

A GUIDE FOR ADVOCATES  
AND JOURNALISTS FOR HELPING  
ADVANCE INFANT AND YOUNG  
CHILD FEEDING IN ETHIOPIA

Alive & Thrive 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 (A&T) aims to reach more than 16 million children under two years old in Bangladesh, Ethiopia, and Viet Nam through various delivery models. Learning 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 A&T consortium include BRAC, GMMB, International Food Policy Research Institute (IFPRI), Save the Children, University of California-Davis, and World Vision.

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**A GUIDE FOR HELPING ADVANCE INFANT AND YOUNG CHILD**  
**NUTRITION IN ETHIOPIA**  
*February 2011*

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## Introduction

This training guide is designed to help provide you with the information and the tools necessary to promote the issue of Infant & Young Child Feeding (IYCF) in your community and with your regional and federal leaders. The goal is to increase broad support for making IYCF a top funding priority among regional and federal leaders in Ethiopia. While there has been progress on nutrition over the last decade, there is much more to be done. It is essential that we maintain the momentum and make certain IYCF programs and policies are funded and implemented.

Remember, this is just a *guide*. You are the expert on what does or doesn't work in your community. Once you are familiar with the issue, you will be able to assess how to engage your target audiences and help make IYCF a main component in the country's plan towards transformation.

We thank you for participating in this training and for all of your efforts to help advance IYCF practices and policies in Ethiopia.

## About Alive & Thrive

Alive & Thrive (A&T) is a 5-year initiative (2009-2013) to improve infant and young child nutrition by increasing rates of exclusive breastfeeding and improving complementary feeding practices. A&T aims to reach more than 16 million children under 2 years old in Bangladesh, Ethiopia and Viet Nam.

**Lives saved, stunting reduced.** The project aims to increase by 1.5 million the number of exclusively breastfed infants under 6 months old and to improve complementary foods and practices. This could save more than 300,000 lives and protect an additional 700,000 children from stunted growth. These estimates are based on evidence of the impact pathway, which links improved infant and young child feeding with improved child micronutrient status, growth, and reduced diarrhea and respiratory infections.

**Learning and innovation.** Alive & Thrive works through household, community, health facility, and mass media interventions. A&T will identify effective strategies to improve infant and young child nutrition that can then be used to inform policies and programs around the world. With an emphasis on learning and innovation, A&T will explore new partnerships and ways to give families and communities the support they need to provide children with a healthier future.

**Immediate and long-term results.** By supporting mothers and families through proven, cost-effective interventions, we can prevent child deaths now and improve the lives of families and communities far into the future.

### Objectives:

1. Create delivery models in three distinct learning environments that improve IYCF practices at scale and can be replicated in other parts of the world
2. Document impact, cost, and cost-effectiveness of IYCF interventions
3. Foster innovation through a grants program
4. Disseminate learnings from A&T models, innovations, operations research, and evaluations

### Consortium of Organizations

Initial funding for Alive & Thrive is provided by the [Bill & Melinda Gates Foundation](#). A consortium of organizations with broad experience and expertise in supporting health and nutrition implements the program.

- [AED](#) manages the initiative and provides support for communications and private sector activities.
- [GMMB](#) provides advocacy, communications, and public affairs expertise.
- [IFPRI](#) (International Food Policy Research Institute) is responsible for monitoring and evaluation.
- [University of California-Davis](#) oversees the small grants program and lends technical support.
- [World Vision](#) conducts operations research of its model for timed and targeted counseling in Ethiopia.

This consortium works with other national and international organizations operating in Bangladesh, Ethiopia, and Viet Nam, as well as with public and private sector partners.

## ALIVE & THRIVE ETHIOPIA

A&T Ethiopia is a national initiative dedicated to improving infant and young child feeding practices in Ethiopia, focusing on Amhara, Oromia, SNNP, and Tigray Regional states and Addis Ababa.

