



AN OVERVIEW OF ALIVE & THRIVE'S
Key MIYCN Research

FEBRUARY 2021

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COVID-19

IMPACT ON SERVICES AND FOOD SECURITY

BANGLADESH

Since the onset of COVID-19, Bangladesh has experienced many losses in the health system. The workforce and supplies have diminished, as has demand for and access to services. Health providers have experienced high infection rates and loss of life among doctors and front-line workers (FLWs) and competing demands between COVID-related needs and maintaining routine services. The result is an overworked health force feeling fear of the disease, stress, and anxiety, and suffering from depression, as well as stigma from the community. This study is a follow up to an on-going quasi-experimental trial, which was on-going in urban Dhaka in eight NGO health facilities to assess the impact of strengthening delivery of urban nutrition interventions. Using existing contacts of health providers, pregnant women, and mothers from the February 2020 baseline survey provided the opportunity to assess the impact of COVID-19 on services and food security.

EVALUATION DESIGN

Longitudinal quantitative survey

RESEARCH QUESTIONS

- What frontline and/or local management adaptations were made in health and nutrition service delivery?
- How did COVID-19 affect households' utilization of health and nutrition services, nutrition practices, household food security, and other socioeconomic aspects such as livelihoods?
- What adaptations took place that have the potential to strengthen delivery and uptake of essential health and nutrition interventions in the context of COVID-19 and beyond?

OUTCOMES

1. Impact of COVID-19 on:
 - Food security
 - IYCF practices
 - Other aspects of life—e.g., employment
 - Service provision and use
2. Coping strategies during COVID-19
 - In households
 - In provision and use of services (adaptions made)

TIMELINE

March – September 2020

METHODS

- Phone survey in September 2020 with health providers and beneficiaries utilizing pre-existing contacts from the urban nutrition intervention study
- Recall data of services provided and received during the lockdown period, March-May 2020 and after restrictions started to be lifted in phases in September 2020 from health providers and mothers

COVID-19

IMPACT ON SERVICES AND FOOD SECURITY

INDIA

India is facing extreme levels of the double crises—COVID-19 and health systems challenges—carrying the second highest burden of COVID-19 in the world with nearly 8 million total confirmed cases and 119,502 deaths, as of 28 October 2020. Beyond the direct impacts from the virus, the pandemic will likely have a range of consequences for the provision and use of services and on food insecurity and diets. This study is a follow up to a cluster-randomized trial (2017-2019) which assessed the impact of strengthening delivery of maternal nutrition interventions in Uttar Pradesh, India. The endline survey was completed in December 2019, just before the onset of COVID-19. The pre-existing contacts and the data from before the pandemic provided the opportunity for this follow-up study to assess the impacts of the COVID-19 on health and nutrition service delivery and utilization, as well as on food security.

EVALUATION DESIGN

Longitudinal quantitative surveys, including qualitative interviews with key informants

RESEARCH QUESTIONS

- What frontline or local management adaptations to health and nutrition service delivery are in place due to COVID-19?
- How has COVID-19 affected households' exposure to health and nutrition services, nutrition practices, food security, and other aspects?
- What feasible solutions arise based on adaptations during the pandemic that have the potential to strengthen delivery and uptake of essential health and nutrition interventions in the context of COVID-19 and beyond?

OUTCOMES

1. Impact of COVID-19 on:
 - Food security
 - Dietary diversity
 - Other aspects of life—e.g., employment
 - Service provision and use
2. Coping strategies during COVID-19
 - In households
 - In provision and use of services (adaptations made)

TIMELINE

December 2019 – August 2020

METHODS

- Phone survey in August 2020
- Health Management Information System (HMIS) data analysis between December 2019 and June 2020
- Key informant interviews with block managers

Maternal Nutrition

IN GOVERNMENT ANC SERVICES

BURKINA FASO

Government public ANC services at health facilities and in the community, based on updated WHO guidelines (2016), focus on maternal nutrition counseling and iron-folic acid (IFA) counselling and distribution; IFA stock monitoring; maternal weight measurement; and breastfeeding counseling. However, to address capacity gaps to provide quality counseling, monitor and track weight gain, conduct community outreach activities, and provide effective training and supportive supervision with use of data A&T is strengthening implementation research in the Boucle du Mouhoun and Hauts-Bassins regions.

