



STRATEGIC USE OF DATA

Infant and young child feeding at scale

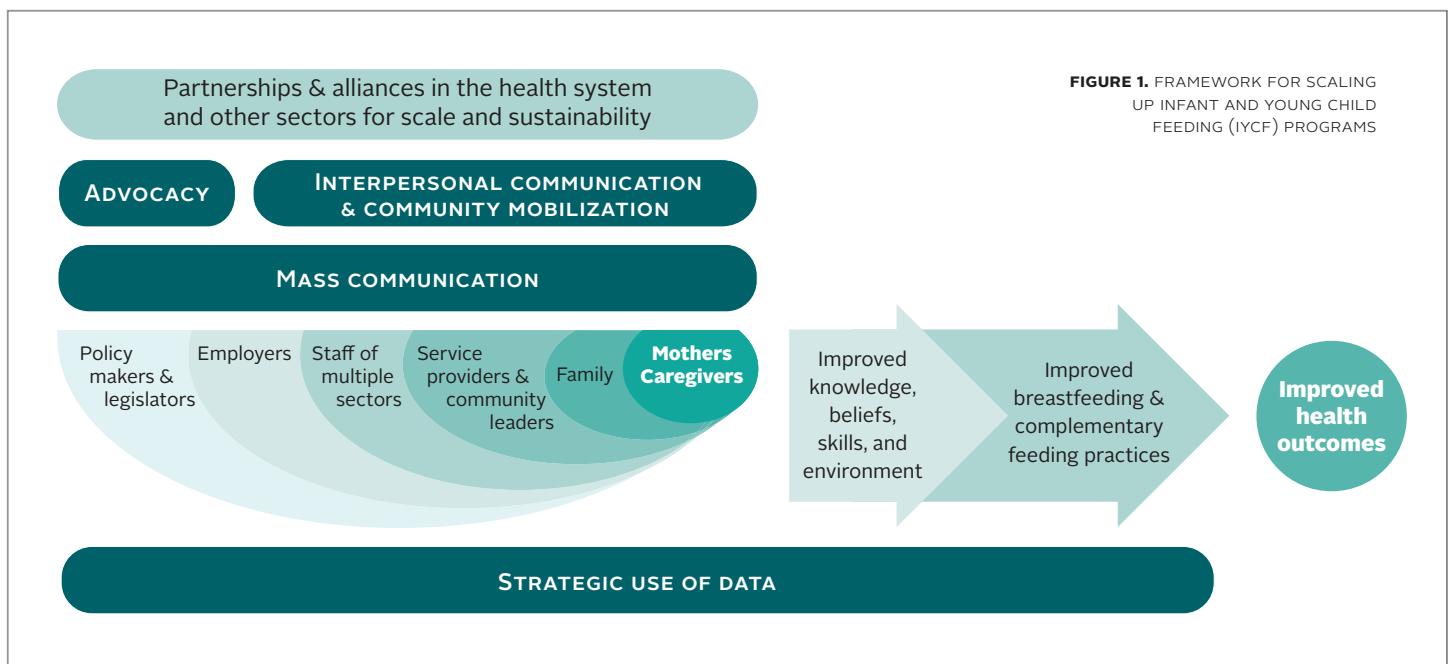
THE ALIVE & THRIVE INITIATIVE

Alive & Thrive's framework for infant and young child feeding (IYCF) programs implemented at scale (figure 1) highlights strategic use of data as one of its key components. Together with advocacy, interpersonal communication and community mobilization, and mass communication, strategic use of data can improve program design and maximize impact. This brief describes how data were used strategically by Alive & Thrive to improve breastfeeding and complementary feeding practices.

What is strategic use of data?

Strategic use of data refers to the use of data throughout the entire program cycle to make decisions about program design, shape advocacy messages, and improve program implementation and management (figure 2, next page). It may include the use of varied sources and types of data such as scientific research, nationally representative surveys, formative research, ethnographic studies, routine monitoring, operations research, and well-designed evaluations.

¹ This brief reports on advocacy 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.



