



INTERPERSONAL COMMUNICATION & COMMUNITY MOBILIZATION

Infant and young child
feeding at scale

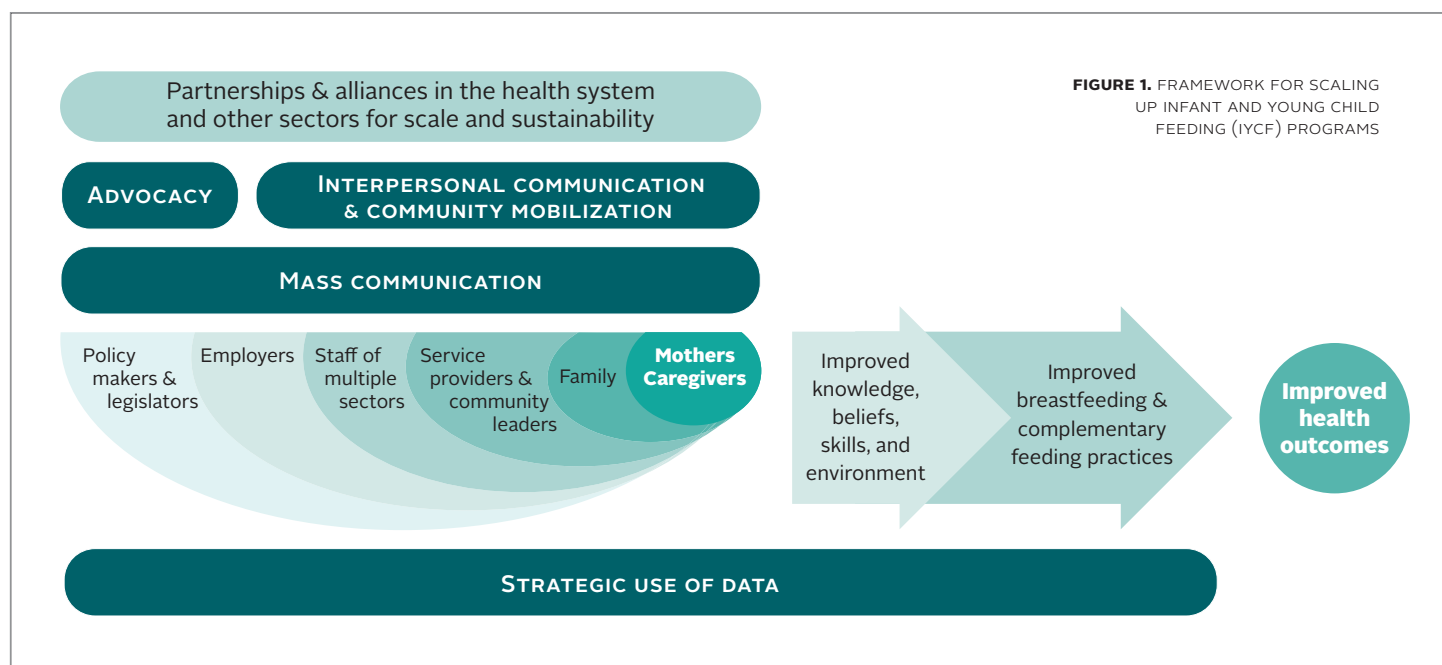
THE ALIVE & THRIVE INITIATIVE

Bangladesh, Ethiopia, and Viet Nam recently achieved rapid, significant, and large-scale improvements in infant and young child feeding (IYCF) practices by implementing interpersonal communication and community mobilization strategies as part of a multicomponent approach (figure 1). Alive & Thrive's¹ four components aim to save lives and help ensure a healthier future by improving feeding practices. This brief highlights the value of direct, face-to-face communication with mothers and community opinion leaders; provides an overview of interpersonal strategies Alive & Thrive used to achieve scale and behavior change; and outlines lessons learned.

