



# Changing Behaviors, Improving Lives

Scaling up nutrition

## Who we are

The Alive & Thrive initiative saves lives, prevents illness, and ensures healthy growth and development through improved maternal nutrition, breastfeeding, and complementary feeding. As a behavior change project, Alive & Thrive (A&T) uses innovative approaches to improve nutrition practices in the first 1,000 days, from pregnancy to two years of age. The first 1,000 days is a critical time to enable children to develop their mental and physical capacity to lead healthier and more productive lives.

Our programs emphasize:

- **Breastfeeding.** We focus on early initiation of breastfeeding (within the first hour of birth) and exclusive breastfeeding (no water, other liquids, or food) for the first six months.
- **Complementary feeding.** In addition to continued breastfeeding, we emphasize the importance of timely introduction of food, hygienic food preparation, and diverse diets that are rich in vitamins, minerals, and protein.
- **Maternal nutrition.** We promote consumption of micronutrient supplements and diet diversity during pregnancy and the postpartum period.

To achieve behavior change, we identify what motivates mothers to adopt positive behaviors, reduce barriers to improved nutrition practices, and engage those who influence mothers (for example, fathers, grandmothers, and doctors).

## BREASTFEEDING IS NOT ONLY GOOD FOR HEALTHY DEVELOPMENT, IT'S SMART ECONOMICS.

A&T results indicate that rapid, large scale behavior change is possible. But *why* focus on breastfeeding? Aside from the well-established health benefits—such as helping to reduce mortality and protect against pneumonia and diarrhea in children under five years—breastfeeding is also positively associated with long term benefits including increased cognitive development and improved health for the mother.

Breastfeeding is linked to:

- 823,000 lives saved annually if optimal breastfeeding was scaled up\*.<sup>1</sup>
- Mother's reduced risk of developing breast cancer (by 4.3% each year a mother breastfeeds)<sup>1</sup>
- An increase of 3.4 IQ points on average<sup>1</sup>

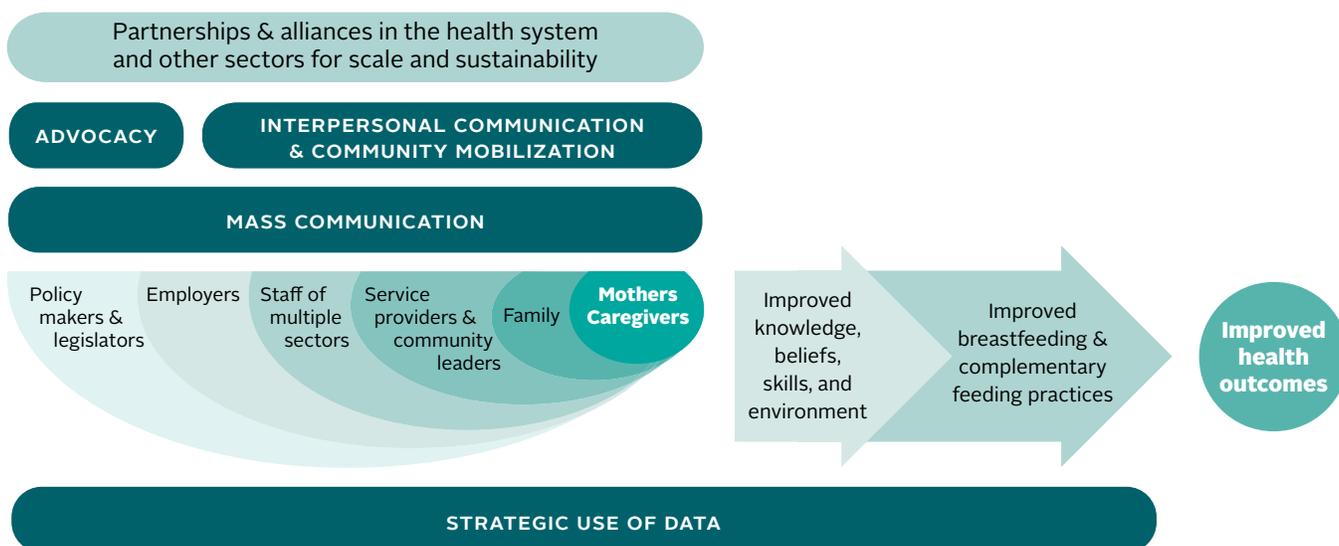
The cognitive gains associated with breastfeeding could result in a productivity increase of \$302 billion per year globally, the equivalent of 0.49% of global Gross National Income.<sup>2</sup>

