

Engaging the Private Sector to Reduce Stunting in Bangladesh, Ethiopia, and Viet Nam: Lessons Learned from Alive & Thrive



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

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Acronyms

A&T	Alive & Thrive
CSR	Corporate social responsibility
EMDTI	Ethiopian Meat and Dairy Technology Institute
FCF	Fortified complementary food
FMI	Full Market Impact
GAIN	Global Alliance for Improved Nutrition
IFPRI	International Food Policy Research Institute
IYCF	Infant and young child feeding
LNS	Lipid-based nutrient supplement
MNP	Micronutrient powder
MOH	Ministry of Health
INGO	International non-governmental organization
NGO	Non-governmental organization
NIN	(Vietnamese) National Institute for Nutrition
PPP	Public-private partnership
PSI	Population Services International
SNNPR	Southern Nations, Nationalities, and People's Region
UN	United Nations
UNICEF	United Nations Children's Fund
VGCL	Viet Nam General Confederation of Labor
WFP	World Food Program
WHO	World Health Organization
WTP	Willingness to pay

Executive Summary

Alive and Thrive (A&T) is a multi-year initiative that aims to improve infant and young child feeding (IYCF) by increasing rates of exclusive breastfeeding for infants under 6 months of age and improving complementary feeding practices for children 6–24 months of age. The first five years of the initiative (2009 through 2013) were funded by the Bill & Melinda Gates Foundation. During this period, Alive & Thrive engaged the private sector in activities in Bangladesh, Ethiopia, and Viet Nam to increase supply, demand, and use of fortified complementary foods (FCFs) and products. The project also advocated for workplace programs and nutrition-related activities as part of private companies' corporate social responsibility (CSR) agendas. This paper documents the steps involved in these efforts in the three countries and lessons learned from the activities.

Overall approach

A&T aimed to work with a diverse group of local and global food manufacturers to improve access to a basket of FCFs, including fortified cereal blend products, lipid-based nutrient spreads (or LNS—Nutr butter is an example) and micronutrient powders (or MNP—Sprinkles is an example).

The overall strategy was to build partnerships with multiple companies; offer product choice; support compliance with relevant codes and standards; ensure the availability and affordability of products to customers at the base of the socio-economic pyramid; and provide public education about good feeding practices. Approaches varied according to country context and evolved in a number of ways over time.

In each country, A&T began by collecting information about the nutrition situation and feeding practices; carried out a study to identify micronutrient gaps in the diets of breastfed 6-11 month-old infants; and explored options for meeting micronutrient needs, including through FCFs. Also in each country, A&T conducted an in-depth assessment of the market for FCFs; visited food and pharmaceutical manufacturers to assess their capacities and interests in collaborating with the project; and scanned the business environment including the competition landscape, political sensitivities, and regulations and their enforcement.

Lessons learned

Private sector engagement in improved infant and young child nutrition is still a debated and sensitive topic that requires significant financial support, technical and material input, and time commitment from the public sector. A&T's primary role was to collect and share evidence on the cost and effectiveness of engaging the private sector. Based on that information, A&T aimed to act as a neutral broker in setting up strong governance and communication systems across the public-private sector divide in this area.

Each country offered its own set of commercial opportunities, challenges, and barriers. Interventions engaging the private sector needed to be tailored to each country's marketplace context. Product selection, go-to-market strategies, and the level and type of public sector investment differed based on location and targeted populations.

Activities with the private sector should be linked with other initiatives that are ongoing in the country. The private sector cannot operate alone if the public sector wants to ensure that the more vulnerable populations are reached with a high quality, affordable, and accessible product. Commercial markets need to be extended by a subsidized and/or in some cases a free distribution mechanism to make the FCF product available to the target population and for the intervention to have needed impact.

Finally, private sector engagement should complement and build upon public sector strategies. It is not a solution in itself but one of several program interventions that should be considered in a multi-sectoral approach to stunting reduction.

Country experience increasing access to FCFs

Experience in Ethiopia

In Ethiopia, the micronutrient gap analysis highlighted challenges in meeting the iron requirements of infants up to 11 months of age without fortified food. Findings confirmed the need to improve access to FCFs to reduce anemia and also to improve linear growth. Based on these results, the project decided to focus on development of an LNS product. However, the number of manufacturers that had or could develop the production capacity to produce an LNS was very limited. Those producers already supplied the institutional market for emergency food programs and were reluctant to shift their focus and move towards the retail market, which promised low margin and variable volumes. Discussions were held with two potential partners, but both required significant technical assistance and/or financial contributions from A&T without any guarantee that commercial marketing and distribution would be effective. A willingness-to-pay study conducted by A&T in 2012 further confirmed that the market size would most likely be too small for a food manufacturer to produce an LNS product without a guarantee from the public sector to buy products for the subsidized and free markets.

The project also investigated alternatives such as working with women's groups to locally produce an FCF and working with regional flour mills. These options were eventually rejected based on concerns regarding quality assurance.

A&T ended the five-year period focusing on disseminating willingness-to-pay findings and providing technical input to other initiatives that engage the private sector in nutrition. These included the National Food Fortification Task Force, the government's micro- and small enterprise initiatives, NGOs such as World Vision and Save the Children, and agriculture and nutrition projects such as ENGINNE, USAID's flagship multi-sector nutrition project.

Experience in Viet Nam

Research in Viet Nam revealed high levels of both stunting and anemia among infants and young children. The market assessment showed that the fortified cereals market was highly competitive. A&T decided to focus on an MNP product that could be positioned and marketed as a health product, distributed through pharmaceutical channels, and endorsed by doctors and other authorities. Eight pharmaceutical companies were approached and two were short-listed. However, both required A&T to

underwrite any financial risks and to cover part of their initial promotion and distribution costs.

A&T therefore conducted a stakeholders' analysis to bring in additional partners and ensure the launch and distribution of a product over time. Proposed at the time was having the National Institute of Nutrition (NIN) increase production of its current MNP product; Population Services International (PSI) leading the promotion and distribution of the product (leveraging its franchise network); GAIN, UNICEF, and Irish Aid backing the project financially; and A&T handing over relevant research, supporting the project through an advisory role, and promoting and distributing the product through its own social franchise network.

Experience in Bangladesh

In Bangladesh, research showed that affordable local foods could not meet nutrient, fat, and protein requirements. The infant and young child nutrition environment in Bangladesh was complicated by strong sensitivity to the potential for commercial products to undermine breastfeeding. For both of these reasons, the project decided to focus on providing access to an MNP product that would supply needed micronutrients but would not raise concerns about the possibility of displacing breastmilk in an infant's diet.

Social Marketing Company, a local NGO based in Dhaka, and Renata, a Bangladeshi pharmaceutical company, were already marketing an MNP product through pharmacies and other health channels. However, they were not reaching rural areas in a significant way. To fill this gap, BRAC, GAIN, and Renata partnered to launch an MNP product in 61 districts and 461 upazilas (sub-districts) and distribute the product through BRAC's network of frontline health workers. A&T joined forces and supported the effort through its community-based activities aiming to improve nutrition practices and create demand for the product. According to a 2012 assessment, MNP uptake was higher in A&T targeted areas that year compared to the rest of the country.