### Objectives of A&T Ethiopia:

- ◆ Increase initiation of breastfeeding within one hour of birth
- ◆ Increase exclusive breastfeeding from 0-6 months
- ◆ Increase the rate of adequate complementary feeding starting at 6 months, along with continued breastfeeding up to 2 years of age
- ◆ Enhance measures to prevent stunting in the initial two years of a child's life

### Implementation Strategies:

1. **Advocacy and Behavior Change Communications** to improve policy and to influence the regulatory environment for sustained IYCF support by closely working with concerned government ministries; Parliamentarians; regional governments; Ministry of Children, Youth and Women Affairs; Regional Children, Youth and Women Affairs bureaus; Women's Associations; Journalists, etc.
2. **Community Based Interventions** to strengthen the government's Health Extension Program, as well as subgrants for integration of IYCF into the Productive Safety Net Programs and community-based management of acute malnutrition (CMAM) programs
3. **Increasing Availability, Accessibility and Affordability** of fortified complementary foods by collaborating with the private sector and fostering public-private partnerships in Ethiopia
4. **Measuring, Documenting, Learning, and Evaluating** IYCF processes, innovations, best practices, lessons, outcomes, and impact in Ethiopia

### A&T Ethiopia's Partners:

- The Federal Ministry of Health
- Regional Health Bureaus
- Ministry of Children, Youth and Women Affairs
- Regional Children, Youth and Women Affairs Bureaus and Regional Women's Associations
- The Integrated Family Health Program (IFHP)
- Donors engaged in nutrition
- International Agencies – UN e.g. UNICEF, WHO, etc
- Organizations implementing the Productive Safe Net Program (PSNP) and CMAM programs
- The Private Sector (Promoting Public Private Partnership)

Visit [www.aliveandthrive.org](http://www.aliveandthrive.org) for more information.

### Worldwide: Malnutrition Facts

- 22% of neonatal deaths could be saved if all infants were breastfed within the first hour following birth
- 3.5 million child deaths each year – 9,500 each day – are linked to poor nutrition (Lancet)
- 178 million children under age 5 suffer from stunting (Lancet)
- 55 million children under age 5 suffer from wasting (Lancet)
- 19 million are affected by severe acute malnutrition (Lancet)
- 1.4 million child deaths are due to sub-optimal breastfeeding
- 25% of child deaths in the world's poorest countries could be prevented with basic nutrition programs

## Malnutrition

### Across the Globe

Nutrition is at the heart of most global health problems – especially in the area of child survival where maternal and child undernutrition is an underlying cause of more than one-third (3.5 million) of all child deaths under the age of five in poor countries, many of which are preventable through effective nutrition interventions operating at scale. Of the 112 million underweight children and 178 million children who suffer from stunting, 160 million (90%) live in just 36 countries, representing almost half (46%) of the 348 million children in those countries. (Lancet)

Nutrition should be a priority at all levels – sub-national, national and global – because it is a central component for human, social, and economic development. Undernutrition is a key factor in child development, maternal health, and productivity. The prevention of maternal and child undernutrition is a long-term investment that will benefit the current generation and their children. (Lancet)

Undernourished children are more likely to become short adults, to have lower educational achievements, and to give birth to smaller infants. Maternal and child undernutrition is also associated with lower economic status in adulthood and these effects continue to spill over to future generations.

### Ranking by prevalence of underweight

1. Bangladesh (48%)
2. Nepal (48%)
- 3. Ethiopia (47%)**
4. India (47%)
5. Timor-Leste (46%)
6. Yemen (46%)
7. Burundi (45%)
8. Cambodia (45%)
9. Madagascar (42%)
10. Eritrea (40%)

Unicef, 2006

### **Malnutrition in Ethiopia**

Until this point, Ethiopia's approach to nutrition has been relief oriented and focused on food insecurity. Ethiopia is the largest recipient of food aid in the world. Billions of dollars have been spent in Ethiopia trying to help people survive famine, but conditions continue. The current food crisis has been described as a significant challenge to sustainable nutrition programming since resources are being diverted to provide emergency food aid.

Malnutrition, particularly undernutrition, is widespread in Ethiopia and contributes to over half (53%) of all child deaths in the country (EDHS 2005). Ethiopia has the highest rate of malnutrition in Sub-Saharan Africa.

### **Current Policies and Programs in Ethiopia**

#### National Nutrition Strategy (NNS) / National Nutrition Program (NNP)

NNS takes a new approach to nutrition by coordinating efforts across government ministries and between the public and private sectors, civil society, NGOs and international donors. While the NNS is designed to improve the nutrition and health of all Ethiopians, additional support will be directed toward vulnerable groups, namely pregnant and nursing mothers, children, people living with HIV/AIDS, food insecure individuals, displaced person and other groups requiring extra care, such as the elderly.