\* In the 75 countries where 95% of under 5 deaths occur.

<sup>1</sup> Victora, Cesar G et al. Breastfeeding in the 21st century: epidemiology, mechanisms, and lifelong effect. *The Lancet*. 2016 January; 387 (10017); 475 – 490. Available from: [www.thelancet.com](http://www.thelancet.com)

<sup>2</sup> Rollins, Nigel C et al. Why invest, and what it will take to improve breastfeeding practices? *The Lancet*. 2016 January; 387 (10017); 491-504. Available from: [www.thelancet.com](http://www.thelancet.com)

**FIGURE 1.** Framework for scaling up infant and young child feeding (IYCF) programs



## Where we began

### PHASE 1: PROOF OF CONCEPT IN BANGLADESH, ETHIOPIA, AND VIET NAM (2009 TO 2014)

The Alive & Thrive initiative was launched in 2009 to answer the question: *Can we scale up nutrition?* We set out to establish proof of concept that innovative approaches to improving infant and young child feeding (IYCF) practices could be designed and delivered to achieve impact on a large scale in different country settings.

### Our approach

Across each of the initiative's three Phase 1 countries, A&T applied a multicomponent, multi-stakeholder framework for designing and implementing large scale IYCF programs. This framework consists of four main components: policy/advocacy, interpersonal communication and community mobilization, mass communication, and strategic use of data (see Figure 1). Alive & Thrive, Ministries of Health, UNICEF, NGOs, and bilateral agencies led this comprehensive and collaborative initiative.

#### *Advocacy and policy*

Advocacy efforts in Bangladesh, Ethiopia, and Viet Nam raised the priority given to infant and young child feeding and nutrition at national and subnational levels. They improved the policy and regulatory environment to support field implementation of proven interventions and enabled behaviors to change. Depending on the country context, advocacy goals included extending maternity leave,

strengthening and enforcing codes on the marketing of breastmilk substitutes, raising additional resources for IYCF interventions, and improving medical curricula.

#### *Interpersonal communication and community mobilization*

All three country programs increased mothers' and families' access to health volunteers and health workers trained in counseling on IYCF. They strengthened existing cadres of frontline workers and the health systems in which they operate and, where needed, deployed new types of frontline workers.

Community mobilization served as an important adjunct to interpersonal communication. Community opinion-leaders were mobilized through community conversations and forums to recognize the importance of infant feeding and child nutrition, support community-based workers, and promote new social norms so that families would more readily adopt the recommended feeding practices. We also used community mobilization to bring more clients to health facilities for counseling.

#### *Mass communication*

Mass communication (broadcast, out-of-home, and online) reinforced the importance of key practices with mothers and family members and worked in synergy with the other program components to maximize use of resources and achieve impact. High quality, appealing, and memorable TV and radio spots and materials reminded mothers, families,

frontline workers, and a wide range of health providers of priority and age-appropriate messages, and created new social norms by saturating the environment with images and stories of desirable infant feeding practices. The media campaigns addressed the underlying behavioral determinants that research showed drove the behavior, such as perception of social norms and the confidence to adopt the practice. Mass communication strategies were developed in partnership with other stakeholders such as UNICEF, national alliances, and Ministries of Health but implemented by commercial advertising agencies using multiple media channels and frequent airings at prime time.