DISTINCTIVE FEATURES OF ALIVE & THRIVE'S APPROACH TO DATA USE

- **Measurable goals.** The program was designed with a strong emphasis on achieving clearly articulated, measurable goals. Country teams were held accountable to achieving targets but also encouraged to innovate and adapt as necessary to obtain results.
- **Early evaluation design.** Developing the evaluation design early allowed A&T to implement a rigorous impact evaluation.
- **Frequent collection of outcome data.** Some outcome level data were available annually in each country. This allowed us to understand early whether interventions were likely to have an impact.
- **Adequate resources for monitoring and evaluation.** From 12 to 19 percent of in-country costs were dedicated to monitoring, learning, and evaluation.

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Why is strategic use of data important?

Alive & Thrive believes that data-informed decisions resulted in better programs in Bangladesh, Ethiopia, and Viet Nam. Research conducted prior to Alive & Thrive guided the program design, which focused on interventions previously proven to be effective at reducing morbidity, mortality, and stunting, such as promotion of exclusive breastfeeding for six months and counseling on complementary feeding. Though national data sources provided some indications of the prevalence of stunting and the IYCF behaviors that were most likely contributing to undernutrition, they were not necessarily representative of the areas where Alive & Thrive planned to operate. Baseline data collected by the International Food Policy Research Institute (IFPRI) allowed Alive & Thrive to set realistic targets for exclusive breastfeeding, stunting reduction, and behavior change that were specific and relevant to the geographic areas targeted by the program.

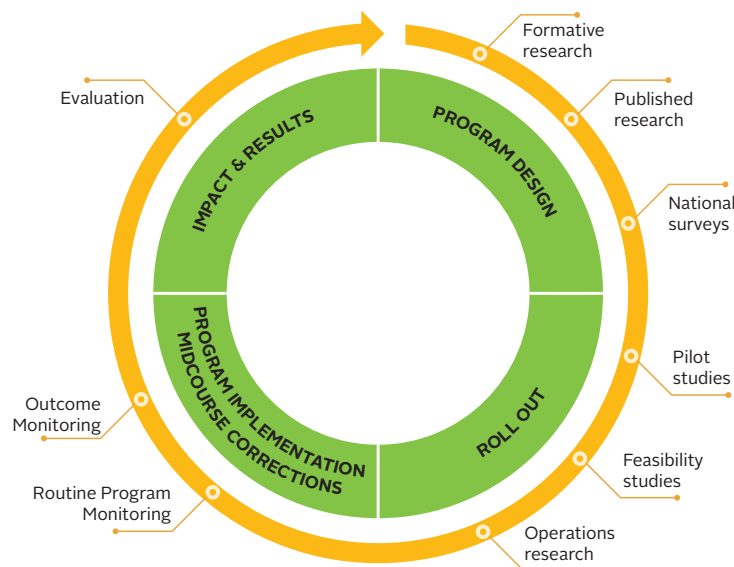


FIGURE 2. STRATEGIC USE OF DATA OVERVIEW

Alive & Thrive aimed to create a supportive environment for optimal feeding practices and change a variety of behaviors. In all three countries, opinion leader research helped us understand the nature and magnitude of gaps in policymakers' knowledge and perceptions before embarking on policy and advocacy efforts. Formative research helped us prioritize behaviors and identify small doable actions that would have a large impact.

For example, in Bangladesh one reason for not washing hands before preparing children's food was the absence of water and soap near food preparation areas, as mentioned by 60 percent of the women surveyed. Alive & Thrive pilot tested an intervention that promoted the placement of handwashing stations near food preparation areas and handwashing with soap before food preparation and child feeding. We observed that proper placement of the handwashing station was associated with a 30 percent greater likelihood of handwashing with soap at critical times.

In Viet Nam, formative research indicated that while most mothers breastfed, the biggest threat to exclusive breastfeeding was water. More than 70 percent gave their young infants water. One of the two TV spots of the mass media campaign focused on encouraging mothers to avoid giving water to their infants. The spot



countered the prevailing misconceptions of mothers of children under 6 months that without water, their infants would be too hot (66 percent) or thirsty (64 percent). After the launch of program activities, data from routine monitoring systems, special studies, and external process evaluations also conducted by IFPRI improved our understanding of the strengths and weaknesses in program implementation and resulted in mid-course corrections. The results of the impact evaluation, expected in 2015, will provide valuable information about the effectiveness and cost-effectiveness of large-scale IYCF interventions, which will inform future efforts to improve IYCF practices, reduce child deaths and illness, and prevent stunting.