A Nutrition Technical Working Group (NTWG) has been established to coordinate and facilitate leadership between policy makers, planners and program implementers in line with the NNP. As a part of the NTWG, a national strategy for IYCF will be discussed. NNS/NNP will play an essential role in helping Ethiopia reach the Millennium Development Goals (MDGs) by 2015.

#### Accelerated Stunting Reduction Initiative (ASRI)

The Accelerated Stunting Reduction Initiative was formed to technically advise and assist the Federal Ministry of Health to identify key high-impact interventions, outline strategic approaches and generate strategic evidence for the implementation of the ARSI through the NNP. The ASRI provides a unique opportunity to integrate IYCF messaging and facts into the national agenda. We can prevent stunting and improve the lives of children and communities in the future through IYCF proven, cost-effective interventions.

#### *Ethiopia: Malnutrition Facts*

- Under 5 mortality rate – 123/1000 live births (WHOSIS)
- 53% (approximately) of deaths of children under 5 are related to malnutrition (Lancet)
- 57% of children under-five in Ethiopia were stunted (Lancet)
- 34.6% of children are wasted (Lancet)
- 27% of all women of childbearing age suffer from chronic energy deficiency (DHS, 2005)
- 10% of Ethiopia's gross domestic product (GDP) is lost due to malnutrition (World Bank)



### International Breastfeeding Code

The International Code of Marketing of Breastmilk Substitutes was adopted by the World Health Assembly in 1981 as a "minimum requirement" to protect infant health and is to be implemented "in its entirety." The main goal of this Code is to contribute to the provision of safe and adequate nutrition for infants through the protection and promotion of breast-feeding and by ensuring the proper use of breast-milk substitutes, when these are necessary, on the basis of adequate information and through appropriate marketing and distribution. Ethiopia had considered adoption of this code and a draft code had been prepared by the Federal Ministry of Health. However, there was no major progress thereafter.

## Introduction to Infant and Young Child Feeding

The first 24 months (birth to age 2) of a child's life is the most important time to nurture long-term health and development. During this time, a child needs proper nutrition in order to grow and mature physically, emotionally and cognitively. Undernourishment can have a lasting impact on a child, including stunting, illness and even death. In fact, each year, 1.4 million children die as a result of poor infant and young child feeding and millions more suffer long-term consequences (A&T). These deaths can be prevented by increasing education about infant and young child feeding and providing the tools to help families make the right decisions for their infant children.

### Recommendations

The World Health Organization (WHO) recommends that a child should be exclusively breastfed for the first 6 months of life, with the introduction of complementary foods from 6 months up to 2 years along with breastfeeding. This period is a critical window to prevent chronic malnutrition and to break the intergenerational cycle of malnutrition.

- **Early Initiation of Breastfeeding.** Early initiation of breastfeeding (within the first hour) provides benefits for both the infant and mother. Early initiation ensures that a newborn receives colostrum, the “first milk.” Colostrum is often considered the baby's first immunization because of its high levels of vitamin A, antibodies, and other protective factors. Colostrum is clean, pure, and protects against infection. Early and frequent breastfeeding, especially if accompanied by maternal-infant skin-to-skin contact, stabilizes the baby's temperature, respiratory rate, and blood sugar level. Studies in Nepal and Ghana suggest that initiation of breastfeeding within the first hour could prevent 19-22 percent of neonatal deaths.
- **Exclusive Breastfeeding.** Exclusive breastfeeding means that an infant receives only breastmilk with no additional foods or liquids, not even water. The benefits of exclusive breastfeeding for child survival, growth, and development are well documented. In addition, exclusive breastfeeding provides health benefits for mothers. Exclusive breastfeeding is the single most effective intervention for preventing child deaths, yet less than 40 percent of infants under 6 months old receive the benefits of exclusive breastfeeding. Diarrhea and pneumonia are the leading causes of death among infants in developing countries. Infants under 2 months old who are not breastfed are six times more likely to die from diarrhea or acute respiratory infections than those who are breastfed. Approximately 1.3 million deaths could be prevented each year if exclusive breastfeeding rates increased to 90 percent.
- **Complementary Feeding.** Complementary feeding is the process starting when breastmilk alone or infant formula alone is no longer sufficient to meet the nutritional requirements of an infant and when other foods and liquids along with breastmilk are needed. The age range for complementary feeding is generally 6-24 months. Nutritional needs for growth and development between 6-24 months of age are greater per kilogram of body weight than at any other time of life. Throughout the world, growth faltering occurs mainly in the first 2 years of life. Insufficient nutrient intake and illness resulting from the introduction of pathogens in contaminated foods and feeding bottles are major causes of malnutrition.

