Implementing nutrition programs for adolescents: gaps, opportunities, and directions for the future: Nutrition International's experience.

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Stakeholders Consultation on Adolescent Girls' Nutrition: Evidence, Guidance, and Gaps
October 30–31, 2017

Pan American Health Organization
World Health Organization Americas
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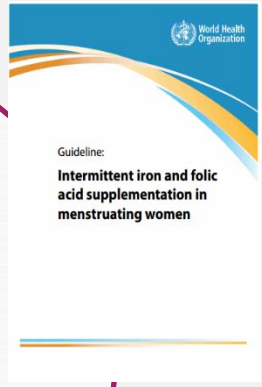
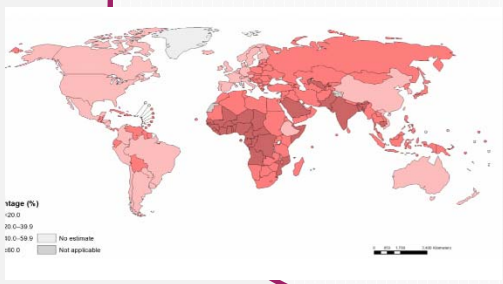
SPRING Strengthening Partnerships, Results, and Innovations in Nutrition Globally

When we started: 2014-15

Global Guideline



Burden



Organizational focus on adolescent girls and women's nutrition

RIGHT START

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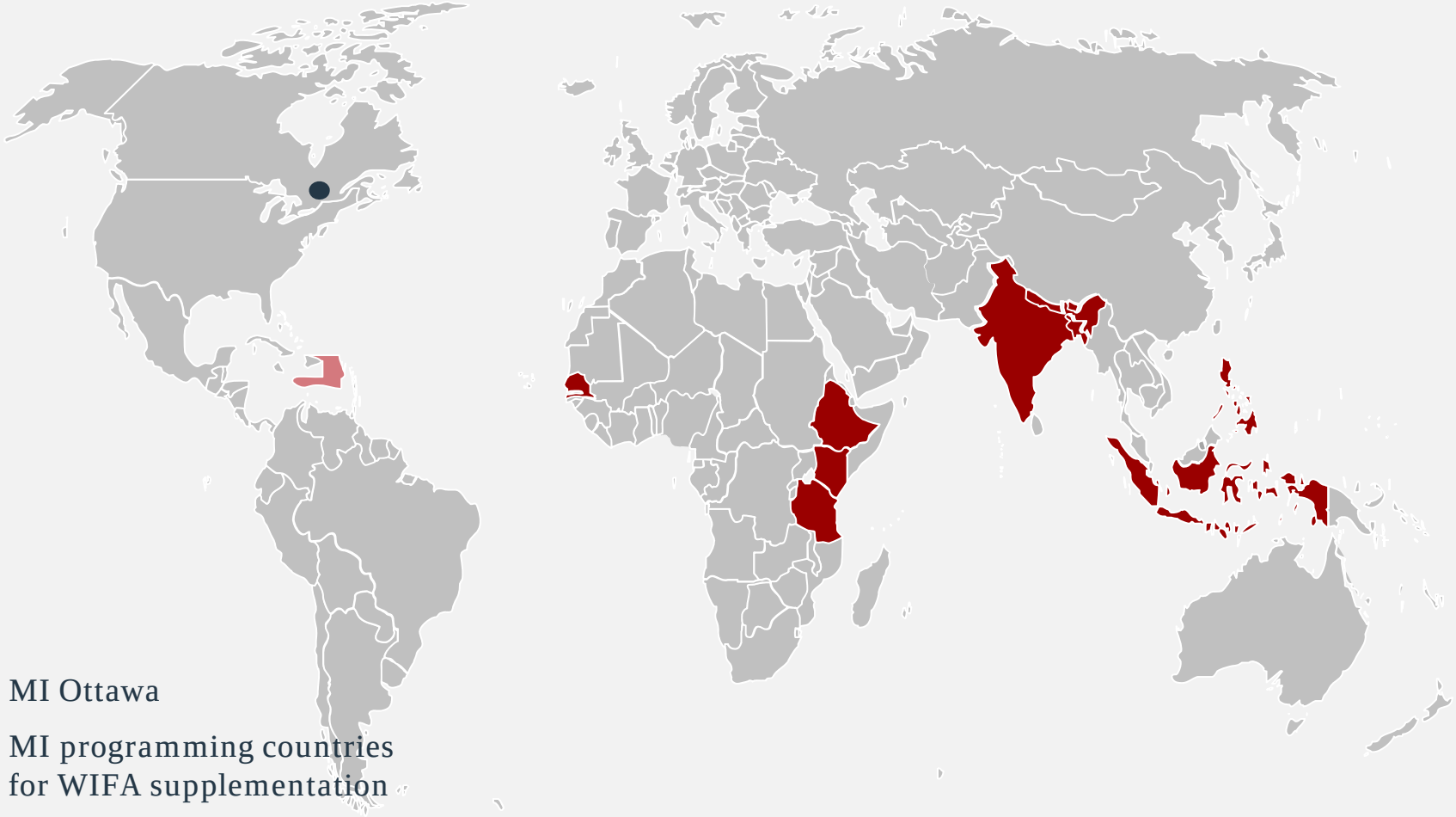
NI's programs: 17 million adolescent girls 2019-20



