ALIVE & THRIVE (A&T) is an initiative to save lives, prevent illness, and ensure healthy growth and development in infants through improved maternal nutrition and infant and young child feeding practices. The first 1,000 days, from conception through the first two years, offer a unique opportunity to affect the long-term health and development of children. In its first five years (2009 to 2014), A&T demonstrated that comprehensive approaches to improving infant and young child feeding practices could be delivered at scale in Bangladesh, Ethiopia, and Viet Nam.

In Bangladesh, A&T is now focusing on enhancing maternal nutrition to improve maternal and child health outcomes. In this second phase of program activities, A&T is testing the feasibility of integrating a comprehensive package of maternal nutrition interventions into the maternal, neonatal, and child health (MNCH) programs of BRAC, a Bangladesh-based non-governmental organization that has partnered with A&T since 2009. The program will aim to increase maternal dietary diversity and intake of energy, protein, iron, folic acid, and calcium in pregnant women in four districts: Kurigram, Lalmonirhat, Mymensingh, and Rangpur. A program evaluation will document the feasibility of integrating the intervention in MNCH programs.

Context

Maternal undernutrition contributes to fetal growth restriction, leading to small for gestational age and preterm newborns at risk of neonatal death. Babies that are small for gestational age do not respond to growth promoting feeding practices as well as other newborns do. Undernourished mothers are also more likely to have poor health outcomes themselves. Maternal undernutrition increases the risk of hemorrhage and eclampsia—the primary causes of maternal death in Bangladesh.

A&T conducted formative research to understand barriers and facilitators to improved maternal nutrition practices. Many low income men and women identified themselves as “poor people” and said proposed dietary changes were not possible for the poor. However, this perception reflected their habits and priorities more than their poverty level. Even in the poorer families, pregnant women's diets could be diversified at little expense if they purchased more low-cost seasonal fruits and vegetables, used eggs and fish as sources of protein and micronutrients, and gathered wild greens.

Moreover, prevailing practices were influenced by inequitable gender norms, which require women to sacrifice their own wellbeing for the good of the family. Women's diets were often given low priority, even by the women themselves. Families often had resources earmarked for other purposes that could be redirected in the short term for improved maternal nutrition. The formative research concluded that to improve maternal nutrition among poor families in particular, strategies will need to address a variety of social norms, including those related to the value
of nutrition for the mother’s own physical capabilities and the newborn child’s brain development. The role of husbands is particularly important because they are usually the food purchasers for the family.

**Framework for delivering nutrition results at scale**

Building on effective strategies from A&T’s first five years, the program will contribute to the development of a comprehensive model for improving maternal nutrition in Bangladesh and the region. The program includes the following components.

**ADVOCACY**

A&T will conduct advocacy activities at the national, district, and local levels in order to raise the priority of maternal nutrition. After testing the feasibility of the intervention, A&T plans to advocate for scaling up the comprehensive approach through MNCH programs in Bangladesh and other countries in South Asia.

**INTERPERSONAL COMMUNICATION AND COMMUNITY MOBILIZATION**

The first phase of implementation in Bangladesh demonstrated that counseling women and their families, in combination with community mobilization, is an effective behavior change strategy. A&T will support BRAC frontline workers in carrying out intensified interpersonal counseling during ongoing home visits for antenatal (ANC) and postnatal care. Counseling will focus on specific dietary practices as well as uptake of micronutrient supplements.

Using materials developed by A&T, BRAC will implement community mobilization activities to shift social norms by engaging husbands of pregnant women and other relatives in generating demand for improved practices, services, and products. Other activities may engage religious leaders, school teachers, business elites, nongovernmental organization and government health and development workers, village doctors, and traditional birth attendants in understanding the importance of good maternal nutrition.

**MASS COMMUNICATION**

The program will also reach mothers, families, and other members of society through public awareness events. The events will reinforce messages delivered through counseling sessions and community mobilization activities. Community members will view TV spots and participate in discussions on maternal nutrition practices.

**STRATEGIC USE OF DATA**

From design to implementation and evaluation, A&T uses data to drive programs. A&T is developing and testing maternal nutrition tools to incorporate into BRAC’s monitoring and routine management information system. These tools will help in collecting information on household visits and community mobilization forums. All communication materials will be developed based on field test data from a range of audiences. An external evaluator will also conduct repeated cross-sectional surveys of pregnant women and frontline workers to demonstrate the feasibility of integrating maternal nutrition into ongoing MNCH interventions.

**STAY CONNECTED WITH ALIVE & THRIVE**

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