## Effects

Damage suffered in early life has lasting effects and leads to permanent impairment. Undernourished children are more likely to become short adults and to give birth to smaller babies, continuing the cycle. There is evidence that links stunting to poor cognitive development, school performance and education achievement. Poor fetal growth or stunting within the first 2 years of life leads to reduced economic productivity in adulthood.

- **Stunting.** (Short stature for age) reflects shortness-for-age; an indicator of chronic malnutrition and calculated by comparing the height-for-age of a child with a reference population. Evidence links stunting to cognitive development, school performance and education achievement and a child's height-for-age is the best predictor of human capital.
- **Wasted.** (Too thin for height) reflects a recent and severe process that has led to substantial weight loss, usually associated with starvation and/or disease. Calculated by comparing weight-for-height of a child with a reference population. Often used to assess the severity of emergencies because it is strongly related to mortality (acute malnutrition).
- **Underweight.** (Low weight for age) measured by comparing the weight-for-age of a child with a reference population.

## Infant and Young Child Feeding in Ethiopia

Breastfeeding in Ethiopia is universal with a prevalence of 96 percent. However, only 69 percent of newborns are breastfed within the first hour of birth and many do not understand the importance of being breastfed within the first hour in order to receive the colostrums. Only 49 percent of infants less than 6 months old are exclusively breastfed, often being introduced to complementary food and being bottlefed before 6 months of age. Even with optimal breastfeeding, a child will become stunted if they do not receive the adequate quality and quantity of complementary food.

### Ethiopia: IYCF Facts

- 49% of children under six months old are exclusively breastfed (UNICEF)
- 54% of children ages 6-9 months are breastfed with complementary feeding (UNICEF)
- 80% of households do not consume iodized salt that is needed for brain development (UNICEF)

## Building the Case

### What is our goal?

Our goal is to improve IYCF practices and policies in Ethiopia by:

- Increasing exclusive breastfeeding among infants under six months old by 25 percent (from 49% to 61%)
- Preventing stunting in more than 350,000 children under five years old

### What are our objectives?

Our objectives are to create:

- Policy dialogue to raise awareness of the critical role of IYCF at multiple levels, particularly regional, and encourage investments in IYCF programs
- Partnerships with government and private initiatives
- Community-based activities through the government's Health Extension Program and through the safety net and emergency nutrition programs
- Fortified complementary foods and related products to help address nutritional gaps in traditional diets

### Who are our target audiences?

Our primary target audience is federal and regional leaders in Ethiopia.

Our secondary audience, as a way to reach our primary audience, is journalists.

### What is our ask?

We want federal and regional policy leaders to:

1. Elevate nutrition as a priority issue to solve now instead of waiting until food security emergencies
2. Invest in efforts and programs to promote proper nutrition, particularly for infant and young children under the age of 2
3. Support and help grow current programs and policies so they get fully and correctly implemented nationally (National Nutrition Strategy & Program, Accelerated Stunting Reduction Initiative)

### How will we reach them?

- Engage and leverage relationships and partnerships to help spread your message, lend credibility to your efforts and additional support for activities, etc.
- Organize briefing meetings, field visits, question and answer sessions with Parliamentarians
- Invite federal and regional leaders and journalists to IYCF events
- Plan World Breastfeeding Week events in your region and invite journalists and policy leaders to attend and/or participate
- Hold a journalists roundtable with Alive & Thrive to brief journalists on the issue and how they can play a significant role
- Display informational posters in areas where federal and regional leaders and journalists frequent
- Write letters and commentary to the newspapers
- Call-in to radio shows to discuss IYCF
- Organize a race or sponsor a runner in support of IYCF

### **What messages work?**

**Overview:** Improving feeding practices for infants and children is the key to saving millions of lives, improving nutrition, and increasing economic opportunity for Ethiopia. For individuals, good nutrition is a prerequisite for a healthy and productive life; for our country, it is critical to achieving the MDGs and securing long-term social and economic development. Ensuring that mothers initiate breastfeeding within one hour of birth could prevent 1 in 5 newborn deaths. By supporting these simple and effective interventions, we will realize greater health and stability in Ethiopia for generations to come.