- MI Ottawa
- MI programming countries for WIFA supplementation

Ethiopia, Kenya, Senegal, Bangladesh, India, Indonesia, Philippines*, Tanzania

*New operations as of 2018

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Financial support from Canada and Australia

NI's approach

Asia

Scale-up & Strengthening Implementation:
India – CG,UP, MP, GJ
Indonesia: Scaling up
Demonstration Projects: Bangladesh

Africa

Demonstration Projects: Kenya, Tanzania, Ethiopia, Senegal (potentially Nigeria).

Global

Technical Guidance, Capacity Building, Market Shaping & Procurement Support, Advocacy,
key partnerships (Eg. UNFPA, UNICEF. WHO. CWW).

Implementation research

Formative research, ethnographic studies, mobile platforms, proof of concept (supplements and foods) & evaluations.

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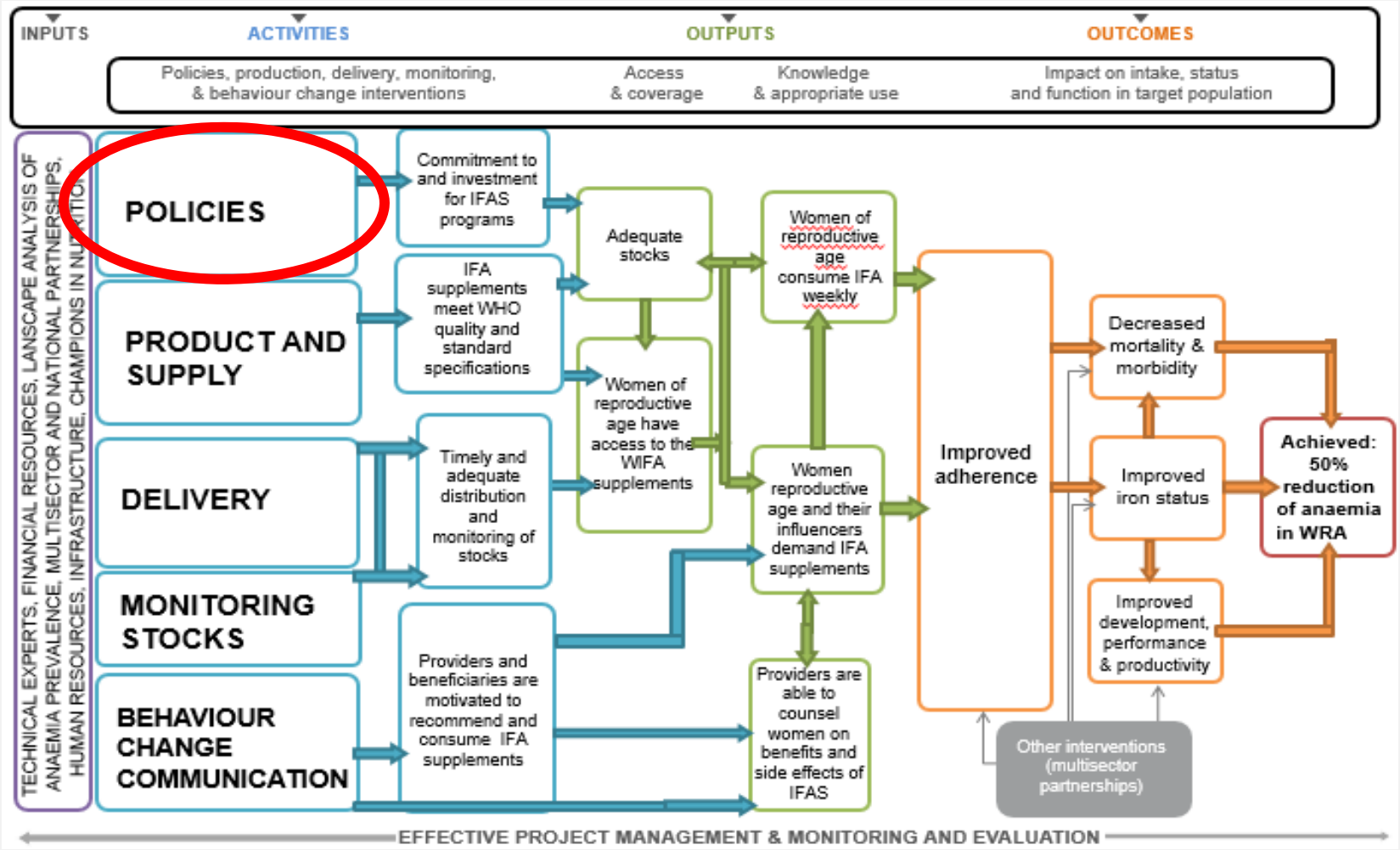
NI's program approach for adolescent nutrition



