

Infant and Young Child Feeding Support Groups Model in Viet Nam



Alive & Thrive (A&T) is a six-year (2009–2014) initiative funded by the Bill & Melinda Gates Foundation and managed by FHI 360 with the goal of improving infant and young child feeding (IYCF) practices by increasing rates of exclusive breastfeeding and improving complementary feeding in the first two years. A&T aims to reach 16 million children under two years old in Viet Nam, Bangladesh and Ethiopia. In Viet Nam, A&T works with the Ministry of Health, the National Institute of Nutrition, Viet Nam Women's Union, Viet Nam General Confederation of Labor and other state agencies to double the rate of exclusive breastfeeding of infants under six months old, improve feeding practices and

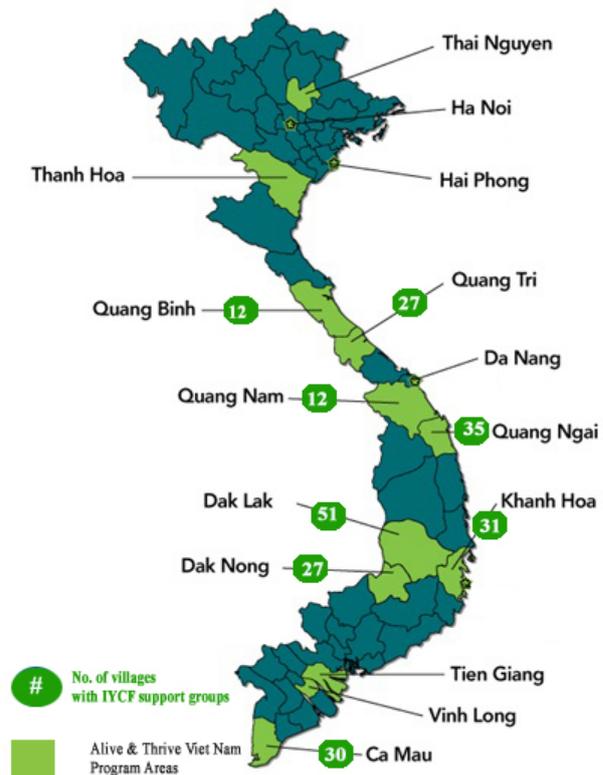
the quality and quantity of complementary foods and reduce stunting by two percentage points each year. These objectives are attained through different strategies including policy advocacy, interpersonal counseling delivered through two distinct service delivery platforms, use of mass media and engagement with the private sector.

The two interpersonal counseling service delivery platforms include *social franchises* and *infant and young child feeding (IYCF) support groups*. Approximately 800 Mat Troi Be Tho franchises in rural and urban health facilities across 15 provinces offer high quality counseling services. To provide access to good quality IYCF counseling services to those living in relatively remote areas with poor access to health facilities, A&T launched 675 IYCF support groups in 225 villages in eight of the 15 provinces where A&T is implementing the social franchise model.

What are the problems that triggered establishment of IYCF support groups in Viet Nam?

Inequities in malnutrition rates. Viet Nam has undergone dramatic economic growth and social development over the past decades. Much effort has been invested in improving children's health and nutrition. Significant progress in reducing malnutrition among under-five children has been made.

Alive & Thrive Viet Nam Program Areas



However, challenges remain. Stunting still affects one-third of Viet Nam's children. Nationwide surveillance data from the National Institute of Nutrition (NIN) show that as of 2011, the rates of stunting and underweight children in Viet Nam are 27.5% and 16.8%, respectively. Moreover, inequities exist among urban, rural and mountainous areas, the Kinh majority group and ethnic minorities. Consequently, malnutrition rates in ethnic minority communities and those living in remote and mountainous regions are much higher than the national average.

Barriers to good practices. Improving breastfeeding and complementary feeding practices requires addressing sizable challenges in remote and ethnic minority areas.

- *Prevailing customs* prevent optimal IYCF practices causing high malnutrition rates. For example, soon after delivery, mothers in many ethnic minority communities discard colostrum believing that it is poisonous to the infant. Instead, they feed their infants 'chewed rice' before initiating breastfeeding.
- *Poor economic conditions* force rural and ethnic mothers to return to work. Lack of maternity entitlements for women in the agricultural and non-formal sector is a barrier to exclusive breastfeeding.
- *Difficulties in accessing healthcare facilities* prevent mothers and other caregivers in remote areas from getting timely information and support about nutrition and recommended child feeding practices.



