; painting and equipping rooms
- Monitoring: determination of indicators and development of monitoring plan
- Media and materials: media audit, development of TV spots, job aids, and client materials

How will the franchises be monitored?

The implementing partners (sub-franchisors) will submit performance reports to the National Institute of Nutrition and to Alive & Thrive. Monitoring will be done through routine collection of service delivery statistics, performance monitoring through site visits and observation checklists, and client satisfaction feedback.

What is the plan for scale up and coverage?

A total of 654 franchises were launched by May 2012, and 783 are scheduled for operation by June 2012. Of these facilities, 92 percent are commune health facilities, 2 percent are reproductive health/maternal child health centers, and 6 percent are hospitals. We plan to introduce the franchise model in five private facilities by the end of 2012. We are introducing the model in both rural and urban environments and in areas that are representative of Viet Nam's eight ecological zones. We will not be introducing the franchise model in ethnic minority areas, which represent 15 percent of the population, because access to health facilities in these areas is difficult. In those areas we will be establishing a total of 600 IYCF support groups.

Our target population for more intensive interventions is approximately one million children under the age of two in 15 of the country's 63 provinces. In August 2011 a media campaign was launched that aims to achieve 70 percent national coverage and reach another 1.5 million households with children under two.

Is the model sustainable?

The government views the franchise as a means to achieve its nutrition objectives. The NIN, as the franchisor and a part of the Ministry of Health, has the institutional staying power and technical authority needed to operate and sustain a franchise over an extended period. A&T is strengthening the public health system, building capacity of health providers, improving facilities, and developing training, counseling, and client materials that will be available now and in the future. If the franchise proves successful, we anticipate that additional franchises will be set up through partnerships with stakeholders and through uptake by the Ministry of Health. Maintaining the franchise brand improves clinic reputation and is likely to increase performance-based recognition and financial rewards from provincial health authorities. If the provincial authorities determine that franchises contribute to achievement of their benchmarks, they are more likely to allocate resources to IYCF counseling and support services in their provincial nutrition plans. If consumers are willing to pay fees for services, franchise facilities could benefit financially.

What are the criteria for success of the franchise model?

The criteria include:

- Doubling of exclusive breastfeeding rate, improved quality and quantity of complementary foods, and 2 percent reduction in stunting per year
- Widespread recognition of quality brand
- Consumer willingness to pay fee
- Scale up and sustainability in Viet Nam
- Diffusion of lessons learned
- Replication in other countries

May 2012

For more information, visit www.aliveandthrive.org
& www.mattroibetho.vn

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alive&thrive
nourish.nurture.grow.

A Social Franchise Model for Infant and Young Child Feeding Counseling in Viet Nam

Alive & Thrive is a six-year (2009-2014) initiative to improve infant and young child feeding (IYCF) practices by increasing rates of exclusive breastfeeding and improving complementary feeding practices. Alive & Thrive aims to reach more than 16 million children under two years old in Bangladesh, Ethiopia and Viet Nam and to create program models that can be replicated worldwide. In Viet Nam Alive & Thrive (A&T) is working with the Ministry of Health, National Institute of Nutrition (NIN), Women's Union, General Confederation of Labor and provincial authorities to double the rate of exclusive breastfeeding, improve the quality and quantity of complementary foods, and reduce stunting by two percent each year. The innovation being launched in Viet Nam is a social franchise model for infant and young child feeding counseling.

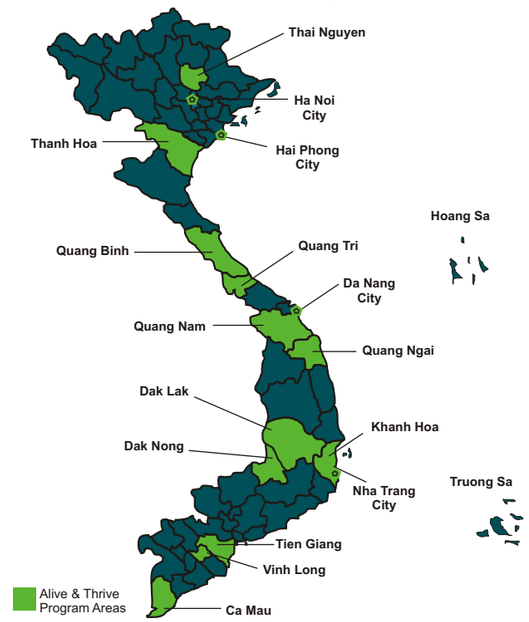
What are the problems that triggered innovation in Viet Nam?

Poor feeding practices. Viet Nam has experienced signi-ficant economic growth in the last decade, yet malnutrition persists. Currently, one in three children under five years old is stunted. National Institute of Nutrition (NIN) surveillance data for all 63 provinces in 2010 indicates that while most women breastfeed, only 62 percent initiate breastfeeding within the first hour and only 20 percent of infants under six months of age are exclusively breastfed (receiving breastmilk only). Complementary feeding practices are also inadequate: semi-solid foods are introduced too early and are often of poor quality.

Barriers to good practices. Improving breastfeeding and complementary feeding practices requires addressing sizable challenges in Viet Nam, including:

- Perception among mothers, caregivers, health workers, and the general public that Vietnamese women cannot produce sufficient breastmilk to initiate breastfeeding early and exclusively for six months
- Aggressive marketing and ready availability of infant formula
- Lack of support from family members and employers
- Limited health worker commitment and skills to encourage and support mothers to breastfeed

Alive & Thrive Viet Nam Program Areas



How can a social franchise model address these problems?