Other IYCF-related activities with the private sector

In Ethiopia, A&T supported established employer-based health care services with orientations to IYCF promotion (messages and materials) that could be used to integrate nutrition activities in the workplace. The team provided IYCF training for health care providers at Ethiopia-Telecom, Electronic Corporation, and Ethiopia Airlines.

In Viet Nam, A&T supported an extension of the paid maternity leave from 4 to 6 months and partnered with the Viet Nam Women's Union to carry out workplace programs to support breastfeeding. The intervention was piloted in four provinces and included developing behavior change communication materials, conducting IYCF counseling and labor policy orientation sessions for female workers in 25 companies, and facilitating the set-up of breastfeeding (lactation) rooms in 15 companies.

Also in Viet Nam, Pepsi Co. (through its CSR program) funded the Huemanitas marketing agency to conceptualize a mass media campaign which A&T could consider using to promote breastfeeding.

1. Introduction

Private sector engagement in improving infant and young child nutrition has gained momentum in the past decade. Public-private sector collaboration has been widely promoted as a key programmatic approach to scale up nutrition interventions. High-level alliances involving the private sector have emerged, such as the Amsterdam Initiative against Malnutrition, the SUN Business Network, and the New Alliance for Food Security and Nutrition. Nutrition-sensitive interventions have also become an integrated part of private sector programs in economic development, agriculture, and social entrepreneurship and innovation.

However, policy makers, donors, civil society, impact investors (those generating beneficial social impact and financial return), and commercial companies are still struggling to go beyond good intentions and create alliances and partnerships that result in effective programs reaching priority populations. Challenges and barriers include the complexity of serving low-income populations, managing alliances of many partners with diverse agendas, and measuring outcomes from private sector engagement.

Alive & Thrive (A&T) is a multi-year initiative (starting in 2009) that aims to improve infant and young child nutrition by increasing rates of exclusive breastfeeding and improving complementary feeding practices. In its first phase through 2013, A&T interventions aimed to reach more than 16 million children under 2 years of age in Bangladesh, Ethiopia, and Viet Nam. A&T's mandate was to disseminate evidence and lessons learned from those activities so that others could adapt and replicate the cost-effective components of the project.

A&T engaged the private sector to increase supply, demand, and use of fortified complementary foods (FCFs) and products, as well as to carry out workplace programs and other nutrition-related activities as part of companies' corporate social responsibility (CSR). The objective of this paper is to document those activities and share lessons learned during this first phase of Alive & Thrive (2009-2013). Because of its learning approach, A&T offers a unique platform to identify what worked and what did not work and to inform stakeholders of the opportunities, challenges, barriers, and solutions for engaging the private sector in improved infant and young child nutrition.

A&T adopted the definition of Public-Private Partnerships (PPPs) used by the SUN Task Force on Private Sector Engagement: PPPs "involve at least one private for-profit organization with at least one not-for-profit organization, who provide a joint sharing of efforts and of benefits, and are committed to the creation of social value (improved nutrition and health), especially for disadvantaged populations." Private sector here refers to for-profit entities. The public sector includes government authorities, international aid agencies, and public sector interaction with non-governmental civil society organizations.

This report describes A&T activities and lessons learned regarding improving access to FCFs—the project's initial approach and how it evolved over time in each country. The report also describes A&T's efforts with private sector workplace programs and other nutrition-related CSR activities.

2. Alive & Thrive private sector activities

2.1 Global overview

The Alive & Thrive (A&T) project has been implemented by FHI 360 along with its partners in Bangladesh, Viet Nam, and Ethiopia—three countries with a high prevalence of stunting. The goal of A&T is to increase rates of exclusive breastfeeding for infants under 6 months of age and improve feeding practices for children 6–24 months of age. The A&T approach combines proven strategies to reach vulnerable women and children and new approaches to improve infant and young child feeding (IYCF) practices. A&T also has a mandate to generate and share best practices and innovations that can inform policies and programs throughout the world. This paper is part of a systematic effort by Alive & Thrive to document and share evidence and lessons learned.

A&T's model in its first phase of programming was based on the assumption that sustainable improvements in breastfeeding and complementary feeding could be achieved through the following three strategies:

Strategy 1: Improve the policy and regulatory environment to support IYCF interventions and practices.

Strategy 2: Create, shape, and support demand for improved IYCF social norms and practices at the community and family levels.

Strategy 3: Increase supply, demand, and use of fortified complementary foods (FCFs) and related products.

The three strategies were meant to complement and build on each other. A&T mainly engaged the private sector as part of Strategy 3. The initial approach detailed in the project proposal stated that A&T would “work with a diverse group of local and global food manufacturers and distributors to increase the supply, demand, affordability, and use of a basket of fortified complementary food products, including fortified cereal blend products, lipid-based nutrient spreads (or LNS—Nutributter is an example) and micronutrient powders (or MNP—Sprinkles is an example).” The strategy included the following components:

- Partnerships with multiple companies
- Product choice (to offer a comparative advantage and deliver more impact than could be gained by a single class of FCFs)
- Compliance with codes and standards
- Strategies to serve customers at the base of the socio-economic pyramid
- Public education about good feeding practices.

A&T based its approach on the extensive experience of FHI 360 creating public-private partnerships (also called cross-sectoral partnerships) at scale and the model it had developed over the years called the Full Market Impact approach. This approach engages “multiple partners from the private commercial sector, NGOs, and the public sector in comprehensive efforts that aim to increase the practice of healthy behaviors, and generate and fulfill demand for an affordable and accessible range of public health products and services.” As part of this approach, A&T acted as a facilitator and broker,

as well as the steward of donor investments to build partnerships that could endure and over time become fully owned and implemented by local partners.

A&T expanded its initial thinking about private sector engagement by facilitating workplace programs in support of breastfeeding and by leveraging CSR resources to conceptualize a mass media campaign on breastfeeding. A&T also aimed to strengthen private sector engagement through its advocacy work on behalf of new or improved regulations regarding such issues as maternity leave and appropriate FCF product labeling.

2.2 Private sector engagement in Ethiopia

In Ethiopia, A&T's goal during the first five years was to increase exclusive breastfeeding among infants under 6 months of age by 25 percent (from 49 percent to 61 percent) and to prevent stunting in more than 350,000 children under 5 years of age. A&T aimed to reach 5.4 million children under 2 years old through the following activities:

- Shifting the perception of malnutrition from that of a consequence of emergencies to the problem of chronic undernutrition
- Facilitating intensive community-based interventions in the four most populous regions (i.e., Amhara, Oromia, SNNPR [Southern Nations, Nationalities, and Peoples' Region], and Tigray)
- Improving access to a basket of fortified complementary foods

A&T engaged the private sector in Ethiopia mainly through its effort to improve access to FCFs. The project initially envisioned providing “technical assistance, including market research, production, distribution, and promotion to partner organizations that will invest in building a sustainable market and in generic communication to increase demand.” The goal was to “grow a sustainable private sector food industry in Ethiopia that can make a range of fortified complementary foods available at affordable prices for the local market.”