What was Alive & Thrive's approach to data use?

At the outset of the Alive & Thrive initiative, IFPRI developed a strong impact evaluation design. By deciding on the evaluation design before implementation began, IFPRI was able to implement a cluster-randomized impact evaluation design in two of the three countries where we work—Bangladesh and Viet Nam. In Ethiopia, where we were unable to randomly assign program interventions, a pre- post-evaluation design was implemented.

After program interventions were launched in each country, internal data provided timely information for decision making. Routine monitoring data, household surveys, and special studies allowed Alive & Thrive to identify weaknesses in program implementation and quickly adapt. For example, after all IYCF counseling franchises were launched in Viet Nam, several data sources pointed to low coverage. In April 2012 only 16 percent of mothers with infants under six months old had received support for breastfeeding at one of the franchises. In response, coverage targets were developed for all franchises, and a performance-based incentive plan was implemented to reward franchises that achieved high

levels of coverage, without compromising quality. Two years later, 45 percent of mothers with children 0-23 months old living in A&T areas reported visiting a franchise.

In Ethiopia, three sentinel surveys fielded over a two-year period provided information about mothers' limited understanding of one of A&T's key messages—the importance of continued feeding during and after illness. In 2012, only 25 percent of mothers who sought care for sick children reported discussing IYCF with health providers. As a result, the team developed a strategy to emphasize feeding during sick child visits and increased the number of times related radio spots were aired. Between 2010 and 2013, the percentage of women who had heard about adding an extra meal while their child was recovering from an illness increased from 21 percent to 71 percent.

What were the results?

- **Data-driven program design.** The A&T program was designed to a) deliver previously proven nutrition interventions, taking advantage of research data, b) address suboptimal IYCF practices in each country, based on survey data, and c) promote behaviors that formative research highlighted as acceptable and feasible for mothers to practice.
- **Program adjustments in response to data.** High quality monitoring systems in Bangladesh and Viet Nam provided frequent data on service delivery outputs and estimated coverage, while sentinel surveys in Ethiopia provided frequent outcome data. Data from these systems were used to make mid-course corrections.

What did we learn?

EFFECTIVE IMPLEMENTATION REQUIRES FREQUENT DATA FROM A VARIETY OF SOURCES. Scientific literature, nationally representative surveys, formative research, household surveys, and routine information systems are needed to manage large-scale programs and adapt them to achieve maximum impact.

TIMING OF DATA COLLECTION MATTERS. Relying on baseline and end line data is not sufficient to inform decision making. Investment in a variety of data is required to make data available to managers in “real time” or as close to it as possible to encourage strategic use of data.

DATA CAN WIELD CONSIDERABLE CONVENING POWER. Sharing data facilitated discussions with policymakers in Viet Nam, served to build consensus about priority IYCF behaviors to promote in Bangladesh, and shaped opinions about the direction of nutrition programming in Ethiopia.

Want to learn more?

Visit the website for tools and resources:

www.aliveandthrive.org

JOURNAL ARTICLES

- Bringing rigor to evaluations of large-scale programs to improve infant and young child feeding and nutrition: The evaluation designs for the Alive & Thrive initiative. Food and Nutrition Bulletin 2013: 34(3) (suppl): S195-S211.
- Learning how programs achieve their impact: Embedding theory-driven process evaluation and other program learning mechanisms in Alive & Thrive. Food and Nutrition Bulletin 2013: 34(3) (suppl): S212-S225.

OTHER MATERIALS

- Alive & Thrive Viet Nam franchise monitoring manual. Washington, DC: Alive & Thrive, 2014.
- Report on “Using behavioral theory to evaluate the impact of mass media on breastfeeding practices in Viet Nam: Evaluation plan and baseline findings.” Washington, DC: Alive & Thrive, 2013.