#### **KEY MESSAGES:**

- Poor infant and child feeding practices contribute to under nutrition, which is a deadly—and largely preventable—form of hunger. It contributes to more than a third of all deaths in children under five<sup>1</sup>, and has severe and profound effects on those who survive—including more health troubles and diminished learning and wage-earning capacity.
- The impacts of under nutrition go beyond individuals and families. When multiplied across the nation, the impact takes a devastating toll on the health and economic development of Ethiopia. The World Bank estimates that under nutrition can cost up to 3 percent of a country's gross domestic product (GDP).
- In Ethiopia, the poor nutrition is an epidemic: 53 percent (approximately) of deaths of children under 5 are related to malnutrition, 57 percent of children under five are stunted—or too short for their age, and 34.6 percent are wasted—or too thin for their height (Lancet).
- The time between birth and age 2 is a critical window of opportunity to give children the best chance for a healthy and productive life. Damage caused by mild or moderate under nutrition during this period is permanent.
  - For infants and young children, poor nutrition weakens the immune system, stunts growth and development, impairs physical, mental and brain development, and increases the risk of contracting infectious diseases. Severely underweight children are two to eight times more likely to die within a year.
  - The harmful effects of poor nutrition during the first 2 years of childhood are permanent. Survivors are more likely to start school later, drop out of school, and are less able to learn, because their brain functioning and learning capacities were compromised at a young age.
  - The impact compounds over generations into cycles of poverty and malnutrition. Girls who are stunted by poor feeding practices are more likely to have small and underweight babies.
- We can prevent poor nutrition among children by addressing feeding practices—we know what works. Simple, proven solutions focus on giving women and families the tools and information they need to make the best choices when they feed their young children—solutions that all families can implement. By supporting these interventions, children in Ethiopia will be able to grow up with the best nutrition their family can provide—and our entire country can take a giant leap toward achieving our health and economic goals.

<sup>1</sup> The Lancet Series on Maternal and Child Under nutrition

### MESSAGES TARGETING NATIONAL LEVEL POLICYMAKERS AND DECISION-MAKERS:

- **Nutrition is an investment that pays for itself by reducing the impact and cost of disease and increasing workforce productivity.** Investing in infant and young child feeding practices will support our nation’s economy by generating a healthier, more productive workforce.
  - Children who receive better nutrition grow into adults that earn higher incomes, have greater cognitive abilities, and are better able to read and succeed in school<sup>2</sup>.
  - Studies show that children who get proper nutrition in their first two years of life earn significantly more money as adults than those who do not. Individuals who have experienced malnutrition have 10 percent lower earnings over their lifetime.
  - The World Bank estimates that under nutrition can cost up to 3 percent of a country’s GDP.
  - Undernourished children have less capacity to learn and are less likely to finish school. As adults, they earn less money and are more likely to suffer from chronic diseases like diabetes and high blood pressure.
  - The effects of poor nutrition affect generations. Girls stunted by under nutrition grow up to be women who are more likely to have small and underweight babies, leading to a cycle of poor nutrition and poverty.
  
- **Nutrition must be a national development and health priority.** The economic development of Ethiopia rests on a healthy, educated, and productive work force.
  - No country will prosper with 40 percent of its workforce crippled by an epidemic that can be prevented.
  - Poverty reduction and other development and health goals, including meeting the MDGs, can only be reached by preventing under nutrition by addressing infant and young child feeding practices.
  
- **Without healthy, intelligent children who become productive workers, it is impossible to improve overall education, health, or to expand economic opportunities.** Nutrition is not only a good investment that will pay for itself in future benefits—it’s the right thing to do for children and families.

### CONCLUDING MESSAGES:

- It is within our reach to help millions of children in Ethiopia grow and thrive. Only rarely do we have an opportunity to take a giant leap forward in improving the health and well-being of millions of people.
  
