



OVERVIEW

Framework for delivering nutrition results at scale

THE ALIVE & THRIVE INITIATIVE

Alive & Thrive is an initiative to save lives, prevent illness, and ensure healthy growth and development through improved breastfeeding and complementary feeding practices. Good nutrition in the first 1,000 days, from conception to two years of age, is critical to enable all children to lead healthier and more productive lives. Annually, a total of approximately 800,000 child deaths worldwide can be attributed to suboptimal breastfeeding, particularly non-exclusive breastfeeding in the first six months, and one million child deaths are attributable to stunting.¹ Stunting is caused, in part, by suboptimal complementary feeding practices. Approximately 165 million children are stunted, with long-term effects on their health, cognitive development, and economic productivity. Not only are the immediate- and long-term benefits of improved feeding practices huge, investing in infant and young child nutrition is a “best buy” (figure 1).

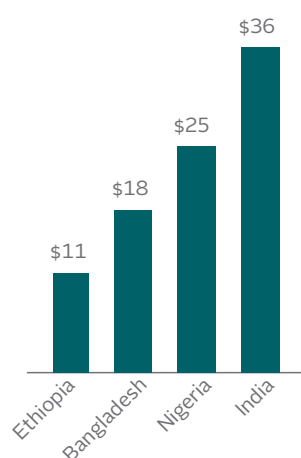
later, Scaling Up Nutrition (SUN) was launched, and now more than 50 countries are members of this global movement. In June 2013, a Global Nutrition for Growth Compact added impetus when a diverse group of countries, businesses, and civil society and development partners made unprecedented financial commitments, dedicating themselves to achieving ambitious targets by 2020.

Now countries are asking, “Do we have the capacity to deliver?” This document summarizes how Bangladesh, Ethiopia, and Viet Nam improved infant and young child feeding practices rapidly and at scale in very different settings. It offers fresh insights for implementation.

Why scale up nutrition? *“Because the problem is so serious, because the evidence is so overwhelming that the proposed package of interventions offer exceptionally high development returns; and because the Millennium Development Goals (MDGs) cannot be achieved without urgent attention to nutrition. The costs of inaction—as measured by increased child mortality, compromised life chances and reduced economic productivity—are unacceptably high.”*