### *Strategic use of data*

The country programs relied heavily on data for alliance building, advocacy, and program decision making. Data gathered through a range of methodologies, including formative research, landscape analysis, media scans, surveys, and stakeholder mapping resulted in program components tailored to the country context. Revisions in program design and implementation were based on special studies and routinely collected data. Both internal monitoring units and external evaluation teams collected and cross checked core indicators and tracked program reach.

## WHAT WE ACHIEVED

In our first five years (2009 to 2014), Alive & Thrive demonstrated that improved feeding practices can be achieved at scale in Bangladesh, Ethiopia, and Viet Nam.

- Between 2009 and 2014, A&T reached an estimated 16 million mothers of children under two through interpersonal communication and/or mass media in these three countries.
- Rates of exclusive breastfeeding increased in all three countries; the rate tripled to 57% in Viet Nam and reached more than 80% in Bangladesh and Ethiopia.
- Timely introduction of complementary feeding reached 98% in Bangladesh and dietary diversity doubled.

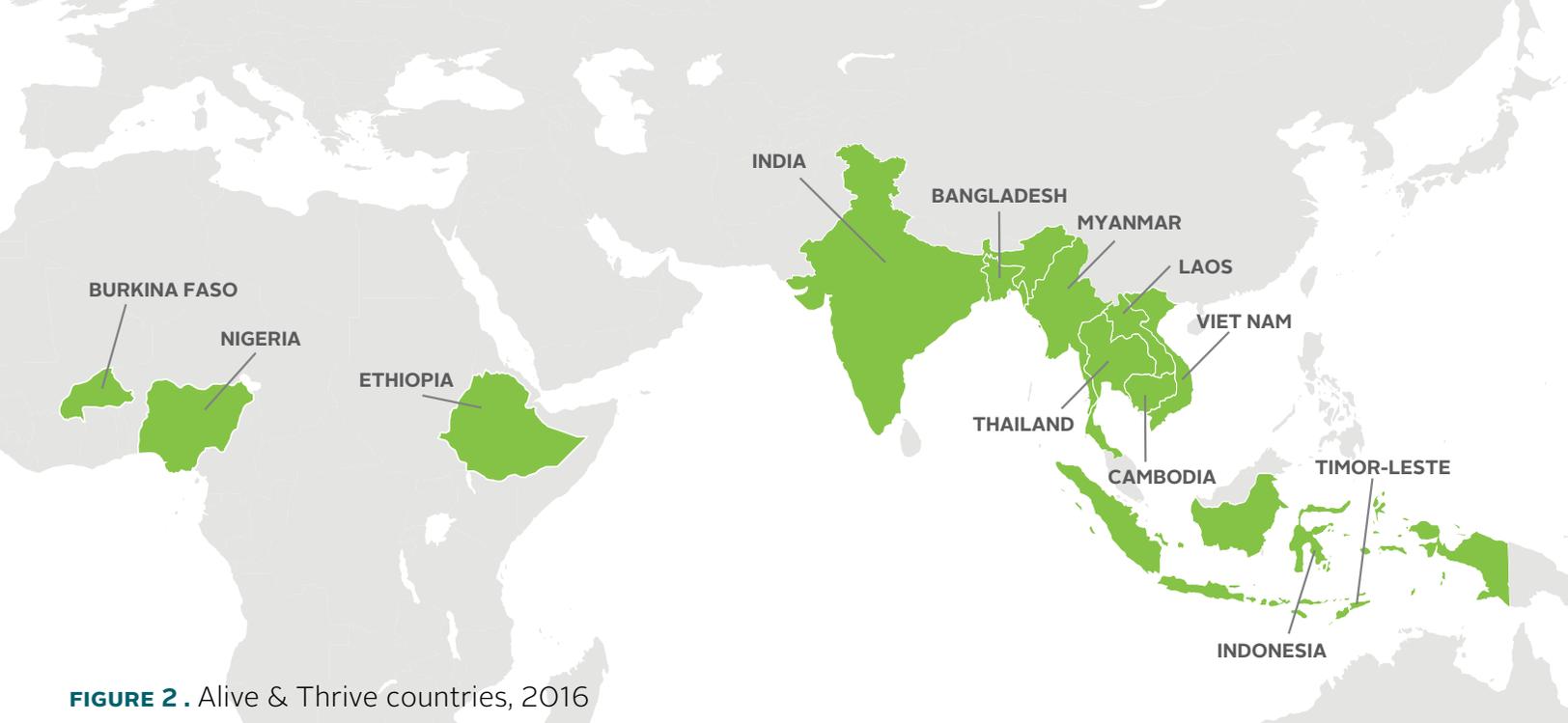


## What we're doing now and how we've evolved

### PHASE 2: DISSEMINATION OF APPROACHES AND TOOLS; EXPANSION OF INTERVENTIONS (BEGINNING IN 2014)

Documented results from our first five years led to additional funding to expand the application of our framework. Today we are supporting other countries and partners in scaling up nutrition efforts by applying and adapting our tested, proven approaches and tools in new ways and settings:

- **New technical focus in Bangladesh.** A&T is testing the feasibility of integrating a comprehensive package of maternal nutrition interventions into the maternal, neonatal, and child health programs of BRAC, a Bangladesh-based non-governmental organization that has partnered with A&T since 2009. The new effort aims to increase maternal dietary diversity and intake of energy, protein, iron, folic acid, and calcium in pregnant women in four districts.
- **Comprehensive program in Burkina Faso.** A&T is testing the feasibility of improving breastfeeding through a package of interventions in the region of Boucle du Mouhoun. A&T is also helping to strengthen the capacity of the national health system to provide quality breastfeeding counseling and support to pregnant and lactating women and also reach target populations across the country with community radio messages that reinforce optimal breastfeeding practices.