- Good nutrition is not just an outcome of poverty reduction—it is a necessary foundation to other health and development interventions that, together, can achieve health and stability for our country for years to come.
  
- Now more than ever, all children in Ethiopia can and should grow up with the best nutrition their family can provide. By increasing investments and putting policies into practice that support infant and young child nutrition, we are investing in the success of our country.

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<sup>2</sup> Hoddinott et al. Lancet, 2008

### **How do we present our messages?**

Opportunities to influence key audiences are often limited. Careful preparation of convincing arguments and presentation style can turn these opportunities into successful conversations and meaningful action. That's why your messages need to be clear, concise and consistent. Messages should introduce your audience to the issue of IYCF – the problem, the impact, and the solution.

This is also a great opportunity to use qualitative and quantitative data that can help build the case for IYCF. Statistics and data will help illustrate the context of your messages and will help audiences understand the importance of investing in IYCF.

When presenting messages, it is important to know your audience and your setting for the meeting. Are you presenting the messages in formal settings, through news stories, or through informal conversations? Each one of the situations might require a different method for introducing IYCF and how you should present the messages.

### **What are some ways to peak interest?**

#### **Millennium Development Goals (MDGs)**

The deadline for achieving the Millennium Development Goals (MDGs) is fast approaching – 2015. The MDGs cannot be achieved without immediate action to improve nutrition globally. Adequate nutrition and improved IYCF will greatly help advance Ethiopia, and the world, in all MDG areas – poverty, hunger, child mortality, maternal mortality and HIV/AIDS, malaria and other diseases.

#### **Growth and Transformation Plan**

Ethiopia's focus on economic growth and transformation can be directly linked to helping improve nutrition. Developing domestic agriculture allows Ethiopia to rely less on imports and to develop sustained nutrition security and food security. According to World Bank estimates, 10 percent of Ethiopia's GDP is lost due to malnutrition. Poor fetal growth or stunting within the first 2 years of life leads to reduced economic productivity in adulthood.

#### **World Breastfeeding Week**

World Breastfeeding Week is celebrated annually (1-7, August) in more than 120 countries to celebrate breastfeeding and to raise awareness of the importance and benefits of breastfeeding. This is an important time to involve journalists and regional and federal leaders in local Breastfeeding Week events.

### **MDGs & Nutrition**

#### Goal 1:

#### **Eradicate extreme poverty and hunger**

- Malnutrition erodes human capital
- Addressing early child malnutrition can increase resilience to shocks and increase productivity

#### Goal 2:

#### **Achieve universal primary education**

- Malnutrition reduces mental capacity
- Micronutrients are critical for cognitive development

#### Goal 3:

#### **Promote gender equality and empower woman**

- Malnutrition increases the child care burden for women
- Better nourished girls are more likely to stay in school and to have more control over future choices

#### Goal 4:

#### **Reduce child mortality**

- Malnutrition is associated with >50% of child deaths
- Breastfeeding + complementary (and later) feeding with adequate micronutrients are key to child health

#### Goal 5:

#### **Improve maternal health**

- Malnutrition compromises maternal health
- Micronutrients help reduce pregnancy complications and improve the health of newborns

#### Goal 6:

#### **Combat HIV/AIDS, malaria and other diseases**

- Nutritional status affects susceptibility to HIV infection
- Improved nutrition may delay progression to AIDS

#### Goal 7:

#### **Ensure environmental sustainability**

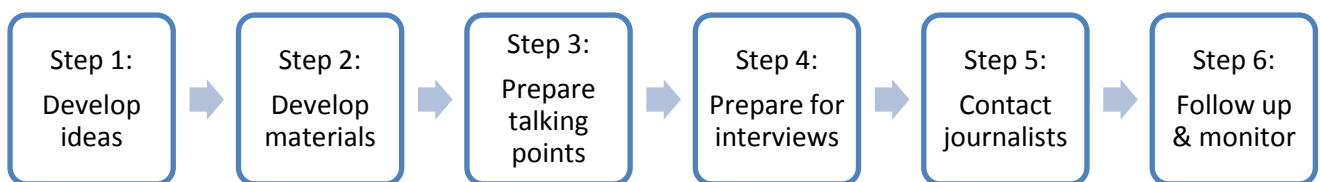
#### Goal 8:

#### **Develop a global partnership for development**

## Engaging Journalists

Journalists are an important vehicle for helping to spread your message to increase interest in IYCF and to reach federal and regional leaders. The expressed role of the media is to inform, educate and entertain the masses. In the case of raising the profile of IYCF, the media can be there to inform and educate the federal and regional policy leaders to shape their opinions on IYCF. The news coverage can help raise awareness of malnutrition in Ethiopia, tell the IYCF and nutrition story and amplify A&T messages. The A&T office, will be there to support you in your efforts. Please let us know of your needs.