How can an IYCF Support Group address these problems?

- Provide mothers with children under two in remote areas the opportunity to access IYCF information and support through IYCF support group (IYCF SG) meetings in their own village instead of traveling long distances to health facilities.
 - Create an informal forum for mothers and caregivers to learn and share with each other knowledge and their own IYCF experiences.
 - Customize and adapt interventions to address prevailing customs in a culturally sensitive manner that enhances people's IYCF knowledge, attitude and practices.
- Improve the awareness of family decision-makers of good feeding practices and how they can support mothers to adopt them.
 - Create an environment at the grassroots level that enables mothers to optimally feed their infants and young children.

How do the IYCF support groups work?

In each village, three community-based workers are selected to facilitate the IYCF support groups. They can be village health workers, Women's Union members at village level, nutrition collaborators and/or village heads. To ensure the smooth operation of groups, these community-based workers are supervised by commune health staff. Occasionally health staff at district and provincial level also provide supportive supervision.

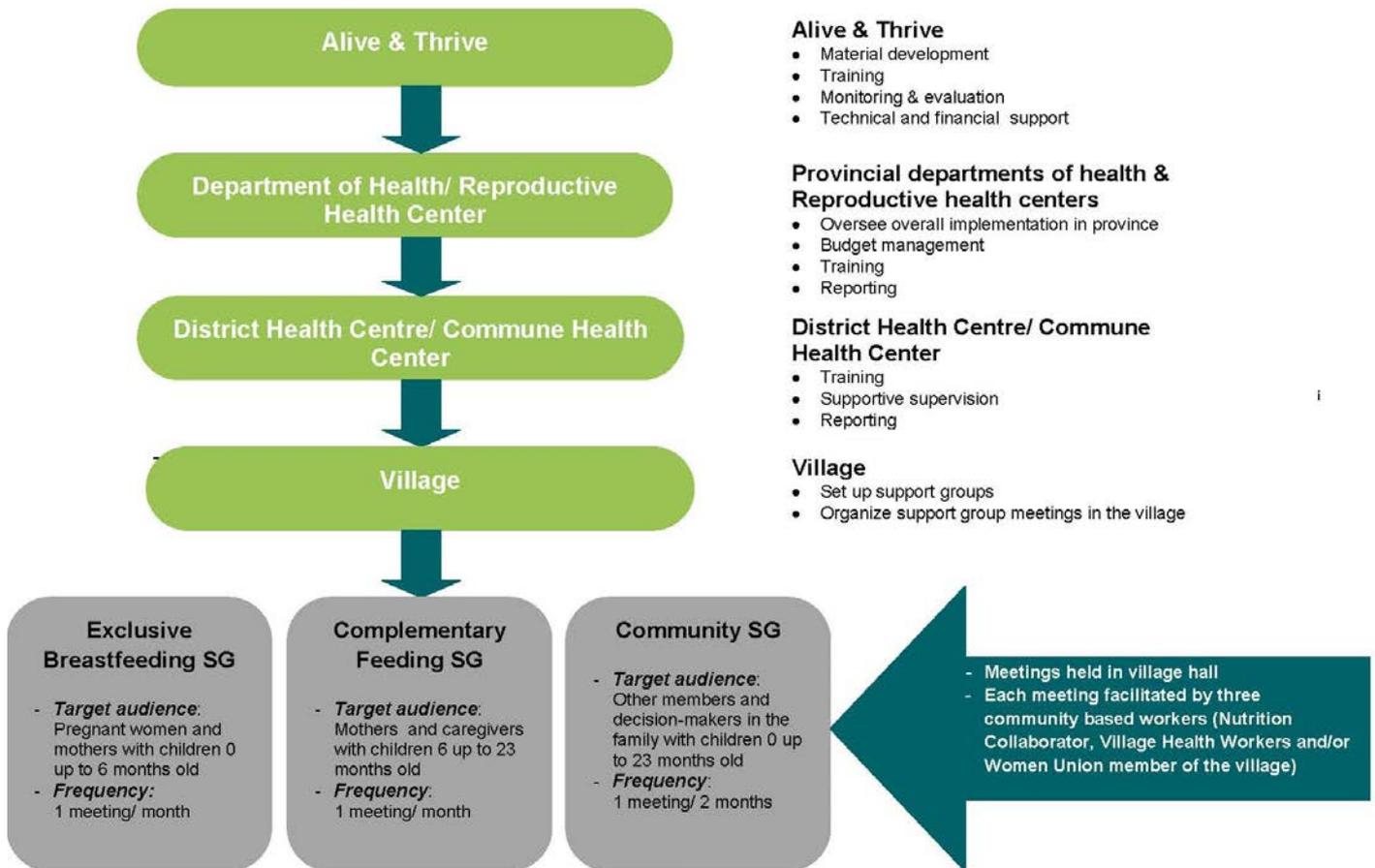
The three community-based workers collectively facilitate three support groups (SG): the Exclusive Breastfeeding SG, the Complementary Feeding SG, and the Community SG. The Exclusive Breastfeeding SG includes pregnant women and mothers with children less than six months old. The Complementary Feeding SG engages mainly mothers with children 6-23 months old. The Community SG involves fathers and other caregivers with children 0-23 months old.