¹ This brief describes interpersonal communication and community mobilization activities from 2009 to 2014 funded by the Bill & Melinda Gates Foundation through Alive & Thrive, an initiative to reduce child undernutrition by improving infant and young child feeding practices at scale.

What is the interpersonal component?

Interpersonal communication involves face-to-face conversations and activities between frontline workers and mothers or family members. Workers personalize messages, demonstrate skills, and provide encouragement during home visits, support group meetings, and sessions at health centers. Community mobilization includes one-on-one or group meetings to elicit support for feeding practices and for frontline workers' activities. It aims to orient community leaders and obtain their commitments for actions they will take to support mothers, families, and frontline workers.



DISTINCTIVE FEATURES OF ALIVE & THRIVE'S INTERPERSONAL APPROACH

- **Reaches large scale by setting targets** for numbers of families to reach—in the millions
- **Builds on existing programs**, helping align the agendas and materials of many program platforms
- **Encourages adoption and adaptation** by broadly and openly sharing the model with other programs
- **Systematically improves frontline workers' reach and performance** through workload allocation, incentives, meetings, supportive supervision, refresher training, monitoring, and ongoing use of data
- **Focuses on behavior**, with frontline workers and supervisors held accountable for behavior change
- **Encourages concrete actions** by family members and community leaders to support mothers' behaviors by shifting social norms

Why is the face-to-face component important?

As one expert has said, “People talking to people is still how the world's standards change.” Especially when combined with advocacy, mass communication, and strategic use of data, interpersonal communication can drive behavior change. The personal touch means that frontline workers can introduce priority feeding practices at just the right time, show families that the baby likes the improved foods, bolster confidence, and guide families to change the home environment to support practices. Community mobilization engages local leaders in supporting the new feeding practices and the frontline workers' activities. Community mobilization can help create new social norms and bring about lasting behavior change.

What was Alive & Thrive's approach for interpersonal communication and community mobilization?

The process for developing interpersonal communication strategies was iterative and built on the principles of behavioral science, systems approaches, and social marketing. Counseling and mobilization approaches were adapted to suit the available community health delivery systems.

UNDERSTAND THE SITUATION. Each country gathered data through situational assessments, formative research, and health services utilization reviews. Formative studies looked at mothers' and health workers' beliefs, attitudes, and perceptions that hinder or foster good feeding practices. Existing programs were identified as potential platforms for interpersonal interventions. Ratios between frontline workers and households and between supervisors and frontline workers were assessed.

FOCUS AND DESIGN. Each country identified the priority behaviors to promote—those that would have the greatest health impact and were feasible for families to adopt. Program planners applied a behavioral approach to improve frontline worker performance through supervision, incentives, and a streamlined monitoring mechanism. Delivery modes varied by country and included home visits by incentivized NGO community health workers in Bangladesh, outreach by government health extension workers and volunteers in Ethiopia, and counseling by health providers at franchised primary health care centers in Viet Nam. The community mobilization activities were created to spark interest and secure commitments from leaders.

CREATE COMMUNICATION MATERIALS. Bangladesh, Ethiopia, and Viet Nam designed protocols, job aids, and training manuals for face-to-face activities to fit the program's behavioral objectives, capacities, and needs. For example, in Bangladesh, a pocket-size reminder card helped standardize messages for thousands of frontline workers in different stakeholder programs. Ethiopia and Viet Nam developed more elaborate print materials to support frontline workers. Multiple rounds of pretesting ensured that materials were readily understood, easy to handle, acceptable, appealing, and persuasive. Showing TV spots and other video materials enhanced community mobilization.

IMPLEMENT AND MONITOR. Alive & Thrive programs trained thousands of frontline workers to deliver quality counseling services. Workers and their supervisors were told how job performance would be assessed. Frontline workers were encouraged to hold a series of meetings with mothers at specific times, tailored to the child's age. Performance monitoring and supportive



supervision were used to check quality and coverage. In Ethiopia, a separate monitoring system was developed to provide periodic reporting on program implementation. Community mobilization was implemented by frontline workers, program organizers, and/or other local organizations or vendors.