### Key steps in working with journalists



#### **Step 1: Develop ideas**

- Consider the news outlet and its audience. Try to find a way to make IYCF relate to that specific audience and the reporter will be more likely to tell your story.
- Next, think about aspects of IYCF that make a newsworthy story. It's always helpful to relate the issue to a current event or happening already in the news. See our news ideas in the previous section. Any of the following elements can be newsworthy:
  - Events
  - New information/research related to the nutrition and IYCF
  - Nutrition/IYCF milestones achieved (e.g., policies passed)
  - Local angle (e.g., impact of health clinics in the community, call-in radio shows)
  - Human interest (show the human face of IYCF, testimonies of mothers)
  - Anniversaries (e.g., World Breastfeeding Week)

#### **Step 2: Develop materials**

- The A&T office will help you compile background materials to aid and support conversations with reporters.

#### **Step 3: Prepare talking points**

- It's helpful to keep track of the journalists you talk to and their contact information. That way you can reach them again with follow-up information or for future events or new updates.
- Develop a set of talking points or main ideas that you will focus on to interest the journalists in your story, focus on the five W's (who, what, when, where, and why). This will help ensure that you stay on message and get straight to your point.



**Step 4: Prepare for interviews**

- While not all reporters will ask for an interview, you should still make the offer to connect them with someone who is knowledgeable about IYCF.
- Be sure the person getting interviewed is prepared by reminding him/her to:
  - Be prepared to repeat your three most important messages as frequently as possible
  - Make your first words in an interview the most memorable
  - Be enthusiastic
  - Keep your answers to questions short (10-20 seconds)
  - Localize and personalize your comments – this will help reporters make the story more relevant for local audiences

**Step 5: Contact journalists**

- Determine when the best time is to contact the journalists based on their news deadlines or radio shows. It may take a few tries before you reach the reporter. Be patient.
- This is your opportunity to introduce IYCF to reporters and encourage them to attend your event or cover your story. Be clear, concise, enthusiastic and friendly.

**Step 6: Follow up with reporters and monitor coverage**

- Follow up with reporters:
  - Following up with reporters is a great way to provide additional information to reporters with whom you spoke or those that were interested in your event but did not attend.
  - Maintain relationships with reporters that covered your story. Send them regular updates about IYCF and let them know about additional stories they may be interested in covering.
- Monitor coverage:
  - Track the number and types of news coverage you received and keep copies of the coverage, if possible.
  - Review the coverage to see if your key messages were included and what was of most interest to the reporter. Consider this information when making future pitches.

*Tips for making the pitch*

- DO be concise
- DO tell them the most important/interesting point first
- DO assume your event/story is worth covering
- DO be enthusiastic about your event/story
- DO use stories (anecdotes) to frame your message and your points
- DO help the audience visualize, empathize and understand its personal relevance
- DO be persistent and call back if you do not get in touch right away
- DO remember, reporters are usually very busy. It's important to be prepared when you talk to them so you can quickly convince them why your call is important

### What does success look like?

- An effective strategy to address chronic malnutrition (stunting)
- Adequate attention to IYCF to address all development goals including MDGs
- More funding for IYCF
- A multi-sectoral approach to address nutrition and IYCF in place
- Active involvement of private sector in IYCF interventions
- Better awareness and coverage of IYCF issues on media

## APPENDIX

### Key Definitions and Abbreviations

**Stunted** – Short stature for age; reflects shortness-for-age, an indicator of chronic malnutrition and calculated by comparing the height-for-age of a child with a reference population.

**Wasted** – Too thin for height; reflects a recent and severe process that has led to substantial weight loss, usually associated with starvation and/or disease. Calculated by comparing weight-for-height of a child with a reference population. Often used to assess the severity of emergencies because it is strongly related to mortality (acute malnutrition).