2.2.1 Assessment of nutrition situation and IYCF practices in Ethiopia

The Ethiopia country team began by collecting information about the nutrition situation and feeding practices in the country. A&T conducted a baseline survey to assess the level of malnutrition and IYCF practices.[1] Formative research identified barriers and facilitators to recommended IYCF practices and channels for behavior change communication by A&T. [1,2] A study to identify micronutrient gaps in the diets of breastfed 6–11 month-old infants was carried out to determine whether micronutrient requirements could be met using only unfortified local foods—and if not, which micronutrients were missing from the local diet.[3] Researchers then explored options for meeting micronutrient needs, including FCFs, and compared the costs of different scenarios.

Results highlighted the high level of malnutrition among children under five years of age. Stunting was particularly acute during the first two years of life. IYCF practices, including complementary feeding practices, were suboptimal. The study on micronutrient gaps found that requirements could be met with unfortified foods, except for infants 6–8

months old, for whom there was a gap in meeting iron needs. However, the diet required to meet the micronutrient needs of infants up to 11 months of age (without fortified food) did not appear realistic. This diet required infants eating liver on a daily basis. It did not include the local staple food, and its daily estimated cost was relatively high.

Findings confirmed the need to improve access to FCFs to reduce anemia and improve linear growth.

2.2.2 Assessment of the FCF market in Ethiopia

Initial nutrition assessments were followed by in-depth assessments of the market for FCFs. A series of studies was conducted in March and November 2009 and September 2010. The A&T team evaluated current private sector involvement and interest in manufacturing and distributing FCFs, identified existing commercial products, and analyzed nutrient content, price, manufacturers' marketing and promotion strategy, geographic coverage, distribution channels, and market share. The A&T team visited food and pharmaceutical manufacturers and assessed capacity in production, distribution, and marketing; business practices; and willingness to develop complementary food products in line with the objectives of the National Nutrition Strategy. The business environment was also assessed, including competition landscape, political sensitivity to engaging the private sector in nutrition, existing regulations for food and pharmaceutical products, regulations and their enforcement, compliance with the International Code of Marketing of Breast-milk Substitutes, options to access funding (e.g., bank loans, equity), and the general business and tax environment.

Below is a summary of the main findings.

Only the few and expensive FCF products in the marketplace met nutrition requirements for infants

FCF products on the market at the time of the assessment were all fortified blended cereals. None of them (with the exception of the few and expensive imported brands) met the nutrition requirements for infants 6–24 months of age. A&T explored the option of improving the nutrient content of those products in collaboration with manufacturers. A related idea was to create a “Seal of Quality” logo and grant it to accredited companies. The logo would be a guarantee for consumers that a product had adequate nutrient content and was produced under appropriate quality standards. However, discussions with manufacturers indicated this approach—improving the fortified blend and repackaging it with a logo—would significantly increase production costs. It made more sense for A&T to support the launch of existing, higher quality products such as the supplements MNP and LNS. Based on findings from nutrition assessments and the need to improve linear growth as a priority in Ethiopia, the project selected LNS as the preferred option.

Local manufacturers had limited marketing experience due to commitment to emergency food programs

The number of manufacturers that had or could develop the production capacity to produce an LNS was very limited. Those producers that could develop the capacity already supplied the institutional market (e.g., World Food Program and UNICEF) for

emergency food programs. The institutional market did not require any promotional activity or the development of a commercial distribution network: The products were generally delivered in bulk to a limited number of locations.

Many of those manufacturers were initially reluctant to shift their focus from the very lucrative institutional market and move toward the retail market, which promises low margin and variable volumes. Over the course of the project, however, a few manufacturers started to explore options to enter the retail market to complement their current activities. There was indeed a growing sense among international donors and government stakeholders in the country that the institutional market would not be sustainable in the long term. Over time, manufacturers became more eager to explore opportunities to partner with A&T. However, they lacked marketing experience and an extensive commercial distribution network.

The lack of initial interest among the large food manufacturers led the project to investigate potential alternatives. The first was to work with women's groups at the village level to locally produce an FCF. This option would bypass the need to develop distribution channels and would also ensure access to A&T's targeted population. However, the idea was abandoned after reviewing the literature. previous experiences in other countries had failed to reach scale, and serious concerns were reported regarding product quality and hygiene. The second alternative was to work through regional market resources such as the flourmills. Those small and medium factories had a larger production capacity than the women's groups and had a presence in the regional retail market. This idea was also abandoned after A&T visited flour factories in Addis Ababa and Awassa and found that their production capacity was limited. The project also learned from the experience of Valid International in Ethiopia, which tried to produce an FCF through small-scale regional mills. Despite Valid's significant technical assistance, the mills were not able to ramp up their production capacity. After a few years, Valid decided to change strategy and partner with a large-scale manufacturer in Addis Ababa. (However, this product was not on the market as of 2013.)

Manufacturers had limited capacity to meet international quality assurance standards

The quality of raw materials and finished products needs to be tested before and after production. This is especially important for peanuts (generally an LNS ingredient) because of the risk of Aflatoxin contamination, a significant problem in Ethiopia. At the time of A&T assessments, only one factory (Hilina Enriched Foods PLC, an affiliate of Nutriset) had laboratory capacity to conduct those tests.

Critical shortages of local ingredients (e.g., milk powder, staples) existed

Findings from the assessments highlighted the challenge in Ethiopia of locally sourcing ingredients, such as milk powder, needed for the production of an LNS. This led the A&T team to conduct a stakeholders' analysis and investigate options for partnering with organizations working on improving food supply chain in the country—such as Feed the Future, Land O'Lakes, the PEPSI/World Food Program initiative for chickpeas, and the World Bank. While A&T did not pursue the use of locally sourced ingredients, the information gathered was provided to manufacturers to help them optimize their sourcing.

Market size limited commercial profitability

The market for FCF is highly segmented based on purchasing power and access to information and commercial goods. It can be approximately divided in three segments:

- Urban/peri-urban areas where consumers buy commercial goods regularly. The market for IYCF food has grown significantly in this segment in the past few years.
- Rural woredas and lower income urban areas where the population has lower purchasing power and more limited access to commercial goods
- Remote or food insecure areas where the population has very limited purchasing power, low exposure to commercial products, and is hard to reach

The limited size of the commercial market was a significant challenge to the project, making it necessary to consider alternative distribution channels and/or the use of subsidies. This would be key not only to motivating the private sector to launch the product but also to enabling the project to reach its primary target population and achieve the desired effect on nutrition status.

Government policies and regulations toward commercial activities were unclear or unsupportive

Despite recent reforms aiming to improve the business environment in the country, private sector growth remained a challenge. Access to loans or other sources of funding from financial institutions was limited. Sales tax must be added to the price of food. Local application and enforcement of the International Code of Marketing for Breast-milk Substitutes was also unclear/inconsistent.