*Adapted from WHO/CDC logic model for micronutrient interventions in public health (2011)

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National policies: Adolescent nutrition is not in countries' agenda

	Intervention	Bangladesh	Benin	Ethiopia	Guatemala	Indonesia	Kenya	Madagascar	Mozambique	Nepal	Sierra Leone
DIRECT	IFA supplementation	×		×			×	×	×	×	
	Nutrition and health counselling	×	×	×	×	×		×	×	×	
	Provision of nutrient-rich food		×	×			×	×	×	×	
	Deworming			×					×	×	
	Iodised salt access			×						×	
	Education for obesity prevention		×								
INDIRECT	Adolescent-friendly reproductive health services	×		×	×				×		×
	Promotion of hygiene practices to households with adolescents								×	×	
	Promotion of girls' education			×						×	×
	Nutrition education in schools			×	×		×	×	×	×	
	Promotion of economic empowerment and income generation			×							
	Cash transfers for households with adolescents								×		

Of the SUN countries for which plans were available (22), just fewer than half (10) included any detail on adolescent nutrition.

Save the children 2015

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Global policies: WHO guideline - intermittent iron supplementation

- ~8% of adolescent girls will become pregnant every year
- Folic acid helps prevent NTDs
- 2.8mg of folic acid weekly is recommended

Suggested scheme for intermittent iron and folic acid supplementation in menstruating women

Supplement composition	Iron: 60 mg of elemental iron[a] Folic acid: 2800 µg (2.8 mg)
Frequency	One supplement per week
Duration and time interval between periods of supplementation	3 months of supplementation followed by 3 months of no supplementation after which the provision of supplements should restart. If feasible, intermittent supplements could be given throughout the school or calendar year
Target group	All menstruating adolescent girls and adult women
Settings	Populations where the prevalence of anaemia among non-pregnant women of reproductive age is 20% or higher

[a] 60 mg of elemental iron equals 300 mg of ferrous sulfate heptahydrate, 180 mg of ferrous fumarate or 500 mg of ferrous gluconate.

WHO. Guideline: Intermittent iron and folic acid supplementation in menstruating women. Geneva, World Health Organization, 2011.

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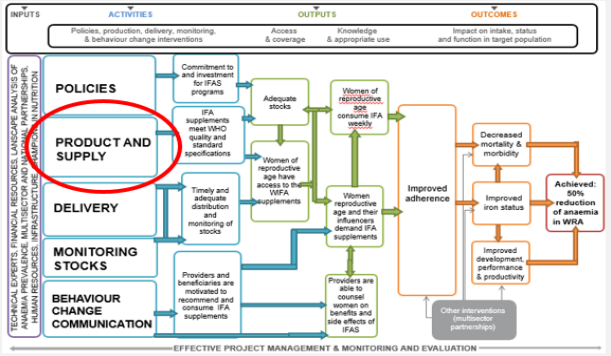
Global product and supply



15,000,000
supplements are needed to get started; however……..