**Underweight** – Low weight for age; measured by comparing the weight-for-age of a child with a reference population.

**Malnourished** – A person’s diet either does not provide adequate calories and protein for growth and maintenance (undernutrition) or they consume too many calories (overnutrition).

**Undernourished** – The outcome of insufficient food intake and repeated infectious diseases. It includes being underweight for one’s age, too short for one’s age (stunted), dangerously thin for one’s height (wasted) and deficient in vitamins and minerals (micronutrient malnutrition).

**Protein Energy Malnutrition** – The main forms of protein energy malnutrition include kwashiorkor and marasmus. They mostly occur in children under-five years of age where children are highly deprived of protein and calorie rich foods.

**Micronutrient Deficiency** – The main deficiencies in this category include vitamin A deficiency, iodine and Iron deficiencies. Children under five years, and pregnant and lactating mothers are most at risk for these deficiencies.

**Exclusive breastfeeding** – Giving no other food or drink – not even water – except for breast milk for the first 6 months of life.

**Complementary feeding** – All infants should start receiving foods in addition to breastmilk from 6 months until 24 months. The feeding should be *adequate*, meaning that the nutritional value of complementary foods should parallel at least that of breastmilk.

**Colostrum** – A type of nutrient-rich breast milk produced by mothers during the first 24 hours after delivery that is low in fat, and high in carbohydrates, protein, and antibodies

**Iodine Deficiency** – The primary cause of preventable mental retardation and brain damage, having the most devastating impact on the brain of the developing fetus and/or young children. Iodine deficiency also increases the chance of infant mortality, miscarriage and stillbirth.

**A&T** – Alive & Thrive

**DHS** – Demographic and Health Survey

**FMOH** – Federal Ministry of Health

**FHD** – Family Health Department

**HEP** – Health Extension Program

**HEW** – Health Extension Workers

**HSDP** – Health Sector Development Programme

**IDD** – Iodine Deficiency Disorder

**IHP** – International Health Partnership

**IYCF** – Infant Young Child Feeding

**IYCN** – Infant and Young Child Nutrition

**MDG** – Millennium Development Goal

**NNS** – National Nutrition Strategy

**RHBs** – Regional Health Bureaus

## Additional Resources

**LINKAGES Project.** This 10-year global project (1996-2006) to improve infant and young child feeding (IYCF) developed a Facts for Feeding series, Answers to Frequently Asked Questions, training modules, counseling materials, and reports on technical advances, country programs, lessons learned, and research findings. [www.linkagesproject.org](http://www.linkagesproject.org)

**Emergency Nutrition Network (ENN).** ENN is an excellent resource on infant feeding in emergencies including operational guidance, training modules, and an online library. [www.ennonline.net](http://www.ennonline.net)

**International Baby Food Action Network (IBFAN).** This site provides resources on advocacy, particularly on implementation of the International Code of Marketing of Breastmilk Substitutes. [www.ibfan.org](http://www.ibfan.org)

**IYCN Project.** This USAID-funded project maintains a collection of key resources on infant feeding within the context of HIV, maternal nutrition, breastfeeding, complementary feeding, and infant feeding during and after illness. [www.iycn.org](http://www.iycn.org)

**La Leche League International (LLLI).** La Leche League is dedicated to helping mothers breastfeed through mother-to-mother support, encouragement, information, and education. One section of the site answers frequently asked questions about breastfeeding. [www.llli.org](http://www.llli.org)

**World Alliance for Breastfeeding Action (WABA).** This global advocacy network focuses on enactment of the Innocenti Declarations and the Global Strategy for IYCF and mobilizes action particularly around World Breastfeeding Week and maternity legislation. The website posts resources and news items. [www.waba.org.my](http://www.waba.org.my)

**World Health Organization Technical Reference 1 and Technical Reference 2.** These two pages on WHO's website link to key technical references and tools on IYCF developed by WHO for practitioners, policymakers, and researchers.

<http://www.who.int/nutrition/publications/infantfeeding/en/index.html> and

[http://www.who.int/child\\_adolescent\\_health/documents/infant\\_feeding/en/index.html](http://www.who.int/child_adolescent_health/documents/infant_feeding/en/index.html)