Governmental, nongovernmental, and international organizations indicated their support for public-private partnerships for FCFs

The government, international organizations (e.g., World Bank and UNICEF) as well as non-governmental civil society organizations were generally very supportive of A&T's initiative to engage the private sector to improve access to FCFs. They considered this initiative to be in total alignment with the National Nutrition Policy and complementary to their own work.

2.2.3 Strategy development

On completion of the nutrition and market assessments, the A&T team developed a business plan for the launch of an LNS in Ethiopia. Key elements were as follows:

- ***Product:*** Focus on facilitating the launch of a single product (instead of a basket of products as initially planned). The project would partner with one manufacturer as a first step. LNS was selected as the product, primarily based on nutrition gaps.
- ***Price:*** Segment the market in three categories (commercial, subsidized, and free). To refine this segmentation and estimate market size, a study to assess LNS acceptability and willingness to pay was planned.

- *Promotion*: Provide a significant amount of technical assistance to market the product. Demand for the product would also be created through other A&T activities focused on improving feeding.
- *Place*: Conduct an assessment to review existing options for commercial distribution channels as well as identify less traditional channels for hard-to-reach populations (e.g., cooperatives, women's groups, community-based organizations, and churches).
- *Partners*: Shortlist potential partners to two commercial manufacturers to produce and market the LNS. More systematic assessment of those two companies would be conducted and opportunities for partnership discussed, with A&T continuing its dialogue with the public sector and civil society stakeholders.

Immediate priorities included formalizing a partnership with one of the two short-listed manufacturers and conducting an acceptability and willingness-to-pay study for an LNS product.

2.2.4 Study to assess acceptability and willingness to pay (WTP) for LNS

A&T conducted a study in early 2012 to assess acceptability of an LNS product and willingness to pay for a week's supply.[4] A sample of 128 participants from four urban study sites (representing low, middle, and upper wealth status) tested the product for 2 days in their homes. They were then asked directly and indirectly what they were willing to pay for the product. Nearly all respondents liked the product, and 25 percent of them were willing to pay the likely minimum unsubsidized Ethiopian retail price for a week's supply for one child. Researchers estimated the annual commercial market size for LNS to be approximately \$500,000. The study confirmed that the market size would most likely be too small for a food manufacturer to produce an LNS product without a guarantee from the public sector to buy products for the subsidized and free markets.

Interviewer for the willingness-to-pay study notes child's response when introduced to an LNS product



2.2.5 Formalizing a partnership with a manufacturer

To guide discussions with manufacturers, A&T developed objectives and proposed roles of potential partnerships which it discussed with two potential manufacturers. One of them was eager to partner with A&T and to allocate its own resources to the project, including helping purchase equipment. However the manufacturer's existing plant did not have the level of sophistication required to manufacture an LNS, and the company had only nascent marketing experience. Therefore, more time would be needed as well as a significant level of technical support and funding from A&T to ramp up production and marketing capacity. The second potential partner had the capacity and experience to produce an LNS under high quality standards but expected A&T to provide significant financial support for product launch, including purchasing necessary equipment and covering a large part of the initial marketing and distribution costs. Both partnerships would have required major financial contributions from A&T but without a guarantee that commercial marketing and distribution would be efficient and effective.

As a side note, A&T took the opportunity of those discussions to link manufacturers with other relevant organizations. For example, A&T introduced the first manufacturer to the Ethiopian Meat and Dairy Technology Institute (EMDTI), a public sector organization that provides support to companies through training and access to information technology and facilitation of forums for exchange of ideas. The two organizations have been working together since then.

2.2.6 Moving forward

Results from the willingness-to-pay study and discussions with the manufacturers highlighted the need for significant financial resources and time to launch an LNS product in Ethiopia. However, A&T had a limited budget and was nearing project end. Considering those factors, A&T senior management decided to refocus its approach to ensure the remaining time and budget would be optimally used to build on the work already done and facilitate a handover to another organization.

A&T Ethiopia therefore focused on two major activities under its private sector component:

- Disseminate research and lessons learned by the project during the first five years.
- Provide technical assistance to other initiatives that engage the private sector in nutrition. These include the National Food Fortification Task Force, the government's micro- and small enterprise initiatives, NGOs such as World Vision and Save the Children, and agriculture and nutrition projects such as ENGINE, USAID's flagship multi-sector project.

2.3. Private sector engagement in Viet Nam

In Viet Nam, A&T goals were to increase exclusive breastfeeding among infants under 6 months of age by 62 percent (from 17 percent to 27.5 percent) and to reduce the stunting rate of children under 5 years of age by 2 percentage points per year in program areas. A&T activities targeted the parents of children 0–24 months old in 15 provinces. Through the use of mass media, A&T aimed to reach an additional 1.5 million people across all 63 provinces.

To reach those objectives, A&T engaged in policy dialogue to support compliance with the national marketing code of breast-milk substitutes and through extended maternity leave; partnerships with national, international, and local organizations; a franchise model in rural and urban areas [5]; demand creation activities including a mass media campaign; and improved access to a basket of FCFs.

The project engaged the private sector to:

- Improve access to fortified complementary food
- Conduct nutrition-sensitive activities at the workplace, including setting up breastfeeding rooms for lactating mothers
- Leverage skills and level of effort via the CSR arm of a major company to conceptualize a mass media campaign to promote breastfeeding
- Collaborate in policy and advocacy work related to the application of the International Code of Marketing for Breast-milk Substitutes and maternity leave regulation

In order to improve access to FCFs, A&T initially envisioned developing a basket of products, enhancing affordability, expanding market options, and creating product demand. The goal was to help local producers introduce LNS and MNP products and conduct advocacy work for fortified blended cereals. A&T took the following steps, adjusting its approach based on findings and lessons learned.

2.3.1 Assessment of nutrition situation and IYCF practices in Viet Nam

The project conducted several studies to assess the nutrition situation and IYCF practices in Viet Nam. A&T supported the Vietnamese National Institute of Nutrition (NIN) to carry out a surveillance survey on maternal and child nutrition status as well as nutrition practices in 63 provinces.[6] Results showed that 29 percent of children (6.5 million) were stunted and 29 percent were anemic.

In-depth research on IYCF practices was conducted in May 2010 in seven provinces.[7] The study included 24-hour dietary recall for 638 children aged 6 to 11 months, opportunistic observations of feeding episodes, food attribute exercises, and market surveys. Results indicated that iron intake was far below the recommended dietary allowance.

A study on micronutrient gaps in the diets of breastfed 6–11 month-old infants found that infants would need 35 grams of pork liver per day to meet daily iron requirements (which would not be realistic). [3] Results confirmed the need either to improve the nutrient content of existing FCFs or introduce a new product (MNP, LNS, or fortified blended cereal).

