



## Alive & Thrive’s Strategies for Improving Infant and Young Child Feeding Practices

A&T’s overarching model is based on the assumption that sustainable improvements in breastfeeding and complementary feeding can be achieved through strategies to:

1. Improve the policy and regulatory environment to support IYCF interventions and practices
2. Create, shape, and support demand for improved IYCF social norms and practices at the community and family levels
3. Increase supply, demand, and use of fortified complementary foods and related products

The strategy for achieving each of A&T’s objectives is summarized below and illustrated in figures 1-3. A&T’s core interventions are policy dialogue, social and behavior change communication and improved service delivery, and an affordable and available fortified product for children 6-24 months of age. The core interventions appear in the center of figures 1-3 and are surrounded by the core implementation components. The success of the core interventions depends on the effectiveness of their implementation. The core implementation components such as partnerships, capacity building, community engagement, cultivation of IYCF champions, and advocacy for financial investment in IYCF by other organizations build a foundation for sustainability.

**Objective 1: Improve IYCF policy and regulatory environment.** Policymakers worldwide often express sentiments such as “Breastfeeding isn’t a problem here. Nearly all of our women breastfeed.” They fail to recognize the impact of sub-optimal feeding practices on infant survival, educational potential, and economic development and instead view malnutrition solely as a food security issue that results from poverty. These attitudes lead to underinvestment in direct interventions to reduce undernutrition. Further, lack of implementation, monitoring, and funding of policies and associated regulations hinder the effectiveness of IYCF interventions. To address these barriers, A&T is:

- Using targeted and evidence-based advocacy to raise policymaker and civil society understanding of IYCF issues and to garner consensus, sustained commitment, and support
- Initiating dialogue to support policies, guidelines, and norms to ensure an enabling environment for good IYCF practices in the workplace, marketplace, and health facility
- Building the capacity of national organizations to address gaps in the policy and regulatory environment and cultivating IYCF champions

As shown in figure 1, A&T is facilitating policy dialogue through assessments of policymakers’ attitudes and beliefs (opinion leader research), alliance building with key influencers (policymakers, officials, opinion leaders), and capacity building of IYCF champions such as

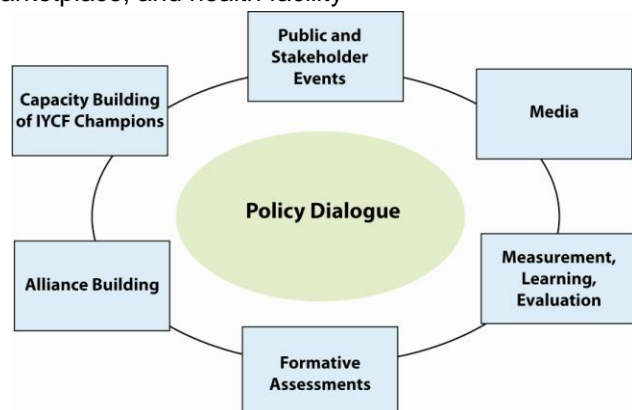


Figure 1. Improving the Policy & Regulatory Environment

journalists, health professionals, and women’s groups. Examples of public and stakeholder events include technical seminars and ceremonies launching World Breastfeeding Week. Messaging in the mass media and through policy briefs and other publications also contributes to policy dialogue. Measurement, learning, and evaluation (MLE) activities, including networking analyses, inform the dialogue.

**Objective 2: Shape IYCF demand and practice.** Limited IYCF knowledge and skills, incentives, supervision, and time for counseling hinder the promotion and support of good IYCF practices by health professionals and frontline workers. Limited knowledge, time, support, access to resources, and decision-making authority also hinder the adoption of recommended IYCF practices by mothers. A&T is addressing these barriers by improving the supply (delivery) of quality IYCF services, creating value and demand for these services that responds to consumer desires, and fostering recommended IYCF practices at the household and community levels. Efforts to improve supply are directed to service providers while efforts to increase demand and practice are directed to pregnant women, mothers of children under two, family members, peers, and community leaders. We believe these efforts will lead to measurable demand for and utilization of IYCF services and the adoption of improved IYCF practices.

The implementation components needed for effective delivery of quality IYCF services and the components of social and behavior change communication are discussed listed below and shown in figure 2.

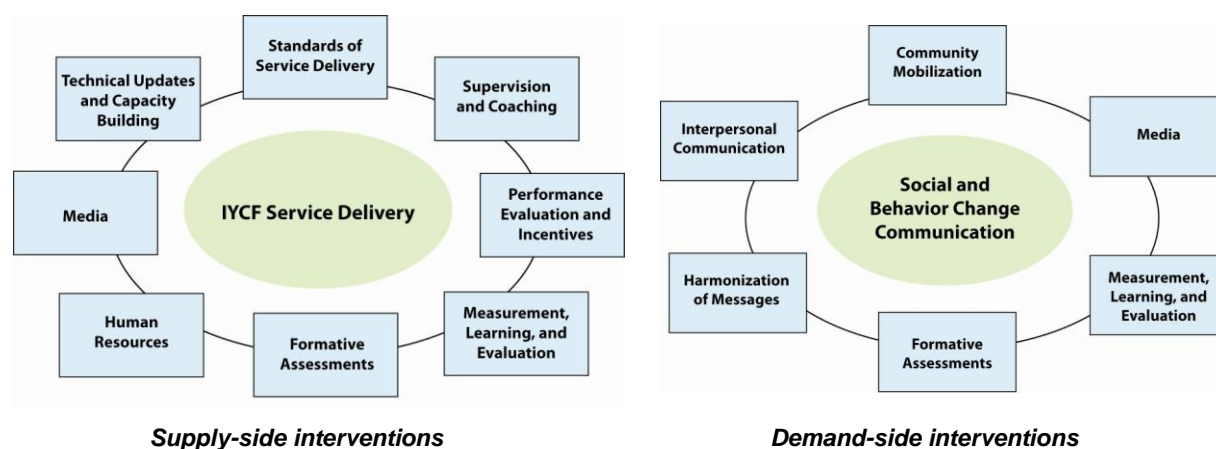


Figure 2. Shaping IYCF Demand and Practice

**Supply-side interventions.** The objective of supply-side interventions is to ensure access to timely and accurate IYCF information and quality services through:

- **Formative assessments** of service providers and health facilities to identify attitudes, practices, and procedures that hinder or foster good IYCF practices
- **Aligning human resources** with intervention needs, e.g., hiring IYCF promoters to support BRAC’s community health volunteers, changing or shifting job responsibilities, and adjusting the size of a frontline worker’s service area
- **Technical updates** tailored to the needs of service providers, and development or revision of training modules and curriculum
- **Capacity building** of existing service providers to ensure that they have the knowledge and skills to provide appropriate advice, messages, and support
- **Job aids** such as checklists and counseling cards to help service providers negotiate behaviors with mothers and families

- **Mobile phones** to increase the supply and timeliness of IYCF information and counseling services and to facilitate communication between frontline workers and their supervisors and between frontline workers and mothers in their service area
- **Supportive supervision** and, in some cases, **incentives** to facilitate on-the-job learning, improve performance, and encourage and motivate frontline workers
- **Standards for IYCF service provision** in health facilities in Viet Nam including upgraded counseling rooms
- **Performance evaluation** to determine compliance and competence in service delivery
- **Measurement, learning, and evaluation** to assess the effectiveness of training in influencing frontline worker skills and performance, the quality and scale of service delivery, and the utilization of A&T services by the intended audiences

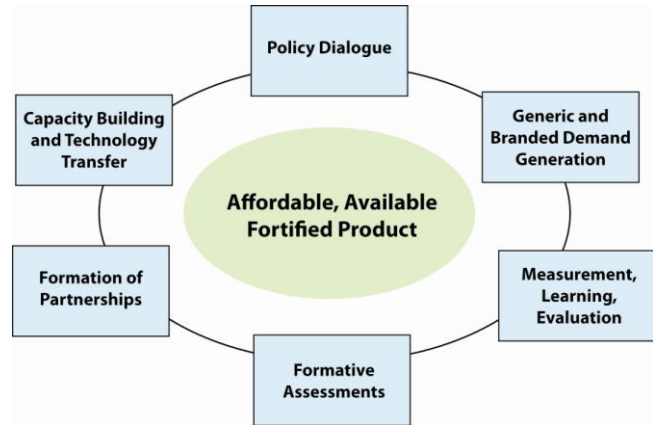
**Demand-side interventions.** To shape demand and support for good IYCF practices, A&T is applying well-tested marketing principles of social and behavior change communication. These principles include a situation analysis with formative assessments, identification of priority audiences and appropriate communication channels, development and testing of messages and materials, and a limited number of core messages. The A&T strategy addresses both individual behaviors and social norms and conditions. A&T is shaping demand by delivering messages consistently and frequently through multiple behavior change channels to reach primary and secondary audiences and engaging the media and a growing number of diverse organizations to promote harmonized IYCF messages. The implementation components of the social and behavior change communication approach include:

- **Media audit and formative research** with mothers, family members, and community leaders to identify critical feeding problems, constraints, and opportunities and to use the results in designing targeted communications strategies
- **Harmonization of messages** through stakeholder meetings, working groups, and outreach to various agencies, organizations, and sectors to achieve consistency in messaging to opinion leaders, service providers, and parents
- **Interpersonal communications** to personalize the message, ask and respond to questions, teach and demonstrate skills, and provide ongoing encouragement and support during home visits, group discussions, mother support groups, informal encounters in the community, and counseling sessions at health centers
- **Community mobilization** activities to engage groups such as religious leaders, teachers, elders, women's associations, farmers' unions, and adolescents in IYCF promotion and support, generate demand for IYCF services, facilitate dissemination, and establish recommended practices as the social norm
- **Audience-oriented and appealing media** including TV and radio spots and programs, newspaper articles, village loudspeaker network, video vans, client materials, literacy booklets, certificates, and branding materials to reinforce messages, remind audiences of the desired behaviors, recognize achievement, and increase the perceived "value" of IYCF services
- **Measurement, learning, and evaluation** to assess the impact of the media and factors influencing trial and adoption of recommended practices among caregivers of infants and young children

***Objective 3: Increase supply, demand, and use of fortified complementary foods and related products.*** Several steps are required to meet this objective, as discussed below and illustrated in figure 3.

- **Assessments** of nutritional gaps, production capacity, distribution channels, business and market opportunities, and likely effective demand for specific fortified products
- **Formation of partnerships** through dialogue with private sector and institutional producers of fortified complementary foods and related products

- **Capacity building and technology transfer** through technical support on issues such as product formulation, quality standards, supply chain, and distribution channels
- **Policy dialogue** to ensure public sector support and appropriate regulations
- **Creation of an enabling environment** through A&T's demand generation work (described above), policy dialogue, and assistance in designing product marketing strategies that link to other A&T-supported activities and use A&T formative data collected on consumer preferences and feeding practices



**Figure 3. Increasing Supply, Demand, and Use of Fortified Complementary Foods Related Products**

### Alive & Thrive Theory of Change

The impact of the strategies outlined above takes into account the effect that improved breastfeeding and complementary feeding practices will have on micronutrient status (e.g., less iron deficiency), improved growth, and reduced morbidity caused by diarrhea and respiratory infections.

