In the Alive & Thrive initiative, advocacy is one of four components of infant and young child feeding (IYCF) programs implemented at scale (figure 1). Together with interpersonal communication and community mobilization, mass communication, and the strategic use of data, the four components aim to save lives and help ensure a healthier, more productive future by improving breastfeeding and complementary feeding practices. Results show that well-designed and implemented advocacy programs work. This brief summarizes the role of advocacy, the process for achieving change, results, and lessons learned.

What is advocacy?
Advocacy is the process of educating and motivating influential audiences—like policymakers and program managers—to take action and support specific measures to advance causes. In every context, advocacy will look different. The exact need, goal, or policy action will change according to unique barriers, political systems, and social contexts. Examples of advocacy goals for child nutrition include adopting more pro-IYCF national policies such as extended paid maternity leave, increasing funding and support for IYCF promotion in healthcare systems and the community, and developing national strategies and action plans that are evidence based.

---

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.
Why is advocacy important?

Even when mothers and families are reached through health systems and mass media campaigns, environmental barriers can remain. Mothers may have to return to work while they are still trying to breastfeed exclusively, or they may receive conflicting messages about optimal feeding practices through marketing by infant formula companies. National laws and policies—like paid maternity leave and the International Code of Marketing of Breastmilk Substitutes—can shift the environment to help ensure that mothers and families get the support they need to adopt optimal practices.

Advocacy is also another way to achieve scale and equity by increasing resources for nutrition programs and enacting national policies that apply to the entire population. In the three Alive & Thrive focus countries—Bangladesh, Ethiopia, and Viet Nam—IYCF policies and strategies were either inadequate or adequate but implemented to a limited extent. Donors, policymakers, and development partners needed to be convinced to mobilize resources and political commitment for adoption of stronger policies and their implementation.

What was Alive & Thrive’s advocacy approach?

Alive & Thrive adopted a four-part process, shown in figure 2. This process was systematic and iterative.

**ESTABLISH AND SUSTAIN PARTNERSHIPS.** The collaborative effort involved partnerships with government ministries and departments, multilateral organizations, international nongovernmental organizations, and local advocacy partners. Each partner brought unique resources that contributed to advancing the advocacy agenda.
DEVELOP THE EVIDENCE BASE. The advocacy partners reviewed the evidence to inform advocacy strategies and tactics, build the case for policy change, and align allies and partners around a common set of goals and strategies. Review of policy documents along with stakeholder analysis and mapping helped determine key policy actors and their influence on the policy-making process. Research on the attitudes and perspectives of opinion leaders indicated which policy actions would be viable for consideration by national leaders. Formative research pointed out the major barriers to improved feeding practices. In some cases, Alive & Thrive funded new research. For example, the Viet Nam General Confederation of Labor study on the breastfeeding practices and barriers of female laborers helped answer lawmakers’ questions about employer and employee attitudes on the proposed six-month paid maternity leave.

DEVELOP COMPELLING, TARGETED, AND TESTED MESSAGES AND MATERIALS. Having data is essential, but framing the issue in a persuasive way that resonates with various audiences is also critical. Consistent messages used by all partners made them more memorable and credible. Advocacy materials and messages were responsive to policymakers’ needs and preferred formats, such as policy briefs, workshop presentations, TV talk shows, media events, and short videos. Underlying all outreach efforts was sustained media engagement to tell the story of the impact of feeding practices on health and on social and economic development.

BUILD CONSENSUS. Consensus-building involved meetings with policymakers, presentations in large and small meetings or as part of dedicated national and regional advocacy events, participation in working groups, scientific workshops, and training of champions on effective IYCF advocacy and messaging skills.

What were the results?
In each of the three countries, advocacy efforts resulted in changes in policy, priorities, and resources, as illustrated below.

- **Policy change.** On June 18, 2012, Viet Nam’s National Assembly made a landmark decision to extend paid maternity leave from four to six months. Three days later the National Assembly expanded the ban on advertising of breastmilk substitutes for infants under 6 months to children under 24 months.