2.3.2 FCF market assessment and preliminary product tests

Additional studies were carried out to assess the market for FCFs, test the concept of an MNP product with the target group, and understand their willingness to pay for the product.

Assessment of the FCF market: A&T conducted in-depth market assessments between June and November 2010 using the same approach as in Ethiopia. The fortified cereals market is highly competitive and dominated by Vinamilk, Nestle, and other imported brands such as Hipp and Humana. A&T decided to focus on one or more products with a different positioning and therefore not in direct competition with existing brands. Supplements such as LNS and MNP appeared to be good candidates. Because the micronutrient gap study identified iron deficiency as a priority issue, A&T decided to focus first on investigating the potential for MNP. The market assessment showed that promotion and distribution costs for the product were expected to be very high.

MNP preliminary testing. A&T collaborated with the Hanoi Medical University to conduct household efficacy testing of “Lyzivita,” the MNP product produced and distributed by the National Institute of Nutrition. Among 97 mothers of children aged 6 to 11 months, all women perceived the product to be beneficial for their child and the cost to be appropriate.

MNP product concept test. In March 2011, A&T commissioned AC Nielsen, an experienced marketing research firm, to assess the product’s acceptability, credibility, attributes, and barriers to use as well as the target audience’s intention to purchase and their willingness to pay. Participants were selected from urban and rural areas in each region of Viet Nam. Findings indicated that the product was highly acceptable, and customers claimed a high willingness to pay. This confirmed the existence of a sizable market for MNP in both rural and urban areas. Recommendations based on the findings were:

- MNP should be marketed as a health product and distributed through pharmaceutical channels to increase product credibility and mothers’ trust.
- MNP should be endorsed by relevant authorities such as the Government of Viet Nam, the Viet Nam Women’s Union, NIN, and doctors in order to increase the product’s credibility.
- MNP should be marketed as a product that supports growth and improves appetite.
- The taste of the product should be improved (mothers expressed some concerns about the taste and mentioned children refusing to eat food when sprinkled with Lyzivita).
- Dosage, usage, and potential side effects should be clearly stated on the packaging as some confusion was reported during the study.
- MNP should be priced between 0.15 and 0.25 USD in urban areas and between 0.05 and 0.15 USD in rural areas. (A lower price was associated with poor quality.)

3.3.3 Search for a private sector partner and facilitating PPP formation

Based on those findings, the A&T country team sought a private sector partner to produce and market the product in-country. The team established formal selection criteria. The ideal partner was determined to be a pharmaceutical company with significant marketing and sales experience. Eight pharmaceutical companies were approached and two were short-listed. Both companies expressed interest in launching an MNP product but expected A&T to significantly underwrite any financial risks and to cover part of the initial promotion and distribution costs.

In parallel, A&T developed a *detailed business plan* for the launch of an MNP product in Viet Nam, including a proposed strategy, the role and financial contributions of all selected partners, a timeline, and a monitoring, learning, and evaluation plan.

Findings from the assessments and discussions with the private sector indicated that launching an MNP would require significant time and financial support. Because of the project's limited budget, the A&T team decided to conduct a stakeholders' analysis and reach out to several key partners from the public and private sectors. Discussions were held with UNICEF, NIN, GAIN, and Population Services International (PSI). Irish Aid was also approached for additional funding. All expressed interest in joining the consortium.

Discussions were initiated to identify a common vision and shared objectives, to select the private sector partner, and to agree on the level of investment the partnership would provide. Each organization came to the discussions with its own mandate, vision, and experience, which increased the level of complexity and the time needed to reach an agreement.

2.3.4 Moving forward

At this point, A&T was nearing project end and needed to ensure that the MNP effort would continue. A&T senior management sought agreement among all of the partners on the way forward. Key elements of the agreement were as follows:

- NIN (as opposed to a pharmaceutical company) would supply its current product (Lyzivita) and work on increasing its production capacity.
- PSI would lead the promotion and distribution of the product in-house, leveraging its social marketing experience as well as the franchise network.
- GAIN, UNICEF, and Irish Aid would back the project financially and provide grants to PSI and NIN.
- A&T would hand over relevant nutrition and market research that it had conducted and continue to support a fortified supplement but in an advisory role and by promoting and distributing the product through its social franchise network.

PSI conducted additional research to refine the marketing approach, including testing the packaging and the messages for mass media campaigns. GAIN explored options to improve MNP taste, and NIN focused on increasing its production capacity and providing technical nutrition inputs to the consortium.

2.4 Private sector engagement in Bangladesh

In Bangladesh, A&T goals were to increase exclusive breastfeeding among infants under 6 months of age by 49 percent (from 43 percent to 65 percent), reduce stunting among children under 5 years of age by 10 percent (from 43 percent to 39 percent), and to reduce anemia among children 6–23 months of age by 10 percent (from 50 percent to 45 percent).

To reach those objectives, A&T supported policy dialogue to encourage investments in IYCF programs and implementation of national-level policies; partnerships with government and private initiatives to scale up coverage of effective nutrition interventions; NGO community-based activities and social mobilization through BRAC's health network and other existing platforms; a national multimedia communication campaign; and access to MNP through distribution by BRAC's community volunteers, along with education on better use of local foods and appropriate feeding practices.

2.4.1 Assessment of nutrition situation and IYCF practices in Bangladesh

A&T initiated its activities in Bangladesh by carrying out an assessment of the nutrition situation and IYCF feeding practices. Findings indicated that 75 percent of under-5 children in Bangladesh suffered from iron-deficiency anemia and that 43 percent of children under five were stunted.

A study to identify micronutrient gaps in the diet of breastfed 6–11 month-old infants was also conducted in Bangladesh, similar to that carried out in Ethiopia and Viet Nam. Results highlighted large gaps in meeting infant iron needs and lack of affordable local foods to meet all nutrient, fat, and protein requirements. Those findings confirmed the need for better access to FCFs (most likely both MNP and LNS products) to reduce stunting and anemia.

2.4.2 Sensitivity related to involving private sector in child nutrition



Parents in Bangladesh frequently give money to their children to buy chips and biscuits

A&T was aware of past incidents involving demonstrations and strong opposition to private sector engagement in the South Asia region (especially in India) because of experiences regarding infant formula. Concerns about the depth of such sensitivities were quickly confirmed in Bangladesh. This convinced the A&T team that working on the launch of an LNS in Bangladesh could potentially jeopardize other A&T activities. MNPs did not pose the same level of risk because they were not perceived as having the potential to displace breastmilk.

A&T began to explore options for improving access to an MNP in the country. Social Marketing Company, a local NGO based in Dhaka, and Renata, a Bangladeshi pharmaceutical company, were already marketing an MNP (the five nutrients recipe) through pharmacies and other health channels. They were not reaching rural areas in a significant way, however. To fill this gap, BRAC, GAIN, and Renata partnered to launch a micronutrient powder (first the 15 nutrient recipe, recently changed to the 5 nutrient recipe) in 61 districts and 461 upazilas (sub-districts). The product was distributed by BRAC's network of frontline health workers. A&T joined forces and supported the effort through its community-based activities aiming to improve nutrition practices and create demand for the product. Support included training of frontline health workers, organization of mothers' fora and social mobilization events, and the roll-out of a mass media campaign.

