

Action brief

Ensuring participation of marginalized and vulnerable communities in decision-making processes in Viet Nam

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Country: Viet Nam **Themes:** Nutrition Equity **Sub-themes:** Ensure participation of marginalized and vulnerable communities in decision-making processes

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Overview



The action brief outlines good practices at policy and advocacy levels applied by Viet Nam to improve the nutritional status of pregnant and lactating women and children in the country.



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Objectives of the action brief

The action brief outlines the interventions applied to improve the nutritional status of the vulnerable.



Period covered

This action brief covers the period 2010 to present.



What action was taken?

The exclusive breastfeeding rate increased from 19 per cent in 2010 to 45.4 per cent in 2020 in Viet Nam. The prevalence of stunting among children under-five dropped from 29.3 per cent in 2010 to 19.6 per cent in 2020. A series of policy, advocacy and programme implementation activities in the health sector and at the community level contributed to achieving this outcome. Applied interventions in Viet Nam are outlined below.

At the policy level, specific policy wins included:

1. Since 2012, paid maternity leave was extended from four months to six months to create an enabling environment for the safe delivery and feeding of children in the first few months of life. The expansion of maternity leave has led to improvements in exclusive breastfeeding.^{1,2}
2. In 2013, the Government of Viet Nam overhauled its hospital standards and national hospital quality assessment criteria. These standards are mandatory for all hospitals providing maternal care and childcare at the city, province or district levels, including public and private hospitals. Integrating the Baby Friendly Hospital Initiative (BFHI) into national quality criteria sustainably linked it with the Vietnamese health system. This is a distinguishing feature of BFHI in the country.
3. In 2014, the Government passed Decree 100, which regulates the marketing of breast milk substitutes, including a ban on the advertising of breast milk substitutes for children younger than 24 months, according to international code. The decree also has been integrated into the hospital quality criteria as the most critical indicator to assess hospital quality. If a hospital has violations of the decree, the hospital gets a zero for all BFHI criteria.
4. In 2015, the Government passed a decree encouraging all workplaces with a large number and/or proportion of female workers to have childcare facilities and lactation spaces in their workplaces. Workplace lactation regulation was voluntary. However, since 2021, the Government passed Decree 145/2020, Decree 12/2022 and Decision 5915/QD-BYT³ to require and guide employers with more than 1,000 female employees to set

up workplace lactation rooms. Otherwise, they may be sanctioned dong 10–20 million.

Specific advocacy wins at national and subnational levels included:

- Linking Early and Essential Newborn Care (EENC), including breastfeeding counselling and support and other quality of care criteria, during hospital assessments can contribute to improved practices and compliance with BFHI criteria. This generated demand and increased the number of hospitals applying BFHI criteria.
- The general trends observed from the official hospital quality criteria data showed improvements in hospital-level commitment and support for breastfeeding after the mandatory enforcement of hospital quality criteria. Integrating BFHI into the health system, coupled with regular monitoring, is the most sustainable and effective way to support compliance among maternity services.
- Intensified focus on domestic resource mobilization:
 - Viet Nam mandates that health services for children under 6 years of age should be free at public facilities.
 - Service fees for ethnic minority children are covered by the national targeted programme. Efforts are under way to advocate for the inclusion of nutrition counselling services in the health insurance law.
- Interpersonal communication and social mobilization from the community to the health system. A “three in one” model was applied to improve the nutritional status of pregnant and lactating women and children in Viet Nam. Key activities applied in this model include:
 - The establishment, since 2010, of 1,200 Little Sun nutrition counselling clinics for before and after childbirth.
 - The enrollment, since 2019, of 86 hospitals in the Centers for Excellence in Breastfeeding during childbirth for all babies.

1 Y Chai, A Nandi and J Heymann, “Does extending the duration of legislated paid maternity leave improve breastfeeding practices? Evidence from 38 low-income and middle-income countries,” *BMJ Global Health* 2018;3:e001032.

2 KA Rimes, MIC Oliveira and CS Boccolini, “Maternity leave and exclusive breastfeeding,” *Rev Saude Publica*, 2019 Jan 31;53:10. doi: 10.11606/S1518-8787.2019053000244. PMID: 30726491; PMCID: PMC6390669.

3 This is the title of the Government of Viet Nam for official documents. QD (*Quyết định*) represents “decision,” and BYT (*Bộ Y Tế*) represents “Ministry of Health.”