USE DATA FOR STRATEGIC ADJUSTMENTS. Monitoring data were constantly fed back into program planning. Checklists, monitoring forms, incentives, field supervision, and refresher training activities were adjusted based on data.

What were the results?

Alive & Thrive demonstrated in three large countries that face-to-face activities were “scalable,” reaching millions of mothers and community members. Alive & Thrive data show that:

- **Dramatic changes in feeding practices happened fast**, especially where interpersonal communication and community mobilization were implemented along with mass communication.
- **Interpersonal communication was efficacious.** In Viet Nam and Bangladesh, increases in exclusive breastfeeding were more dramatic in areas where interpersonal communication accompanied mass media.
- **Interpersonal communication reached approximately 3.7 million mothers** of children under 2 years of age in program areas in three countries. Where A&T’s intensive interpersonal communication component was implemented, the majority of mothers with children under 2 years of age discussed infant and young child feeding with a frontline worker, at home or in a facility.
- **Adoption of the interpersonal communication model by other programs extended reach.** By 2014 in Bangladesh, for example, A&T-inspired interpersonal communication was delivered in 222 subdistricts, where 4.8 million children under age 2 live (60 percent of the country’s target group).

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aliveandthrive@fhi360.org

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What did we learn?

INTERPERSONAL COMMUNICATION CAN BE IMPLEMENTED AT SCALE and still delivered with high enough quality to result in behavior change.

A SYSTEMS APPROACH IS ESSENTIAL. Quickly reaching scale with this labor-intensive interpersonal component requires health worker performance improvement, financing, partnerships, and logistics support.

IMPROVING FRONTLINE WORKER PERFORMANCE NEEDS MORE THAN TRAINING AND A FLIPCHART. A reasonable workload, performance recognition, and sustained support through direct contact with supervisors and peers at monthly or quarterly meetings are essential.

BEHAVIORAL THEORY IMPROVES DESIGN OF INTERPERSONAL COMMUNICATION. With a focus on priority behaviors and their determinants, frontline workers' activities can lead to improved feeding practices.

ACCOUNTABILITY CAN KEEP THE FOCUS ON BEHAVIOR. Use of monitoring data, including mothers' reported behaviors, can hold health managers and workers accountable for reach and for behavior change.

WITH MULTIPLE PARTNERS USING THE SAME INTERVENTIONS, SOCIETAL NORMS BEGIN TO SHIFT. The "low tech" nature of interpersonal counseling and community mobilization makes them readily adaptable to diverse programs. Large scale reach becomes possible, and with scale the new behaviors are seen as "normal."

COMPREHENSIVE PROGRAMS RESULT IN MORE BEHAVIOR CHANGE. Almost across the board, A&T's impact on behaviors was highest when a mother was exposed to both mass media and interpersonal communication.

Want to learn more?

Visit the website for tools and resources:

www.aliveandthrive.org

COMMUNICATION STRATEGIES

- National communication framework and plan for infant and young child feeding in Bangladesh
- Getting strategic with interpersonal communication: improving feeding practices in Bangladesh (e-magazine)
- Tailoring communication strategies to improve infant and young child feeding practices in different country settings (Food and Nutrition Bulletin 2013: 34(3) (suppl):S169-180)

CAPACITY BUILDING

- National training manual on infant and young child feeding (Bangladesh)
- Training manual on complementary feeding (Ethiopia)
- Training videos on breastfeeding, complementary feeding, and food preparation

TOOLS

- Toolkit for infant and young child feeding counseling services: a social franchise model (Viet Nam)
- Counseling materials (Ethiopia and Viet Nam) and pocket-size reminder job aid (Bangladesh)
- Guidelines for facilitating a community-based support group meeting on infant and young child feeding (Viet Nam)
- Observation checklist of counseling by frontline workers (Bangladesh)
- Community-based IYCF in Bangladesh: implementation manual and reports on performance-based incentives and community mobilization



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