According to an assessment recently conducted by the International Food Policy Research Institute (IFPRI), MNP uptake was higher in A&T targeted areas in 2012 compared to the rest of the country—highlighting the importance of extensive demand creation for the product as well as increased awareness about best practices in complementary feeding. The endline survey of MNP uptake in A&T areas will be conducted in 2014.

2.5 Lessons learned from engaging the private sector to improve access to fortified complementary foods

2.5.1 Private sector engagement in the commercialization of FCF is still a new and divisive topic

The public sector increasingly recognizes the benefits of engaging the private sector in improved infant and young child nutrition. However, the public sector and civil society still have some concerns about the commercialization of FCF and promotion through the retail market. In particular, there is a fear that products could displace breastmilk. Mistrust among civil society groups about the motivations of the private sector prevails in many countries.

Those concerns had an impact on A&T activities, particularly in Bangladesh where A&T decided not to explore options to launch an LNS product and took only a supportive and limited role for an MNP product to avoid compromising the success of A&T's other activities in the country.

Lack of evidence of the effectiveness of engaging the private sector in FCFs is a barrier to positive momentum and consensus regarding potential new initiatives. Differences of opinion persist within the nutrition community at every level. Those stir up healthy debates but can also lead to tensions and inefficiencies, even within the same project or organization. Discussing those differences and designing interventions based on transparency and extensive monitoring and evaluation are important to ease some of the concerns and prevent unintended side effects of interventions.

2.5.2 FCFs are not seen as an obvious business opportunity by the private sector

Food and pharmaceutical companies were generally not aware of the special nutrition needs of infants 6–24 months of age or knowledgeable about best practices for complementary feeding. Manufacturers visited in Viet Nam and Ethiopia were not familiar with the stunting situation in their own countries and the positive roles they could play.

When companies were introduced to a new product concept (MNP or LNS), reactions were generally mixed. Manufacturers in Viet Nam considered it as a potential side business. Such a product would help build good relations with the government or other stakeholders. Because they did not see the product as a major profit-making activity, it was not a priority. Manufacturers in Ethiopia were reluctant to use any resources currently allocated to the institutional market for development of a risky retail market.

In all three countries, MNP and LNS products were considered challenging because of weak demand, low willingness to pay (at least in Ethiopia), low margin, and lack of clarity of FCF marketing regulations. In Bangladesh, manufacturers and distributors often mentioned the experience of Square Pharmaceuticals. After a few years following the launch of an MNP on the market, the local company had to stop its commercialization as they could not cover their costs. In Viet Nam, manufacturers mentioned the intense competition within the fortified cereals market and the very high cost of launching a new product.

These reasons explain why manufacturers generally insisted that A&T significantly “de-risk” the launch of new products. The few players who were more eager to move into those markets were generally smaller firms with weaker production capacity and almost no marketing/retail experience. They envisioned leveraging a partnership with A&T to build those capabilities and expected a significant level of technical assistance over a longer period of time—which was outside of A&T budget and timeline.

2.5.3 Local context matters

A&T’s approach to engaging the private sector varied from one country to another based on the local context. A&T’s experience demonstrates the importance of conducting in-depth nutrition and market assessments prior to selecting a product and developing a go-to-market strategy. In each country, A&T in-depth assessments of the nutrition situation, local IYCF practices, and market conditions helped the project build a rationale for product selection. An MNP made more sense in Viet Nam because of market pressures, whereas LNS was a better option to address the stunting situation in Ethiopia. An MNP was a better option in Bangladesh because of concerns about displacing breastmilk. FCF markets had different degrees of maturity in the three countries; each presented its own challenges and opportunities. In Ethiopia, the FCF market was underdeveloped. Areas outside of the main urban centers were hard to reach. Companies in general lacked experience and skills in product promotion and commercial distribution. In Viet Nam, the market appeared more mature. The majority of the population had regular access to commercial goods and exposure to media campaigns. However, because of the intense competition landscape, promotion and distribution costs for launching a new product were high.

The media environment in these countries also varied. In Viet Nam, the majority of the population was regularly exposed to mass media. Outreach was feasible because of media reach, but the ad space was so crowded that visibility of messages required more sophisticated programming and more air time. In Ethiopia, the reverse was true. It was easier to achieve some visibility, but only in urban areas.

The stakeholders’ analysis conducted in each country at the beginning of the project led A&T to identify new partners and leverage additional resources. In Viet Nam, A&T reached out to NIN, PSI, GAIN, Irish Aid, and UNICEF to support the launch of an MNP product in the country. In Bangladesh, A&T joined the GAIN, BRAC, and Renata partnership and supported demand creation for the new MNP product.

2.5.4 Private sector engagement in improving access to FCF products generally requires time and up-front financial support from the public sector

In Ethiopia, because of the low maturity of the retail FCF market (and the well-developed institutional market), the private sector had few incentives to launch a new product promising low margin and uncertain volume. Manufacturers wanted significant financial support from the public sector. They would also have needed assistance with promotion and distribution activities and, for some of them, with ramping up production capacity and setting up quality assurance systems. All those steps require time and significant financial and technical assistance from the public sector.

In Viet Nam, the FCF market is more mature but highly competitive. Distribution and promotion costs associated with the launch of a new IYCF product are significant. To reduce the commercial risk of launching the product, the private partners expected A&T to cover some of the marketing promotion and distribution costs.

Expected contributions from the public sector varied by country, product, context, and private sector partner. For A&T, these included:

- Conduct nutrition and market assessments (including product acceptability and target group willingness to pay) and inform the private sector about nutrition gaps and foreseen market opportunities.
- Increase demand for the product by supporting promotion campaigns, especially for hard-to-reach populations.
- Increase access to poor and rural markets through segmenting the market and developing different approaches for commercial-non-subsidized, subsidized, and free distribution or products. The public sector could support subsidizing the price of the product and/or facilitating partnerships with NGOs and community-based organizations that have access to hard-to-reach populations.
- Facilitate technology transfer and the implementation of strong quality assurance systems.
- Implement advocacy activities that aim to create a more friendly business environment and clarify regulations on FCF marketing activities.

At the same time, contributions from the public sector should only aim to provide the initial push for private sector engagement. Sustainability is only possible if the private sector takes full ownership of a product. As the market for a commercial product matures and demand increases, the product should become more profitable. Production and distribution costs will also decrease through the effect of economy of scale. The size of and the need for public sector support progressively diminish. This process can take time depending on the local context. For A&T, for example, a faster exit of public sector financial support was expected in Viet Nam compared to Ethiopia.

Realizing the level of support that would be needed in Ethiopia and Viet Nam, A&T decided to focus first on one product, instead of a basket of products, as initially conceived.