EVALUATION DESIGN

Randomized control trial (RCT) cross-sectional baseline and endline

RESEARCH QUESTIONS

- Is it feasible to integrate maternal nutrition interventions into existing public ANC programs?
- Can maternal nutrition knowledge and practices be improved by integrating nutrition-focused SBC and systems strengthening approaches into existing ANC services?
- What factors affect effective integration of maternal nutrition interventions into ANC in breastfeeding?
- Do pregnant adolescents have special needs and how can they be reached?
- What are the barriers and opportunities for completing eight ANC visits and how does this affect the delivery of interventions in the maternal nutrition package?

OUTCOMES

1. Improved knowledge and practices pertaining to:
 - Dietary diversity (MDD-W) among pregnant women
 - IFA supplement intake during pregnancy
 - Weight gain during pregnancy
 - Early initiation and exclusive breastfeeding
2. Evidence that will inform national policies and program learning:
 - Enabling factors and challenges in integrating maternal nutrition in existing the existing ANC system
 - Number of ANC contacts

TIMELINE

Baseline: November 2019

Endline: February 2021

THE INTERVENTION

Additional nutrition services

- Counseling focused on dietary diversity
- Use of job aids
- Use of IFA supplement card as reminder for women and spouses
- Monthly IFA stock monitoring
- Advice on healthy weight gain
- Intensified breastfeeding counseling using job aids

Community activities

- ANC advocacy among traditional and religious leaders, local associations, etc.
- Community ANC gatherings to promote ANC services in first trimester
- Early identification of pregnant women
- Support for women's group discussions
- At least three home visits per pregnant woman by community health agents (Counseling on diet quality, breastfeeding, importance on adherence to daily IFA consumption and side effect management, etc.)
- Mobilization of husbands and mothers-in-law to support pregnant women

Health system support

- Training on nutrition interventions
- Training on correctly filling out data registers; mother's cards; and reviewing data to identify gaps in coverage of services
- Semi-annual supervision at the district level
- Quarterly supportive supervision of health facility staff
- Monthly supportive supervision of Community Health Agents (ASBC)
- Monthly review between health facilities and ASBC

Maternal Nutrition

IN GOVERNMENT ANC SERVICES

ETHIOPIA

The national government maternal nutrition guidelines include maternal nutrition and IFA counseling; IFA distribution and stock monitoring; weight gain monitoring; and breastfeeding counseling. Yet coverage and quality of these interventions remains low. A&T's implementation research being carried out in Southern Nations Nationalities and People's Region (SNNPR) and Somali regions tests the integration of an intensive package of interventions into existing ANC services to address these gaps.

EVALUATION DESIGN

Clustered RCT cross-sectional baseline and endline

RESEARCH QUESTIONS

- Is it feasible to integrate locally relevant maternal nutrition interventions into existing public ANC programs?
- Can maternal nutrition knowledge and practices be improved by integrating nutrition-focused SBC and systems strengthening approaches into existing ANC services?
- What factors affect effective integration of maternal nutrition interventions into ANC?
- What are the barriers and opportunities for completing eight ANC visits and how do they affect the delivery of the maternal nutrition package?