Pregnant women and mothers of children under two can be reached through health facilities. More than 90 percent of pregnant women in Viet Nam access antenatal care at a health facility. A franchise model of IYCF service delivery will:

- Provide good quality and relevant training to health workers who are in a position to encourage and support mothers to practice optimal IYCF
- Standardize services and monitor them to ensure that counseling is uniform and of good quality
- Respond to consumer demands for quality services and parents' aspirations for their children
- Build on an existing, functional healthcare infrastructure and decentralized services to ensure sustainability

In addition, the IYCF franchise model supports several objectives, targets, and strategies outlined in the government of Viet Nam's National Nutrition Strategy, including integrating nutrition activities into primary health care, improving essential services, and upgrading the training of health care providers.

How was the IYCF franchise model developed?

Before deciding on a franchise model for IYCF counseling, A&T learned from organizations that offered franchise services in family planning and reproductive health, visited nutrition centers where clients were paying for nutrition counseling services, conducted a franchise feasibility study, and shared results of the study with national and provincial stakeholders.

What is innovative about the IYCF franchise model?

This is the first time that a social franchise model has been applied to IYCF counseling. Franchises are normally operator owned, but in Viet Nam, the model has been adopted for the public sector. Government health facilities offer the greatest opportunity to reach the primary audience (pregnant women and mothers of children under two) and the greatest potential for rapid expansion. After several months of implementation in government clinics, A&T will pilot the model in a few private clinics in urban areas that provide antenatal care and pediatric services.

What will the IYCF franchises offer?

The franchises will increase the availability of accurate information on IYCF through fee-for-service interpersonal counseling and/or group sessions beginning in the third trimester of pregnancy and continuing through the first two years of life. A total of 15 individual or group sessions will be offered to a woman/couple over 27 months with 9 contacts considered the minimum to be assessed as having received the full service. Posters, client leaflets, and a mother-and-child booklet will be distributed widely at franchise facilities.

Standardized service	• Good quality IYCF counseling service • 9-15 contacts over 27 months (life-3rd trimester pregnancy - 24 months)
Fee for service	• To be established by provinces • Dependant on level of facility
Brand	• Easily identifiable, gains equity over time • Commodities
Ownership	• Public Health facilities (province, district, commune) • Private Health facilities

What facilities can offer IYCF franchise services?

IYCF franchise services can be offered at all levels, from commune health centers staffed by an average of six health workers (usually nurses and midwives) to district and provincial health facilities and hospitals with more technically advanced services. Services will be standardized but depending on the type of facility, some may not offer all IYCF services. To be certified as a franchise facility, three criteria must be met:

1. Upgraded room for providing IYCF counseling
2. Health staff and community workers trained in IYCF
3. Availability of IYCF job aids and client materials

THE LITTLE SUN
Nutrition today, health tomorrow

Viet Nam's National Insitute of Nutrition will be responsible for accrediting each franchise facility and awarding the ***"Little Sun (Mặt Trời Bé Thơ) franchise"*** brand for display at the facility. Franchises will share a common physical design for the counseling room that includes a waiting area with information materials on display, a play area for children, and adequate and comfortable space to counsel and demonstrate preparation of complementary foods.

How much will franchises charge for their IYCF counseling services?

Fees for service are being established by each province and depend on the level of the facility and location. Urban areas may, for instance, choose to charge more than rural areas.

What will draw families to the IYCF franchises?

We believe that families will be drawn to the franchises through a two-pronged demand generation strategy:

- Top Down: a mass media campaign promoting IYCF practices and the franchises
- Bottom Up: information, support, and referral to franchises by community-based workers (village health workers, nutrition collaborators, and members of the Women's Union)

Once clients make a visit to the franchise, we believe that they are likely to return based on their experience of:

- High quality, trustworthy, and professional IYCF counseling services that have acquired brand equity
- Functional, welcoming, and child-friendly counseling facility

Who are the various actors in the franchise model and what are their responsibilities?

The figure below identifies the actors and their roles.

Alive & Thrive franchise model

franchisors

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

National Institute of Nutrition
- Training
- Support & supervision

sub-franchisors

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

franchisees

Province
- Provincial hospitals
- Reproductive health centers
- Preventive Medicine Centers

District
- District hospitals
- Maternity homes
- Preventive Medicine Centers

Commune/Ward
- Commune health centers
- Private clinics

Service package
for pregnant women, lactating mothers, caregivers & fathers of children 0-24 months old
- Breastfeeding promotion
- Breastfeeding support
- Breastfeeding management
- Complementary feeding promotion
- Complementary feeding management

demand creation
- Mass media
- Village health workers
- Nutrition collaborators
- Women's Union

What does it take to introduce and scale up an innovation?

Introduction of the IYCF franchise model requires partnerships at all levels, patience, and persistence. The franchise feasibility study was conducted in August 2009. The first franchise was launched in May 2011. The process for introducing the franchise model involved:

- Consultations with stakeholders and selection of program areas
- Franchise feasibility study and development of operations manuals for franchisors and franchisees
- Approvals: Memorandums of Understanding with the National Institute of Nutrition, the Ministry of Health, the Vietnam Women's Union, 15 Depts. of Health; formal approvals from15 Provincial People's Committees; and sub-grant agreements with 15 provinces
- Workshops (orientation, detailed implementation plan, and operations); each workshop in 15 provinces
- Formative research in 7 provinces involving semi-structured interviews with 1,620 pregnant women and mothers of children under two, and a second phase of research with trials of improved practices
- Impact evaluation survey of 4,000 households and 40 facility assessments using a randomized case-control design
- Baseline survey of 10,000 households using a case-control design
- Training: development of training modules, training of trainers, and roll-out training for health facility staff, village health workers, and members of the Women's Union
- Demand creation strategy: development and pre-testing brand (logo and tag line) and branding guidelines