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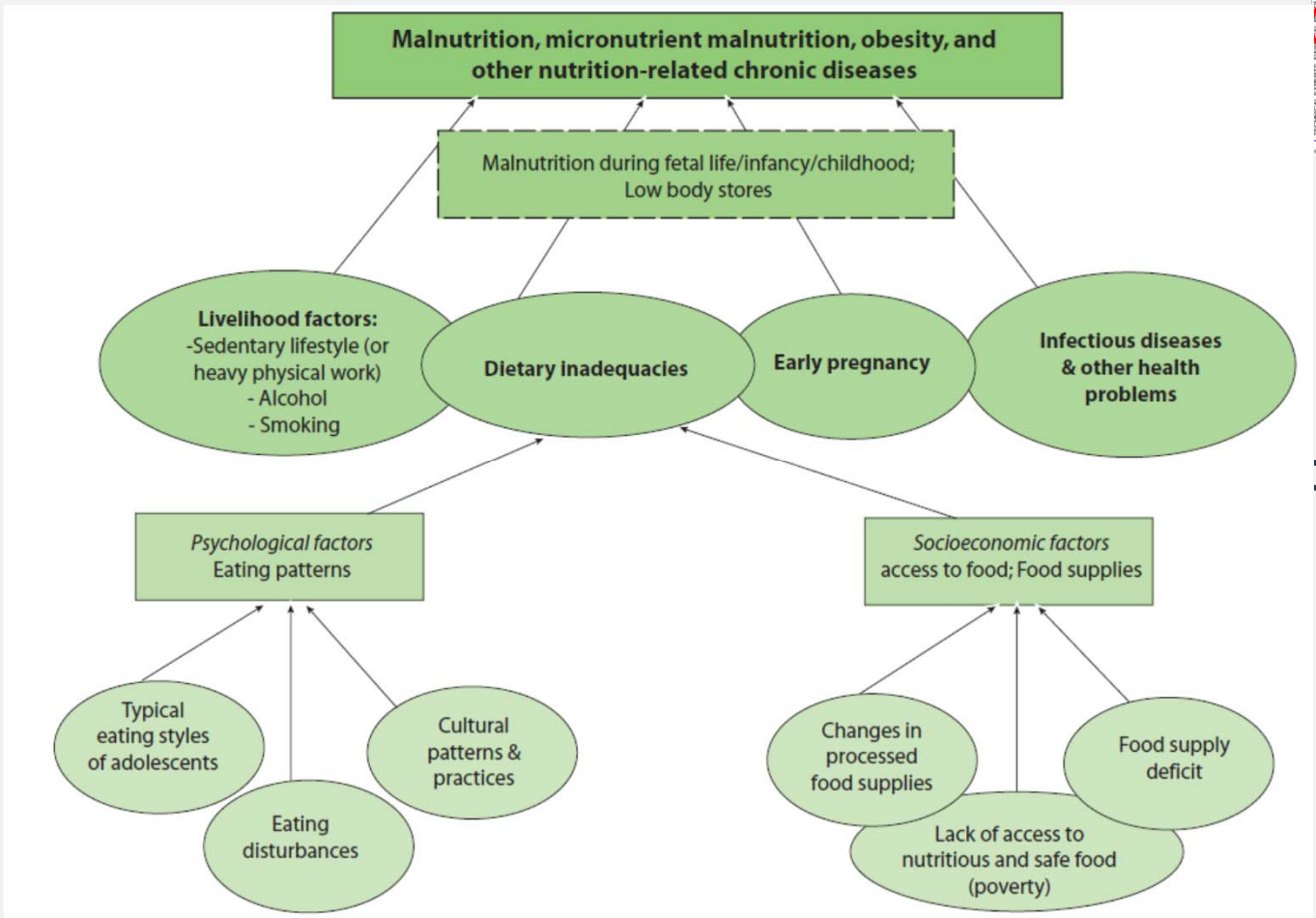
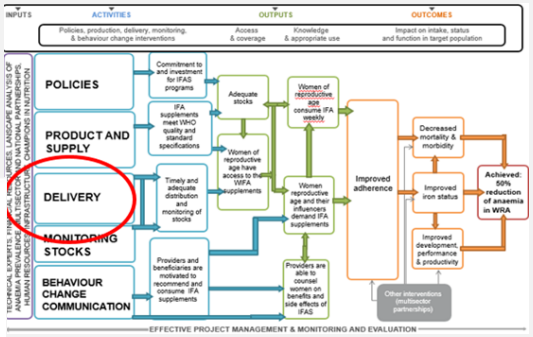
Delivering WIFA + education