2.5.5 Public-private partnerships require careful planning and management

A&T experience showed that building public-private (or cross-sectoral) partnerships to improve child nutrition is challenging, particularly finding the right balance between financial sustainability and public health goals. The following can facilitate the process:

- Partners must agree at the outset on a clear vision for their partnership, even if the product strategy keeps evolving. Acknowledging the underlying interests of each partner and addressing those differences transparently and with respect builds trust. This in turn helps create a favorable environment for reaching consensus on specific strategies.

- One partner within the consortium should act as a facilitator and neutral broker. This role requires an investment of time and resources and requires appropriate staffing.
- This facilitating group should establish transparent channels for communication (including appropriate documentation) and ensure frequent exchanges. Communication should include regular meetings and group as well as one-to-one exchanges with partners to hear their concerns and priorities.
- Beyond ensuring transparent communication, the facilitator should also develop a solid governance framework for the partnership. A memorandum of understanding should outline roles and targets. A decision making process should be put in place to guide agreements on shared and measurable objectives and clearly defined expectations and rules of engagement. Once again, the underlying interests of each partner need to be taken into account and accommodated equally.

2.5.6 Leveraging sophisticated (but more expensive) private sector skills added value

One key factor that enabled A&T Viet Nam private sector activities to move forward was the hiring of a private sector specialist who had several years of marketing experience (with Unilever in Viet Nam). This person was instrumental in developing and implementing the A&T strategy in the country and leveraging her private sector skills as well as contacts in the industry.

Additionally, the A&T Viet Nam team found that hiring AC Nielson to conduct the MNP concept test was a worthwhile investment. The A&T team in Ethiopia (for Howard Delafield International [HDI] and Aster Advertising) and Bangladesh (for AC Nielsen) made similar assessments after hiring private sector expertise to conduct their market assessments or design mass communication campaigns. NGOs and civil society groups are not usually able or willing to pay for such services and often have to carry them out relying only on in-house expertise. Based on the quality of the work and initial results from an impact assessment, A&T experience shows that outsourcing certain tasks to private sector companies can produce high value for the investment.

Other activities could also benefit from private sector skills. Those included developing more consumer-friendly products (including an improved taste for MNP), setting up quality assurance systems for production and supply chain distribution, and leveraging innovative business models (such as Unilever's Project Shatki in India) or new communication technologies to increase outreach to beneficiaries.

2.5.7 Private sector engagement in child nutrition is one among several programmatic approaches necessary to improve IYCF

A&T experience shows it is important to maintain unbiased perspective when engaging the private sector and to keep in mind the initial public health objectives and monitor progress towards them. Pushing an FCF product through the market is not enough. An informed demand must be created. The public sector needs to monitor whether targeted populations are being reached and whether nutrition status improves.

Along the same line, activities with the private sector should be linked with other initiatives that are ongoing in the country in order to reach the most vulnerable groups. In Viet Nam, it was proposed that the MNP product be promoted and distributed through the PSI franchise network, in addition to traditional pharmacies. In Ethiopia, A&T envisioned partnering with the Health Extension Program as well as other health and nutrition projects for better outreach. The private sector cannot operate alone if the public sector wants to ensure that the more vulnerable populations are reached. Commercial markets need to be extended by a subsidized and/or in some cases a free distribution mechanism to make the FCF product available to the target population and for the intervention to have anticipated impact.

3. Other IYCF-related activities with the private sector

3.1 Efforts to engage the private sector in other IYCF-related activities in Ethiopia

In Ethiopia, involvement in the country's serious nutrition issues by private sector firms through their corporate social responsibility (CSR) arms is still a new idea. In particular, workplace programs with a nutrition emphasis are just beginning to emerge. At the beginning of the project, A&T approached the Chamber of Commerce in Addis Ababa to discuss the business case for companies to integrate nutrition activities at the workplace (i.e., IYCF counseling by employer-based health care services). The Chamber of Commerce expressed interest but mentioned the challenge of convincing its members to fund such activities. In order to demonstrate the business case, A&T decided to support pilot workplace programs in a few visible companies. The team provided IYCF training for health workers at major companies in Addis, including Ethio-Telecom, Electronic Corporation, and Ethiopian Airlines. Those trainings were well received.

3.2 Efforts to engage the private sector in other IYCF-related activities in Viet Nam

3.2.1. Advocating to improve maternity leave policy

In Viet Nam, fewer than one in five infants is fed in compliance with the WHO guidelines for exclusive breastfeeding and complementary feeding. In 2011, a survey conducted by the Viet Nam General Confederation of Labor (VGCL) on maternity leave policy and breastfeeding practices indicated that one of the main reasons mothers discontinue breastfeeding is the need to go back to work.

To address this issue, A&T Viet Nam joined a collaborative effort with the National Assembly, government agencies (including the MOH), local advocacy partners (including the Viet Nam Women's Union, the VGCL, and medical associations), and multi-lateral and INGO partners (including UNICEF and WHO) to advocate for an extension of the paid maternity leave from 4 to 6 months. The path to policy change was methodical and comprehensive and has been documented in other publications.[8]

3.2.2 Making the business case for workplace programs to improve breastfeeding and complementary feeding practices

A&T also partnered with the Department of Women’s Welfare within VGCL to carry out a workplace intervention to support breastfeeding. The program aimed to inform female workers about the maternity leave policy and improve their knowledge about breastfeeding and childcare practices. A&T also advocated for breastfeeding rooms in the workplace. The intervention was piloted in four provinces and consisted of four steps:

- Developing behavior change communication materials on labor policy, breastfeeding, and nutrition practices (in use by 37 companies)
- Conducting IYCF counseling and labor policy orientation sessions for female workers in 25 companies
- Facilitating the set-up of breastfeeding rooms in 15 companies
- Monitoring conditions and use of the breastfeeding room in those 15 companies

Companies were not initially convinced by the business case for nutrition-sensitive activities in the workplace (especially lactation rooms). Most of them only participated because of union pressure in their respective regions. Companies have now recognized the benefits of such activities—including higher staff satisfaction and reduced turnover. Some companies are planning to expand the programs to their other locations. Less resistance from other companies is expected in the future. The leadership role of VGCL in the project helps ensure its sustainability.



Orientation session for employees on breastfeeding

3.2.3 Leveraging CSR resources and private sector skills to develop and implement high impact mass media campaign

Through its CSR program, Pepsi Co. funded Huemanitas (a cross-cultural marketing agency) to conceptualize an A&T mass media campaign to promote breastfeeding in Viet Nam. Under its own budget, A&T then contracted Ogilvy & Mather (an international advertising, marketing, and public relations agency) to carry out a sophisticated media campaign. Initial results showed that 79 percent of the population was exposed to the media campaign and high recall rate.

3.3 Efforts to engage the private sector in other IYCF-related activities in Bangladesh

As part of its effort to improve IYCF practices in Bangladesh, A&T aimed to increase handwashing before preparing and feeding complementary foods. The team explored the idea of partnering with a soap manufacturer to launch a new product to be used before preparing and eating food, with a particular focus on complementary foods. However, after discussions with manufacturers, the idea was abandoned: Many companies, including soap market leader Unilever, considered the market too competitive to launch a new soap with such a narrow positioning. They would only agree to undertake the initiative if A&T covered all costs (which would jeopardize sustainability).