- The establishment, since 2015, of seven human milk banks.
- Mass communication involving policymakers; staff of multiple sectors, service providers and community leaders; and family, mothers and caregivers.
- Strategic use of data. Hospitals are evaluated by mothers via phone surveys after they are discharged from the hospital.
- The development and application of an official feedback mechanism on the satisfaction of patients and health workers regarding breastfeeding services at hospitals have helped hospitals address issues and problems and improve service quality.



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What would the country do differently?

Areas of improvement as part of this journey in Viet Nam include:

- Stronger mechanisms among hospital departments and between hospitals and the community need to be made. It was commonly reported that a main reason why early initiation of breastfeeding was sometimes challenging was a lack of staff trained on correct EENC practices following a Caesarean section delivery.
- The second mechanism recommended is to strengthen the linkages between the available supports at the hospital level with community support for breastfeeding. If breastfeeding counselling and support can be included within the hospital quality criteria as a mandatory function, this would also work towards improving exclusive breastfeeding rates in the country.
- Paid maternity leave is not applicable for female workers in the informal sector, although they form 70 per cent of the Vietnamese workforce. This is currently being addressed through the revision of the law on social insurance.
- All intervention models could be implemented at the same time.
- The breastmilk substitute code should have included enhanced mechanisms for monitoring.



Adaptation and Applicability

Key words of wisdom to other countries that want to embark on this journey:

- **Integrating the BFHI into national hospital quality criteria sustainably linked it with the Viet Nam health system, ensuring government ownership and resources for implementing the criteria. This is a distinguishing feature of BFHI in the country.**
- **Conduct regular formative studies and assessments to identify gaps and determine what needs to be done.**
- **Adapt and pilot well-evidenced models to the country context.**
- **Advocate for domestic resource mobilization to sustain and replicate.**
- **Maximize the support of technology. For example, nurture the online community of breastfeeding mothers and facilitate peer-to-peer support in their own localities. Apply artificial intelligence and machine learning on digital platforms to detect code violations.**
- **Policy cannot be effective without community involvement in advocacy and enforcement.**
- **It is essential to sustain proven models and replicate the interventions across the country.**



What was the role of the SUN Movement in this good practice?

Viet Nam has a National Nutrition Strategy for 2011–2020 and for 2021–2030, which serves as a Common Results Framework for SUN in Viet Nam. The action plans of the strategies have specific objectives, targets and activities directly and indirectly related to improving infant and young child feeding and addressing the disparities of nutrition indicators among regions and ethnic minorities.

The SUN Civil Society Alliance, through [Alive & Thrive](#), joined the coalition in policy advocacy. The alliance also piloted the implementation of models to improve

breastfeeding in the health setting and community, as a basis for advocating to the Government to replicate and sustain the models by domestic resources. The SUN Civil Society Alliance also played watchdog roles in reporting code violations and provided tools to enforce the implementation of the code on digital platforms.

UN Nutrition, through UNICEF, has led the integration of BFHI criteria into hospital quality criteria and has provided continued support for its application. With UNICEF's support, linking hospital quality to health insurance reimbursement is ongoing.



Next steps

- Continued advocacy for expanding paid maternity leave and parental leave, ensuring no one is left behind.
- Develop a mechanism to link hospital quality, including BFHI criteria, to health insurance reimbursement.
- Make stronger mechanisms among hospital departments and between hospitals and the community.
- Adopt Netcode and apply technology to enforce the implementation of the International Code of Breastmilk Substitutes.
- Advocate for domestic resource mobilization to scale up effective breastfeeding models, such as the BFHI, the Centers of Excellence for Breastfeeding, and Human Milk Banking. Advocate for universal health coverage for nutrition counselling services, including lactation consultation, and pasteurized donor human milk for small and sick babies.
- Advocate for the inclusion of severe acute malnutrition management and nutrition counselling services in the health insurance law.
- Support the enforcement of workplace lactation regulations.



Further information

Center of Excellence for Breastfeeding



<https://www.aliveandthrive.org/en/centers-of-excellence-for-breastfeeding>

Little Sun franchise nutrition clinic



<https://www.aliveandthrive.org/en/resources/toolkit-infant-and-young-child-feeding-counseling-services-a-social-franchise-model>

Quality Assessment Criteria for Hospitals



<https://chatluongkhamchuabenh.vn/cong-van/quan-ly-chat-luong/quyet-dinh-6858qd-byt-quyet-dinh-ve-viec-ban-hanh-bo-tieu-chi-chat-luong>

This Good Practice was developed in collaboration with the SUN Civil Society Network (SUN CSN). For more information about the SUN CSN, please visit their website: <https://www.suncivilsociety.com/>



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