Delivery
Platform: Mainly schools with some community mobilization.
Rural populations

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Source: Nutrition in adolescence : issues and challenges for the health sector : issues in adolescent health and development. WHO 2005

Delivery: This week WIFA's projects

Ethiopia

Senegal

Kenya

Indonesia

India

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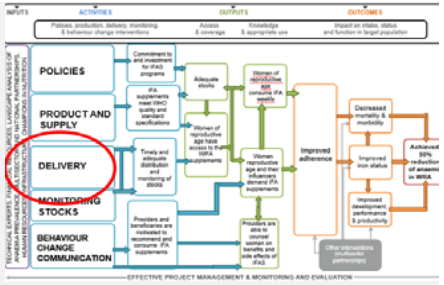
Lessons from delivering WIFAS at schools



1. **Adherence is highly linked to attendance**
    - Gender barriers to school attendance: latrines, MHM, domestic chores, work, marriage. In some areas is as low as 30% of the days.
2. **Peer adolescent girl leaders can be mobilized at many schools**
    - Peer outreach or youth associations
3. **Keeping teachers engaged is essential**
    - They do physical delivery and monitoring, some counseling and inclusion of anemia and nutrition content in relevant school curriculum
    - Parents must trust teachers
4. **Coordination with both Ministries of Education and Health at every level are critical for supply, delivery, training and monitoring.**
5. **Lack of Water at schools makes consumption more challenging**
    - Food consumption by girls at schools is also very low in many contexts

Roche M, in progress

Lessons from out of School Delivery to reaching out-of-School Girls

Low levels of adolescent access to health system for preventative services & intervention

- Parents suggested they will oppose WIFAS for all girls if perceived as associated with contraceptive product
- Stigma for girls seen accessing health system or health workers
- Many perceive IFA as for pregnant women (challenging as it is physically same supplement in most contexts – except for India)

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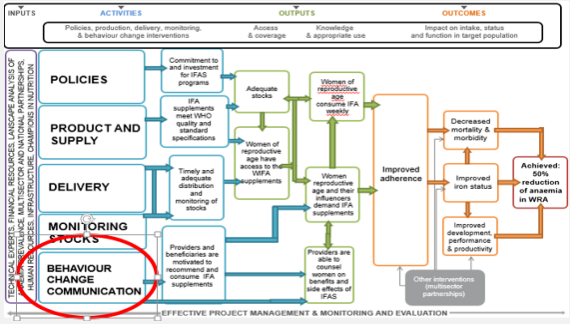
Generating demand for Weekly IFA supplements



- Need engagement from government (health, education, industry) and potential partners (workplaces & schools, communities)
- Products and Programs need to appeal to adolescents. **Word of caution.** There could be stock outs in IFA supplements for pregnant women.
- Reach adolescents where they already spend their time
- Distinct strategies for different segments of adolescents (in school, out of school, married, unmarried)
- Appeal to their motivations –short term benefits, social norms, aspirations, strength, autonomy
- Willingness and ability to pay for IFA more challenging for lower SES girls, free distribution more appealing

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Generating demand for Weekly IFA supplements

- **Adolescents have low self-risk perception for anemia**
  - Know term anemia, but often describe low blood pressure or severe anemia
  - Concept of mild or moderate anemia does not exist
  - Demand generation means raising awareness
- **What benefits of WIFAS appeal to adolescent girls?**
  - Potential school performance, overall concentration, productivity/energy, wellbeing
  - Who is someone they would aspire to be like? (can't say WIFAS makes you beautiful, but can show a beautiful adolescent girl consuming WIFAS
  - Adolescents want healthy and fulfilling lives
- **What worries them about the supplement?**
  - Perceived side effects
  - Don't like taking supplements
  - Would prefer to get iron from food etc.