- Scaling Up Nutrition—A Framework for Action, 2010

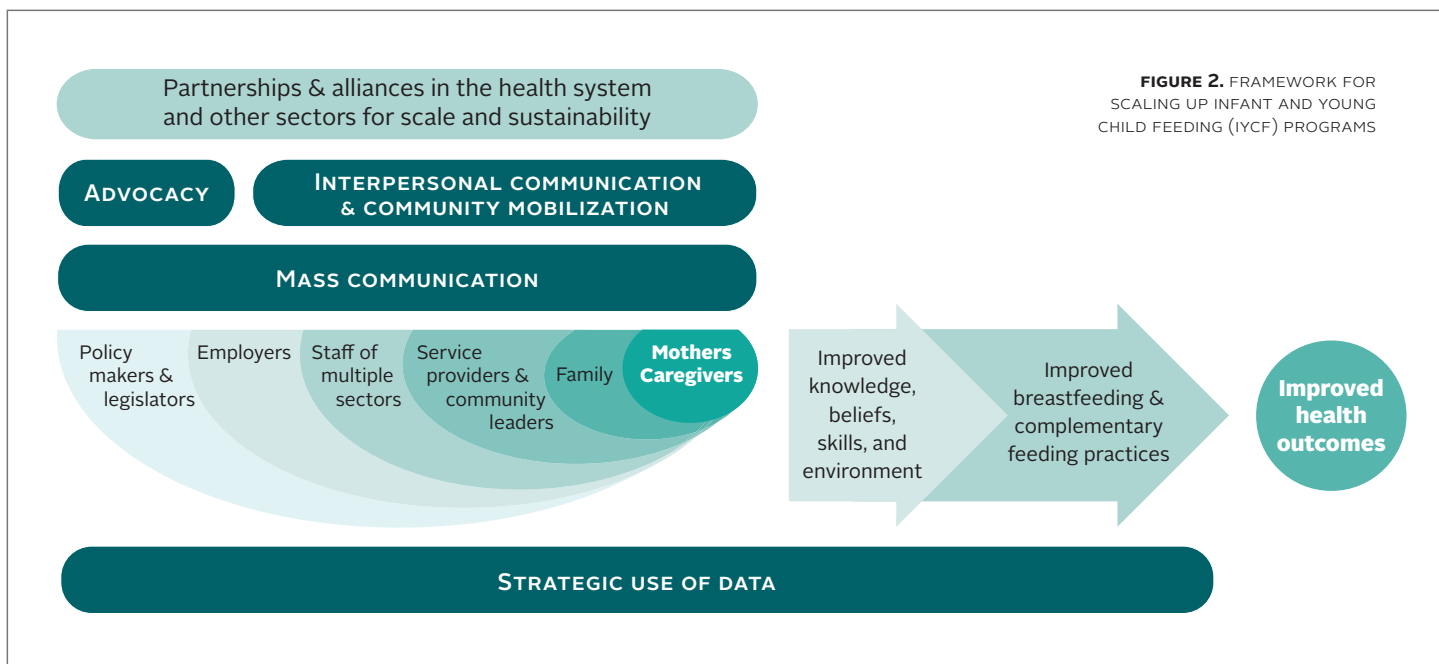
FIGURE 1.
PAYOFFS FROM INVESTING IN INFANT
AND YOUNG CHILD NUTRITION²



Globally, awareness of the need to scale up evidence-based nutrition interventions, particularly optimal breastfeeding and complementary feeding practices, increased after the 2003 Lancet Child Survival series showed the magnitude of their impact on child mortality. Evidence in the 2008 Lancet Nutrition series generated a strong sense of urgency for scaling up nutrition as a global priority. Two years

¹ Black RE, Victora CG, Walker SP, Bhutta ZA, et al. Maternal and child undernutrition and overweight in low-income and middle-income countries. *The Lancet* 2013; Volume 382 (9890): 427 - 451, 3 August 2013

² Hoddinott J, Alderman H, Behrman JR, et al. The economic rationale for investing in stunting reduction. *Maternal and Child Nutrition* 2013;9 (Suppl.2):69–82.



Implementation framework

The three countries applied a multistakeholder, multicomponent program approach to improve infant and young child feeding practices. This framework for large-scale programs consists of four main components: advocacy, interpersonal communication and community mobilization, mass communication, and strategic use of data (figure 2). Country teams comprising Alive & Thrive, Ministries of Health, UNICEF, NGOs, and bilateral agencies led this comprehensive and collaborative initiative. Alive & Thrive built upon experience from previous infant and young child feeding projects, applied global, scientific guidance from WHO and UNICEF, and tailored its program design for the specific sociocultural and program contexts in each country.

Programmatic components

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 infant and young child feeding interventions, and improving medical curricula. The advocacy process involved engaging stakeholders around a common set of goals and strategies, using evidence to build the case for policy change, developing

targeted and tested messages and materials, building the capacity of influential individuals and journalists to champion evidence-based feeding practices, and capitalizing on national events and dialogues.

INTERPERSONAL COMMUNICATION AND COMMUNITY MOBILIZATION

All three country programs increased mothers' and families' access to health volunteers and health workers trained in counseling on infant and young child feeding. They strengthened existing cadres of frontline workers and the health systems in which they operate and, where needed, deployed new types of frontline workers. Need-based job aids and supportive supervisory systems resulted from careful attention to gaps and opportunities in health systems strengthening. Training was only one of several ways to ensure quality services along with other performance-enhancing tactics such as performance-based cash incentives in Bangladesh.

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. Viet Nam 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.