OUTCOMES

1. Improved knowledge and practices pertaining to:
 - Dietary diversity (MDD-W) among pregnant women
 - IFA supplement intake during pregnancy
 - Weight gain during pregnancy
 - Early initiation and exclusive breastfeeding
2. Evidence that will inform national policies and program learning:
 - Identify barriers and opportunities for the integration of maternal nutrition in ANC contacts and ensuring quality of service delivery

TIMELINE

Baseline: December 2019

Endline: April 2021

THE INTERVENTION

Additional nutrition services

- Intensified counselling on dietary diversity, diet quality during pregnancy, breastfeeding, IFA supplements, and managing side effects
- Support for strengthened government supply and distribution of IFA
- Weight gain monitoring linked to messages about healthy diet, adequate rest, and the dangers of excessive weight gain

Community activities

- MIYCN training for community volunteers and kebele leaders
- Process for early identification and referral of pregnant women
- Monthly pregnant women conference
- Home visits by community volunteers and health extension workers to provide counseling on diet quality, breastfeeding, daily IFA consumption, and managing side effects
- Mobilization activities for husbands and mothers-in-law to support pregnant women

Health system support

- Training on MIYCN services to implement during ANC
- Provision of locally tailored counseling and monitoring tools
- Training on using data registers and mother's cards, including review of data to identify gaps in coverage of services
- Support to conduct monthly supervision and stock balance inventory
- Monthly cluster-level data review sessions
- Quarterly district level performance review and feedback sessions

Maternal Nutrition

IN GOVERNMENT ANC SERVICES

INDIA

Despite national policy guidance based on global ANC guidelines, a streamlined package of proven maternal nutrition services—IFA and calcium supplementation, counseling on maternal diet, weight measurement, and counseling on breastfeeding—does not reach most women during pregnancy. In Uttar Pradesh, less than one-quarter of women received even four ANC visits, and IFA consumption is very low. A&T's implementation research tested strengthening the approach to current ANC services under the Reproductive, Maternal, Neonatal, Child and Adolescent Health (RMNCHA) program to improve coverage as well as maternal and child outcomes.

EVALUATION DESIGN

Cluster-randomized design with cross-sectional surveys at baseline and endline, and a repeated-measures longitudinal study; qualitative study on implementation; and cost of diet survey

RESEARCH QUESTIONS

- Can the coverage and utilization of maternal nutrition interventions be improved under the RMNCHA program?
- What factors affect effective integration of maternal nutrition interventions into the ANC platform under the RMNCHA program?
- What are the impacts of interventions on knowledge and practices?

OUTCOMES

Improved knowledge and practices pertaining to:

- Dietary diversity during pregnancy (MDD-W)
- Adequate protein, energy and micronutrient intake
- Intake of IFA and calcium supplements
- Early initiation of breastfeeding
- Gestational weight gain
- Anemia

TIMELINE

Baseline: December 2017

Endline: April 2019

THE INTERVENTION

Additional nutrition services

- At-home food demonstrations
- Peer group problem-solving discussions
- IFA and calcium family counseling at home visits
- Weight check and weight gain chart for at-home use
- Micronutrient, diet and weight gain reminder messages
- Counseling focused on maternal nutrition and early initiation of breastfeeding

Community mobilization

- Husbands' forums with video (Ratri Chaupal)
- Village Health and Nutrition Days (VHND)
- Community sensitization sessions with leaders and local doctors

Health system support

- Training and monthly refreshers
- Materials from training and job aid
- Supervision visits from government and project staff
- Supervision checklist and feedback during visits
- Support for IFA and Calcium procurement

Urban Nutrition

IN NGO-OPERATED FACILITIES

BANGLADESH

Significant gaps exist in access to quality nutrition services in urban areas, particularly for the poor. MIYCN counseling during ANC and nutrition counseling during sick child visits is inconsistent, coverage is low, and quality of interventions is neglected and weak. A&T's implementation research carried out in eight urban NGO-operated facilities in Dhaka addresses these gaps.