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Gender Lens on Adolescent Nutrition

- Adolescent Girls have a sex-related biological need for more iron (menstruation)
- Inequitable Household food allocation
- Gendered barriers to accessing schools (WASH, chores, community & family support)
- Stigma with accessing health services
- Early marriage and potential adolescent pregnancy and unmet reproductive health needs
- In some contexts where anemia rates are high in both sexes **boys** may also benefit from supplementation
  - community interest for boys to also receive WIFAS
  - potential to increase overall support for program (but also cost)

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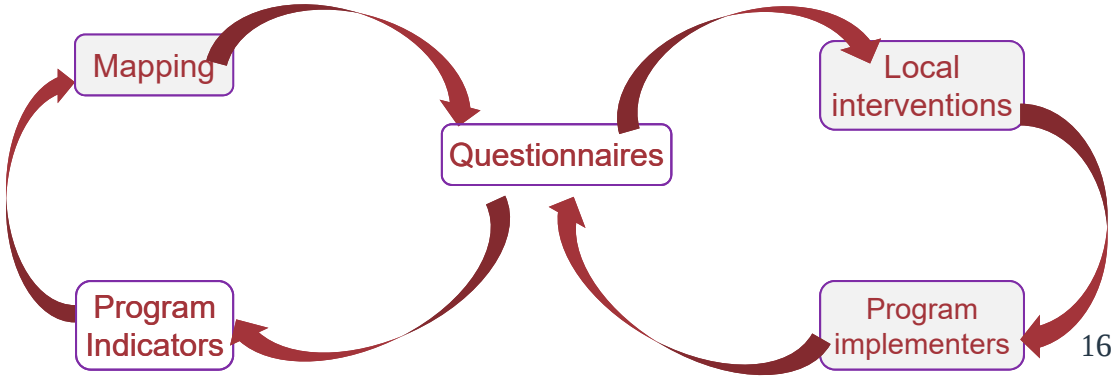
Lessons from program monitoring and global surveillance…

Country	WIFA
Ethiopia	11-2017
Kenya	06-2017
Nigeria	-
Tanzania	11-2017
Senegal	11-2017
Bangladesh	-
India	11-2017
Indonesia	11-2017
Pakistan	-
Philippines	11-2017

- Surveys' sample needs to be powered for adolescents.
- There are no coverage indicators for recommended nutrition interventions (Eg. WIFA).
- No global surveillance systems.
- We have to test the feasibility, acceptability and understanding of indicators. For KAP include influencers.



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In summary… there is updated program experience in adolescent nutrition

Recommendations from programmatic review (Lamstein, 2015)	Nutrition International's program experience
1) Expand upon lessons learned from IFA programs;	**Limited value.** • Non-pregnant adolescents have different Inspirations, Aspirations & Motivations that adult and pregnant women. • Fix global and national supply chain including policies
2) Consider interventions to prevent and address risk factors for nutrition-related non-communicable diseases	**Yes**. • Linked to the gender agenda and girls agency, particularly for snacking.
3) Identify platforms to address the nutritional needs of women outside of pregnancy and lactation periods	**Yes**. • Adolescents do not access preventive services (Eg. SRH and stigma). • Out of school girls are a hard to reach group, community based platforms offer potential. Social Importance of peers, parents still very relevant • There is interest from deworming, vaccines (HPV) – these platforms will also have to change.

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In summary… there is updated program experience in adolescent nutrition

Recommendations from programmatic review (Lamstein, 2015)	Nutrition International's program experience
5) Identify opportunities for multisectoral collaborations and program integration	• **Education s**eems the most promising sector. Teachers are key. • Outcomes need to be relevant to the other sectors to favor integration. • Policy integration needs to be translated into program integration.
4) Involve women and communities in nutritional program planning. 6) Address gender norms	**Yes**. • Address data gaps for 10-19 year olds to inform decision makers (especially for 10-14 years of age and boys). • Strengthen the links between Agency, Nutrition and Food Choice. • Address gendered barriers to school attendance • Include boys and men –they are key influencers and boys may also benefit from the intervention.

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THANK YOU!

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