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Meetings of the Exclusive Breastfeeding SG and Complementary Feeding SG are held monthly while meetings of Community SG are held once every two months. Meetings usually last an hour and are held in the village hall, which is a common place for community activities at village level. The Exclusive Breastfeeding and Complementary Feeding SG meetings are attended by approximately 10-15 mothers, while the Community SG are attended by more people.

The figure below identifies the actors and their roles in the IYCF SG model.



What are the criteria for selecting villages to set up IYCF support groups?

The following set of criteria was applied in selecting villages in remote areas to establish IYCF support groups.

- Local authorities are enthusiastic and committed to supporting IYCF practices.
- Commune health staff, community-based workers and women are active and enthusiastic about being involved in the project.
- Health facilities are more than 5 kilometers away from the village.
- Local households are living within the radius of 2 kilometers of the village hall or central place in the village where meetings can be held.
- At least 10 pregnant women and mothers with children under two live in the village.
- The malnutrition rate in the village is high.

What topics are discussed during IYCF support group meetings?

Each meeting will focus on one of the following topics:

Topics for Exclusive Breastfeeding Support Groups	Topics for Complementary Feeding Support Groups	Topics for Community Support Groups
<ul style="list-style-type: none">• Nutrition for pregnant women and lactating women• Breastfeeding within the first hour and the benefits of colostrum• Breastfeeding exclusively for the first six months• Recommended breastfeeding practices• Get ready to provide complementary feeding to the baby at 6 months, while continuing to breastfeed	<ul style="list-style-type: none">• Age-appropriate feeding• Feeding children with diverse foods at each meal• Food demonstration• Preparing a hygienic meal• Feeding sick children• Feeding children who have diarrhea and acute respiratory infections• Responsive feeding	<ul style="list-style-type: none">• Causes and effects of child malnutrition• Importance of breastfeeding and family and community support for women during pregnancy and lactation• Importance of appropriate complementary feeding and family and community support for recommended practices

What support do the groups receive from the project?

Job aids and communication materials. Counseling cards, mother-child booklet, and a set of manuals and protocols are resources to assist group facilitators.

Financial support:

\$USD10.00/month/village for the three community-based workers who facilitate the IYCF SG

\$USD5.00/meeting for logistics arrangement

\$USD7.00/month/for commune health staff (nurse, midwife) to travel for supportive supervision

\$USD9.00/6 months/group as awards for mothers who adopt recommended breastfeeding and complementary feeding practices.

Capacity building through training

What has been achieved so far?

From November 2011 to March 2013, a total of **675** IYCF SGs were set up in **225** villages in **76** communes across eight provinces of Viet Nam. A total of **1,513** community-based workers have been trained to build capacity to facilitate IYCF SG meetings. On average, the IYCF SGs reach 68% of pregnant women, 74% of mothers with children less than six months old and 59% of mothers with children 6-23 months old. The total number of contacts through IYCF SGs during this period was approximately **59,000**.

For more information, visit www.aliveandthrive.org

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