EVALUATION DESIGN

Quasi-experimental design with non-randomized allocation to intervention

RESEARCH QUESTIONS

- Is it feasible to integrate MIYCN services into existing urban health facilities?
- Can coverage and quality of MIYCN practices be improved by integrating MIYCN services into existing urban health facilities?
- Can MIYCN interventions within health services improve nutrition outcomes?
- What factors most affect implementation of the urban MIYCN model?

OUTCOMES

1. Improved knowledge and practices pertaining to:
 - Early initiation and exclusive breastfeeding
 - Complementary feeding—dietary diversity, other practices
 - Consumption of IFA and calcium supplements during pregnancy
 - Maternal diet diversity and quantity of food consumed
2. Improved services related to:
 - Provision and quality of MIYCN services in health facilities

TIMELINE

Baseline: March 2020

Endline: December 2021

THE INTERVENTION

Additional services via NGOs

- Training on MIYCN
- Standardized layout for MIYCN counseling room
- Standardized MIYCN-specific SBC materials and job aids
- Dedicated health facility counselor (compensated) or other staff to counsel on diet; promote and counsel on IFA and calcium supplements; monitor weight gain; and counsel on breastfeeding and complementary feeding
- Dedicated community worker (compensated by project) to promote MIYCN services and provide support for follow-up with dedicated counselors
- Community mobilization through local mass media and leaders for MIYCN services

Urban & Rural Nutrition

USING SBCC PLATFORMS FOR IYCF

NIGERIA

Limited evidence is available on how to effectively address urban and rural malnutrition at scale. A&T's project in Nigeria adapts the proven A&T IYCF implementation framework and tests its applicability in a large urban setting and a diverse rural area. Carried out in urban Lagos and rural/urban Kaduna states, A&T's large-scale impact evaluation assesses the impact on breastfeeding and complementary feeding of national and state-level advocacy; mass communications; interpersonal communication and community mobilization; and the strategic use of data.

EVALUATION DESIGN

Large-scale cluster-randomized mixed methods impact evaluation

RESEARCH QUESTIONS

- What is the impact of delivering a multi-component (advocacy, IPC, community mobilization, mass media, strategic use of data) on IYCF practices in Lagos/urban and Kaduna/rural areas?
- What does this implementation experience tell us about working in a large urban setting?

OUTCOMES

1. Improved knowledge and practices pertaining to:
 - Early initiation of breastfeeding
 - Exclusive breastfeeding
 - Introduction of complementary feeding (minimum dietary diversity, minimum feeding frequency)

TIMELINE

Baseline: December 2017

Midline: November 2019

Endline: March 2021

THE INTERVENTION

LGAs in Lagos and Kaduna states

- Roll-out of Nigeria-adapted WHO/UNICEF C-IYCF package of materials for IPC (individual or group) including training, materials and support supervision
- Mass communication using radio and TV; out-of-home billboards, posters, ads on buses, neighborhood loudspeakers, TV spots on LCD screens at health facilities, shown by mobile vans; and digital (website and social media) to promote IYCF practices
- Advocacy that supports the national nutrition plan of action; the International Code of Marketing of Breastmilk Substitutes (Code) and maternity entitlements; and other IYCF policies
- Community mobilization to engage influential audiences
- Strategic use of data for program design decisions, to shape advocacy and improve program implementation and management

Urban Nutrition

IN PRIVATE HEALTH FACILITIES

NIGERIA

Most Lagos health facilities are private, constituting the most common points-of-care for ANC and well-child care. Yet private facility-based providers often have gaps in knowledge of optimal breastfeeding practices, and many do not counsel women on infant and young child feeding (IYCF). They also lack materials to support counseling during regular ANC and maternal and child health (MCH) visits.

A&T's implementation research in 20 private health facilities in Lagos assesses how these gaps can be addressed.

EVALUATION DESIGN

Quasi-experimental longitudinal cohort study comparing women in intervention and comparison health facilities

RESEARCH QUESTIONS

- Can IYCF interpersonal communication (IPC) and support delivered by private providers effectively improve IYCF practices in urban areas? And at what cost?
- What motivates private health service owners and providers to address IYCF during the provision of routine ANC and MCH services?
- Does demand and utilization of ANC and MCH services increase when IYCF services are improved?