- **Enhanced program in Ethiopia.** Building on the lessons learned from its first five years, A&T designed an integrated, multi-sectoral strategy in Amhara region to improve breastfeeding and especially complementary feeding practices. The strategy uses social and behavioral change principles and focuses on delivering interpersonal communication and social mobilization activities within the Government of Ethiopia's Health and Agriculture Extension Programs. An intensive radio campaign complements the community component.
- **Strategic technical assistance in India (Bihar and Uttar Pradesh).** In these two states of India, A&T is providing technical assistance to strengthen nutrition interventions in the first 1,000 days using our framework for scaling up nutrition. In Bihar, A&T is collaborating with Ananya, a partnership supported by the Bill & Melinda Gates Foundation, to advance the state's health goals. In Uttar Pradesh, A&T is supporting the foundation's investment in maternal, neonatal, and child health services and the State Nutrition Mission. And, at the national level, A&T is providing



**FIGURE 2 .** Alive & Thrive countries, 2016

technical support to Ministries such as Women and Child Development, and Health and Family Welfare, and pursuing other opportunities to strengthen national programs.

- **Tailored adaptations in two states of Nigeria.** A&T is implementing comprehensive programs to improve breastfeeding and complementary feeding practices and advance policies to support optimal breastfeeding. A&T’s work focuses on interpersonal communication/ community mobilization and mass communication activities in urban Lagos and Kaduna state.
- **Advocacy in Southeast Asia.** Our regional initiative applies the A&T approach to policy change that, in Viet Nam, successfully resulted in the extension of paid maternity leave in 2012. Using this approach, A&T is supporting several countries in the region to strengthen national codes that limit the advertising of breastmilk substitutes, protect maternity entitlements, and improve hospital policies and practices to support breastfeeding. These countries include: Cambodia, Indonesia, Laos, Myanmar, Thailand, Timor Leste, and Viet Nam.

- **Technical support to Scaling Up Nutrition (SUN) countries.** A&T provides assistance to accelerate the delivery of quality interventions at scale to improve infant and young child feeding.

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- Website:** [www.aliveandthrive.org](http://www.aliveandthrive.org)
- Our results:** [www.aliveandthrive.org/results](http://www.aliveandthrive.org/results)
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