A&T also investigated options to partner with telecom companies for mHealth activities. One idea was to send nutrition information through text messages. Another was to set up a 24-hour call center that pregnant women and lactating mothers could contact for information and advice. A few telecom companies expressed interest in the initiatives. However, around the same time USAID launched its mHealth project in Bangladesh. Given the large resources allocated to this effort, A&T decided to support the USAID project, along with other partners, in assisting the design of nutrition messages.

Additionally, the project explored options to support the production of fish, poultry, and eggs to increase access to iron and protein-rich foods. However, preliminary research indicated that access to those products in food-secure areas was relatively good. Food insecure areas were already supported by Feed the Future through similar activities.

3.4 Lessons learned from workplace programs and CSR activities

3.4.1 The business case for implementing nutrition-sensitive activities at the workplace is not initially obvious to private sector partners

Companies in Viet Nam were not initially convinced of the business case for setting up a breastfeeding room in the workplace or of other activities such as having their employer-based health care services promote breastfeeding. They agreed to consider these activities under pressure by the unions. They only bought into the concept of workplace programs when they saw the return on investment in their company.

Additionally, workplace programs can be perceived as contrary to performance incentives already in place. For example, in Viet Nam, one company A&T visited rewarded employees based on production volume. They thought that women would be at a disadvantage if they took frequent or longer breaks in the breastfeeding room and that overall production performance would be affected. However, the union put pressure on the company. Overall, the initiative eventually proved beneficial to both the employees and the companies—the lactation rooms were well-used in most companies.

A&T and its partners had to work around those constraints to gain private sector buy-in. The project operated on the principle that funding pilot activities can help demonstrate positive results and build a business case for workplace programs to improve feeding practices. Successful pilots can also encourage others to adopt the program.

3.4.2 Mapping stakeholders and leveraging their influence is key for success

The unions in Viet Nam played an important role in convincing the private sector to pilot a breastfeeding workplace program. In regions where unions were not convinced to support the initiative, A&T could not get any private sector company buy in.

3.4.3 Partnering with government and/or local NGOs builds sustainability into the workplace programs from the onset

In Viet Nam, the government agency Viet Nam General Confederation of Labor (VGCL) was involved as a key partner to design and implement the breastfeeding workplace program. VGCL is now progressively taking over the work begun in collaboration with A&T and will continue the activities once the project is over.

Sustainability will also be promoted by documenting the return on investment of those activities. A&T is conducting a systematic study of workplace program results that will be disseminated nationwide.

3.4.4 Linkages exist between workplace programs and policy advocacy

The breastfeeding workplace program in Viet Nam was presented at a multi-country meeting in 2013 in Hanoi. Attendees were leaders from neighboring countries. The meeting aimed to share best practices for improving maternity leave policy as well as FCF standards and labeling in the region. During the Q&A session, participants highlighted the synergy between advocacy for maternity leave and workplace programs: Commercial establishments do not have to wait for a law to change before establishing lactation support programs in the workplace. Such programs would increase awareness and knowledge about breastfeeding best practices. Workers would also be better informed about their rights, which would, in turn, create momentum to improve regulations.

3.4.5 Tapping into Corporate Social Responsibility and the expertise of commercial media placement companies can result in sophisticated mass media campaigns

PEPSI Co supported A&T through its CSR activities to hire the marketing agency Huemanitas to conceptualize a mass media campaign in Viet Nam to improve breastfeeding practices. A&T then used its own funds to contract the international public relations firm Ogilvy & Mather to design the campaign, and with several media placement companies having experience in the pharmaceutical and food companies to maximize campaign visibility.

The quality of the work impressed all partners involved in the process in Viet Nam and internationally. The campaign was named by Fast Company as one of the most effective public sector campaigns globally.[9] Close to 80 percent of the population was exposed to the campaign and preliminary information indicates a recall rate previously unseen for a public sector campaign. Its impact is currently being assessed at the national level.

The costs associated with working with a sophisticated firm such as Ogilvy & Mather and using commercial media placement companies are generally prohibitive for public sector

interventions, so such activities are often managed in-house. A&T experience shows how powerful using commercial skills and resources can be.

4. Recommendations for projects like A&T in facilitating private sector engagement for better nutrition

4.1 Build and disseminate evidence

There is a lack of awareness on the part of the private sector in developing countries about infant and young child nutrition issues and the importance of the roles they can play. There is also a lack of consensus (and evidence) about the efficacy and effectiveness of distributing FCF products through the retail market. A project like A&T has a crucial role to play at this stage in building and disseminating evidence of the efficacy and effectiveness of such programs and to share implementation lessons.

4.2 Design activities as part of a comprehensive approach to promote optimal growth and nutrition

The three A&T strategies were complementary and built on each other to create an enabling environment for better infant and young child nutrition. Private sector engagement is one programmatic approach among many and cannot be relied on in isolation from others. Also needed are global and country-level policy work, research to develop products, and community-based programs in partnership with government to promote changes in behaviors.

4.3 Act as a neutral broker in public-private (cross-sectoral) partnerships

Public-private partnerships are challenging and benefit from a dedicated and neutral facilitator. A&T was well positioned to play a facilitator role, given its knowledge of all sectors and the preliminary assessments and research the team had conducted. This role should be explicit and understood by all. It is time-consuming and requires resources.

4.4 Build the business case for private sector engagement

Launching an FCF supplement is not an obvious choice for the private sector. Nutrition-sensitive activities in the workplace also may not immediately appear to be wise financial investments. The level of support needed to lessen the financial risks to companies considering these activities varies depending on context and manufacturer capacity and resources. Reducing the risk (and the fear of risk) associated with workplace programs can be done by fully or partially funding demonstration pilot programs, documenting their return on investment, and widely disseminating lessons learned.

5. Conclusion

Despite growing consensus about the benefits of public-private partnerships, private sector engagement in improved infant and young child nutrition is challenging and remains a topic of animated debate. The A&T learning grant provided a unique platform to document attempts, successes, and failures and to disseminate lessons learned. A major finding in all three countries was the realization that private sector engagement requires significant financial, technical, material, and time contributions and commitment from the public sector. Each country presented its own set of opportunities, challenges, and barriers.

There is an urgent need to gather more evidence about the effectiveness of engaging the private sector in nutrition and to document lessons learned. This requires that projects like A&T place priority on learning and accept that interventions can fail.

It is worth noting the experience of incubator and accelerator platforms in the private sector that aim to foster innovations and support start-up companies. It is known and accepted that at least 75 percent of those start-ups will fail.[10]

The public sector is generally more risk-adverse. A&T has shown that navigating the hurdles and great opportunities of public-private partnerships in a highly sensitive area such as infant and young child nutrition is possible and has great potential.

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