OUTCOMES

1. Improved knowledge and practices pertaining to:
 - Early initiation of breastfeeding
 - Exclusive breastfeeding
 - Introduction of complementary feeding
2. Improved services related to:
 - Use/coverage of ANC and MCH services

TIMELINE

Baseline: December 2019

Endline: October 2020

THE INTERVENTION

Private health facility nutrition services

- Support to implement Baby-Friendly Hospital Initiative
- IYCF training for staff
- Distribution and use of IYCF materials during ANC and post-natal care (PNC)
- Group counseling sessions on breastfeeding during ANC and PNC
- Breastfeeding champions as peer educators
- Father/family engagement on breastfeeding during facility-sponsored quarterly baby showers
- Engagement of midwives during delivery to facilitate early initiation of breastfeeding
- Scripted breastfeeding messages sent via mobile phone (bulk SMS and WhatsApp groups—pregnant women and mothers only)
- Breastfeeding messages during immunization and well child visits

Innovation

USING HOME VISITS FOR NUTRITION

INDIA

The Ministry of Health and Family Welfare implements Home-Based Newborn Care (HBNC) up to 42 days after birth; then home visits focus on immunization and healthcare for childhood illnesses. To fill gaps, including reinforcing the importance of exclusive and continued breastfeeding, adequate age-appropriate complementary feeding, and early childhood development from 3 to 15 months, the government developed a program of five additional structured home visits, Home-Based Care for Young Children (HBYC). A&T's implementation research carried out in two districts of Bihar (Gaya and Sitamarhi) assessed the system's readiness and the status of baseline outcome indicators to facilitate effective rollout of the enhanced program.

EVALUATION DESIGN

A baseline cross-sectional design survey using mixed methods

RESEARCH QUESTIONS

- What is the baseline coverage and use of child health and nutrition interventions by FLWs?
- What are the baseline enablers and barriers to the demand for and supply of child health and nutrition interventions delivered through HBYC?

OUTCOMES

1. Status of knowledge and practices pertaining to:
 - Early initiation of breastfeeding
 - Exclusive breastfeeding
 - Age-appropriate complementary feeding practices
2. Learnings related to:
 - Enablers and barriers to service delivery and demand for services and practices

TIMELINE

Baseline: December 2019

THE INTERVENTION

Technical assistance from A&T

- Communication materials, training package and implementation plan
- Training of trainers, supportive supervision, and monitoring of quality of training and supervision visits

Government program

- Five additional home visits by Accredited Social Health Activists during a child's 3rd, 6th, 9th, 12th, and 15th month to ensure exclusive and continued breastfeeding, adequate complementary feeding, age-appropriate immunization, and early childhood development
- Quarterly visits to low birth weight babies. The Sick Newborn Care Unit (SNCU) and Nutrition Rehabilitation Center (NRC) now aligned with this new HBYC schedule

Innovation

FOR ADOLESCENT NUTRITION

ETHIOPIA

The federal government adopted a package of adolescent nutrition interventions in the Ministry of Health's national guidelines, including health education with nutrition content delivered through education and health platforms. Yet, the delivery and effectiveness of these school-based interventions are uncertain. A&T's implementation research in 31 schools in Southern Nations Nationalities and People's Region (SNNPR) and 23 schools in Somali Region tests the feasibility and impact of implementing a package of locally tailored adolescent nutrition interventions through schools, health and community platforms.

EVALUATION DESIGN

Two-arm cluster-randomized, two cross-sectional surveys with a sub-sample panel of in-school adolescent girls

RESEARCH QUESTIONS

- Is it feasible to integrate locally relevant adolescent nutrition interventions through school-based platforms?
- What are the barriers and opportunities for strengthening school-based nutrition interventions for adolescents?
- What are the impacts of these interventions on adolescent girls' nutrition and health knowledge and practices?