- **Heightened priority of IYCF.** In Ethiopia, Alive & Thrive’s stunting reduction workshops for parliamentarians, journalists, and regional health bureaus, leaders, and women’s associations increased attention to the importance of improved feeding practices for the prevention of chronic malnutrition. In June 2013, the Federal Ministry of Health and partners launched the National Nutrition Program, which gives highest priority to infant and young child feeding.

- **Leveraged resources for IYCF.** Alive & Thrive’s policy “ask” in Bangladesh was greater financing of IYCF programs. New donor funding for IYCF exceeded $60 million. In Viet Nam, provinces set malnutrition as an indicator for social and economic development, and provincial health departments included support for IYCF services in their budgets.

- **Increased media coverage of IYCF.** In Bangladesh, a three-year media engagement and capacity building program included journalist trainings, fellowships, study circles, and site visits. An independent evaluation found a significant increase in coverage of IYCF in the media, from 24 reports in 2009 to 261 in 2011, as well as improvement in the quality of the reporting.

- **Unified and empowered voice.** Partners came together around shared goals and activities. Success empowered advocates to join forces for new policy initiatives.
What did we learn?

ADVOCACY PARTNERS SHOULD BE SELECTED BASED ON THEIR INFLUENCE, TECHNICAL ABILITY, AND COMMITMENT. Trusted partnerships help to think bigger, share responsibility, mitigate costs and risks, and leverage the unique strengths and comparative advantages of specific organizations. Delegation of tasks among stakeholders encourages ownership and accountability, helps harmonize resources, and avoids duplication. A well-placed government partner, engaged from the outset, can help navigate government decision-making bodies and protocols and serve as a champion throughout the advocacy process. Joint branding, shared activities, and shared success maintain momentum within the partner group.

MULTIPLE TYPES OF EVIDENCE ARE NEEDED TO PERSUADE POLICYMAKERS. For example:

- **Scientific evidence**: What is the impact of poor child feeding practices? What is the scientific evidence base that informs global feeding recommendations?
- **Socio-cultural evidence**: In the case of maternity leave, do women and employers want this change? Will there be unexpected impact?
- **Economic evidence**: Will the change hurt economically? Can the country afford it?
- **International evidence**: How does the country compare with other countries? Is there an opportunity to be a leader?

VIGILANCE AND CONTINUOUS DIALOGUE OPEN OPPORTUNITIES FOR POLICY CHANGE. Alive & Thrive seized opportunities to improve policies and protocols when governments or institutions were planning revisions to the labor code in Viet Nam, the medical and nursing curricula in Bangladesh, and the National Nutrition Program in Ethiopia. Being vigilant helps mitigate risks.

ADVOCACY REQUIRES PERSISTENCE, SUFFICIENT TIME, AND ADEQUATE RESOURCES. Policy change is a lengthy and iterative process. In the three countries, advocacy efforts represented from 3 to 7 percent of total program costs, including dedicated full-time staff for implementation.

Want to learn more?

Visit the website for tools and resources: www.aliveandthrive.org

SUMMARIES AND LESSONS LEARNED

- Media engagement and capacity-building to increase commitment to child nutrition policies and programs
- Engaging medical associations to support optimal infant and young child feeding
- Partnering with women’s associations to advocate for stronger infant and young child feeding policies and programs
- Advocacy for stronger infant and young child feeding policies and programs for decentralized government models

TOOLS

- Engaging the media: A practical guide to meeting the child nutrition advocacy goals through working with journalists
- Advocacy toolkit: The process and tools that led to stronger national infant and young child feeding policies in Viet Nam
- Power of nutrition video, infographic, and messaging guide

POLICY BRIEFS (EXAMPLES)

- Why handwashing is critical to child health and nutrition in Bangladesh: How to make it a reality
- Expanding Viet Nam’s maternity leave policy to six months: An investment today in a stronger and healthier tomorrow

JOURNAL ARTICLE

- Developing evidence-based advocacy and policy change strategies to protect, promote, and support infant and young child feeding (Food and Nutrition Bulletin 2013; 34(3)(suppl): S181-S194.)