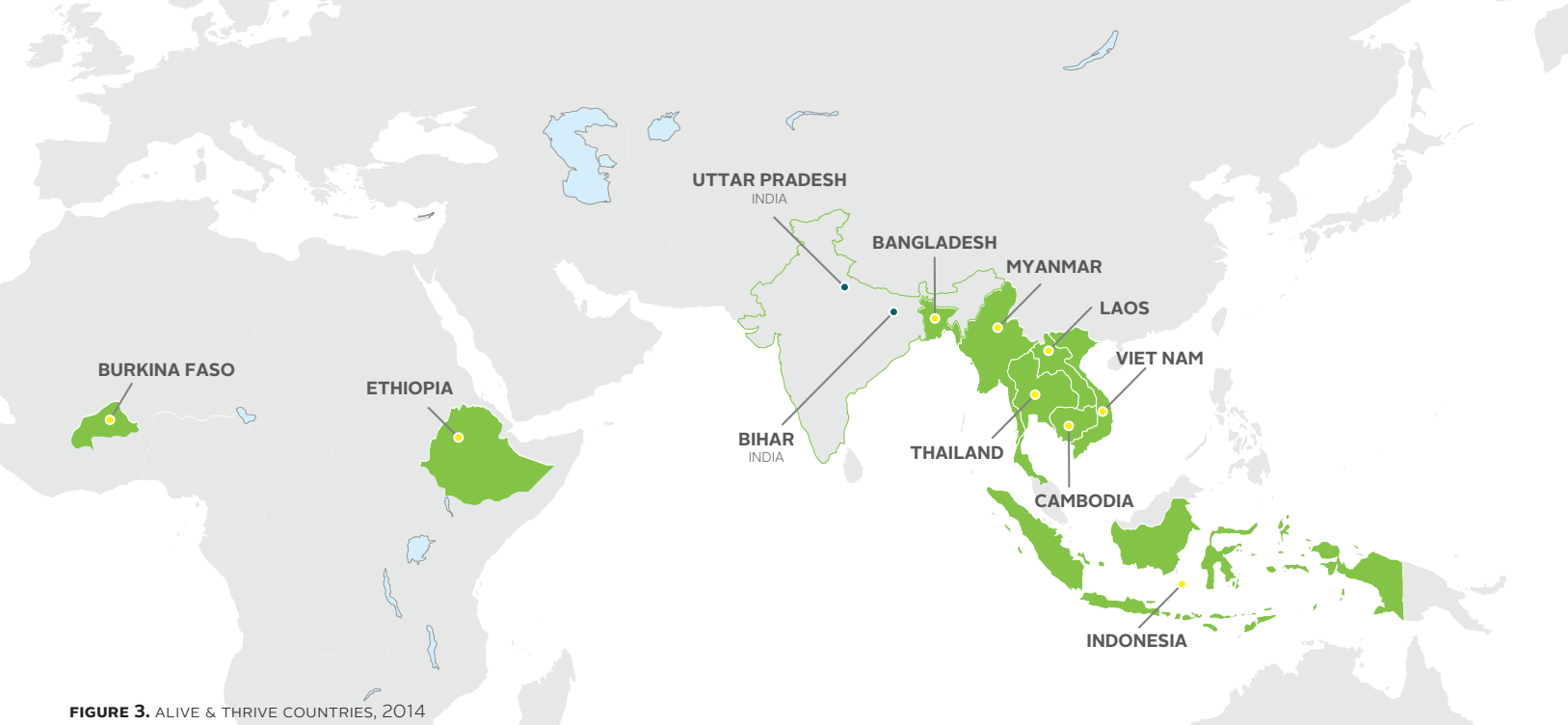
Results

The three A&T country programs reached more than 11 million mothers of children under two years of age within the first three years of implementation through interpersonal communication and/or mass media. Results from external process evaluations in 2013 suggest that it is possible to achieve over 80 percent exclusive breastfeeding in Bangladesh and Ethiopia, and to triple the prevalence of exclusively breastfed children in Viet Nam (where initial levels were lower than 20 percent). Results also suggest that several complementary feeding practices improved over the course of the study and that the percentage of children who had minimum dietary diversity in 2013 doubled compared to 2010 in Bangladesh and Ethiopia (although it was still very low in Ethiopia). Results from endline surveys conducted in Bangladesh, Ethiopia, and Viet Nam will be available in 2015.

WHAT ARE THE DISTINCTIVE FEATURES OF THE INITIATIVE?

- **Focus** on the proven, most cost-effective times for intervention – the continuum of infant and young child feeding from birth through 24 months to prevent undernutrition
- **Scale** as the driver of all aspects of program design and decision making
- **Comprehensive** in its inclusion of all actors who can influence feeding decisions and varied in its delivery of support and messages
- **Mutual trust and collaboration** among stakeholders to leverage diverse strengths and funds, scale up through multiple program platforms, share responsibility, and speak with one voice
- **Evidence-based** with an unwavering dedication to changing behavior through field testing, application of theory, audience research, and strategic use of data at all program stages
- **Innovative and agile strategies** that allow rapid scale up with attention to quality, such as franchised infant feeding counseling services, performance-based cash incentives for frontline workers, and engagement of informal health providers, religious leaders, and journalists





New phase of program activities

With additional funding from the Bill & Melinda Gates Foundation and new funding from the governments of Canada and Ireland, Alive & Thrive is expanding its geographic and technical scope. Alive & Thrive is supporting an implementation study to incorporate an enhanced package of maternal nutrition interventions in Bangladesh. Viet Nam is one of seven countries participating in Alive & Thrive's advocacy efforts in Southeast Asia along with Cambodia, Indonesia, Laos, Myanmar, Thailand, and Timor Leste. A multisectoral, refreshed strategy in Ethiopia is focused in the Amhara region. Burkina Faso, a West African country with one of the world's highest burdens of malnutrition, is applying Alive & Thrive's comprehensive programmatic approach. Alive & Thrive is also providing targeted technical assistance in India (Bihar and Uttar Pradesh) and in SUN countries for uptake and adaptation of proven tools and approaches.

For more information

Visit www.aliveandthrive.org for information on each of the program components, tools, and materials.

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