OUTCOMES

1. Improved knowledge and practices of adolescent girls and their parents pertaining to:
 - Dietary quality (dietary diversity; micronutrient, protein and energy intake)
 - Adequate energy consumption (three diversified meals plus health snack)
 - Consumption of soda and other unhealthy foods
 - Handwashing
2. Improved school teacher, principal and health extension worker knowledge of:
 - Benefits of and interventions for dietary diversity, healthy foods/snacks, and handwashing

TIMELINE

Baseline: December 2019

Endline: March 2021

THE INTERVENTION

In schools

- Nutrition education and skills for adolescents provided by principals and teachers
- Support for adolescent nutrition in peer-to-peer support groups
- Promotion of adolescent nutrition practices, including with parents
- Post-quarterly BMI measurements and counseling sessions
- Adolescent nutrition messages integrated into extracurricular activities
- Monthly school visits by health extension worker (HEWs)

Through health facility and in homes

- Counseling on adolescent nutrition for parents during health facility visits
- Support for HEWs and community health workers to provide nutrition education to adolescents and parents during home visits

In the community

- Monthly community gatherings on adolescent nutrition
- Training and provision of materials to community leaders and others in the community
- Biweekly supportive supervision and monthly data review sessions

Innovation

ENGAGING FATHERS IN COMPLEMENTARY FEEDING

NIGERIA

Fathers' engagement in complementary feeding of children from 6-23 months can be a determinant of complementary feeding practices. A&T's implementation research in Kaduna State tests an innovation that draws on religious and traditional leaders to promote involvement of fathers in complementary feeding practices, reinforced by enrolling fathers in a program to receive text messages on complementary feeding via mobile, and introducing similarly-focused counseling cards for government community health extension workers (CHEWs) to utilize during home visits.

EVALUATION DESIGN

Pre/post quasi-experimental mixed methods

RESEARCH QUESTIONS

- Can religious and community leaders/institutions motivate the engagement of fathers/husbands in ensuring complementary feeding?
- Can mobile phone contacts maintain the engagement of fathers to facilitate household availability of diverse foods for complementary feeding?

OUTCOMES

1. Improved knowledge and practices pertaining to:
 - Dietary diversity among children 6-23 months
 - Fathers dietary diversity knowledge, beliefs and support
2. Program learning related to:
 - Facilitators and barriers to community-based interventions and cell phone contacts to engage fathers

TIMELINE

Baseline: December 2019

Endline: January 2021

THE INTERVENTION

- SMS messages sent to fathers on complementary feeding
- Religious sermons related to fathers' role in complementary feeding
- Counseling card to be used during home visits by CHEWs

Policy Advocacy

FOR BREASTFEEDING POLICIES

BURKINA FASO

In November 2019, Alive & Thrive, UNICEF, and the WHO launched a multi-year advocacy and social and behavior change initiative to improve exclusive breastfeeding in West and Central Africa. A review of data from across the region showed that the greatest barrier to exclusive breastfeeding was the practice of giving water to children under six months. This initiative, “Stronger with Breastmilk Only,” (SWBO) aims to overcome this barrier by promoting family-friendly policies and social change.

RESEARCH DESIGN

Qualitative methods

RESEARCH QUESTIONS

- Were the advocacy and partnership activities implemented as part of SWBO campaign effective in changing the policy and programmatic environment to better support exclusive breastfeeding?
- What advocacy activities, strategies and tactics took place at the national and sub-national levels?
- What conditions and factors influenced the process of policy and programmatic changes?
- Were change objectives reached?

OUTCOMES

- Resource allocation for breastfeeding programs at sub-national level
- Implementation and enforcement of the Code
- Breastfeeding counseling data for ANC and PNC included in the national annual surveys as well as routine health information system
- Increased coverage and quality of breastfeeding counseling at health facilities

TIMELINE

Starting in April 2021

METHODS

- Desk review to document the interventions, activities, and the observed results, as well as the broader policy context
- Regular calls with A&T staff and partners to provide inputs on the theory of change and activities
- Semi-structured interviews with key informants on factors that have contributed to outcomes
- Ongoing documentation of activities and processes

Policy Advocacy

FOR BREASTFEEDING POLICIES

PHILIPPINES

In recent years, the Philippines has achieved significant policy change related to maternity protection and creating an enabling environment for breastfeeding. The Philippines was among the first countries to pass national legislation on the International Code of Marketing of Breastmilk Substitutes (Code) in 1986. In 2006, the Implementing Rules and Regulations of the Code were revised to align with international standards and were approved. In 2018, maternity entitlements increased substantially and covered public, private, and informal sector workers. This study aims to increase understanding the effectiveness of policy interventions in the Philippines to address the structural determinants of breastfeeding.

RESEARCH DESIGN

Qualitative methods (desk review, in-depth interviews)

RESEARCH QUESTIONS

- What does an analysis of policies tell about the areas for improvement related to maternity protection and the Code?
- How do we improve future policy design and advocacy efforts for breastfeeding promotion, protection and support?

OUTCOMES

Learning on:

- National maternity protection and policies related to the Code
- Implementation, coverage, monitoring, and enforcement of policies
- Impact of Code policies on the exposure to breastmilk substitute (BMS) marketing; and impact of maternity protection policies on work force participation of women
- Perceptions of stakeholders about policies—perceived benefit, limitations, difficulties, areas for improvement, and recommendations

TIMELINE

April 2020 – May 2021

METHODS

- In-depth interviews with policy makers or authorities at the national and provincial level and stakeholders from the UN, NGOs, research organizations, the media, and employers or health workers
- Collection and review of policies relating to maternity protection and the Code and data sources on implementation, coverage, monitoring, and enforcement through government
- Use of other secondary data from national surveys and trends

Policy Advocacy

FOR BREASTFEEDING POLICIES

VIET NAM

In recent years, Viet Nam has achieved significant policy change related to maternity protection and implementation of the Code. The National Assembly extended paid maternity leave from four to six months, effective from 2013. Working mothers in Vietnam are also entitled to paid nursing breaks (up to 60 minutes) by law, for up to 12 months. The funding is from the social security fund. In 2012, the National Assembly voted in favor of implementing a total ban on the promotion of BMS for children up to two years of age. This study aims to examine the potential impact of the new and updated policies and bottlenecks for successful implementation based on available documentation and perspectives of stakeholders.

RESEARCH DESIGN

Mixed methods (desk review, trend data analysis, quantitative and qualitative data)

RESEARCH QUESTIONS

- What does an analysis of policy participation and the perceptions of pregnant and lactating women who have been affected by the policies tell about the areas for improvement?
- How do we improve future policy design and advocacy efforts for breastfeeding promotion, protection and support?

OUTCOMES

Learning on:

- National maternity protection and policies related to the Code
- Implementation, coverage, monitoring, and enforcement of policies
- Impact of the Code policies on the exposure to BMS marketing; and impact of maternity protection policies on work force participation of women
- Perceptions of stakeholders and beneficiaries about policies—perceived benefit, limitations, difficulties, areas for improvement, and recommendations

TIMELINE

December 2019 – April 2021

METHODS

- In-depth interviews with policy makers or authorities at the national and provincial level and stakeholders from the UN, NGOs, research organizations, the media, and employers or health workers
- Survey of pregnant women or mothers of children aged 0-11 months; in-depth interviews with a sub-set and their partners
- Collection and review of policies relating to maternity protection and the Code and data sources on implementation, coverage, monitoring, and enforcement through government
- Use of other secondary data from national surveys and trends