Program innovations for double duty actions among adolescents

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AREA COP, May 3rd, 2019
Adolescent Nutrition

• 16% (1 in 6) of the World’s population is between 10-19 years of age
  – 1.2 billion girls and boys

• After infancy, adolescence (10-19 years of age) is the most rapid period of growth with the highest nutritional needs
  – Ages 15–19 have the greatest total energy requirement compared to any age group (~2,420 kcal/day)
  – Higher needs for micronutrients: Iron, vitamin D, calcium & Zinc

1. Nutrition International
Double Burden of Malnutrition in Adolescents

Underweight

Micronutrient Deficiencies

Overweight
Double Burden of Malnutrition in Adolescents

- 50% of adolescents in LMIC do not eat 3 meals per day; most skip breakfast\(^4\)

- Prevalence of thinness ranges by world region, from 1% in Latin America and Caribbean to 11% in South Asia\(^5\)
Double Burden of Malnutrition in Adolescents

Underweight

Micronutrient Deficiencies

Overweight

- Prevalence of overweight and obesity ranges from 5% in South Asia to 23% in Latin America and Caribbean. Egypt 51%.\(^5\)
- 40% of adolescents in Latin America eat fast food daily\(^4\)
- Only 24% of boys and 15% of girls meet physical activity recommendations of at least 60 min daily physical activity on at least 5 days per week\(^6\)
Double Burden of Malnutrition in Adolescents

- 21 countries assessed by UNICEF, > 1 in 3 girls are anaemic
- 4 of 8 African countries reviewed >40% anemia in 12-14 years of age
- India over 50% of adolescents aged 15–19 years are reported to be anaemic
Iron-deficiency anaemia number one cause of DALYs for adolescent girls

Figure E. Estimated top five causes of adolescent disability-adjusted life years (DALYs) lost by sex and age, 2015.

Figure from AA-HA! (Global Accelerated Action for the Health of Adolescents), WHO, 2017.
Potential consequences of anemia in adolescent girls

1. School performance

2. Loss productivity

3. Negative reproductive outcomes
NI’s Adolescent Nutrition Programs and Innovative Partnerships

WIFAS programming*:
- Right Start
- NLIFT
- MITRA Youth

* Stripes indicate multiple funding sources defined by colors above
Double Duty Actions for Improving Nutrition: NI’s Right Start Program

- **Nutrition Specific:**
  - Weekly Iron Folic Acid Supplementation &
  - Nutrition Education
    - In school and out of school platforms
### Suggested scheme for intermittent iron and folic acid supplementation in menstruating women

| Supplement composition | Iron: 60 mg of elemental iron*  
<table>
<thead>
<tr>
<th></th>
<th>Folic acid: 2800 µg (2.8 mg)</th>
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<tbody>
<tr>
<td>Frequency</td>
<td>One supplement per week</td>
</tr>
<tr>
<td>Duration and time interval between periods of supplementation</td>
<td>3 months of supplementation followed by 3 months of no supplementation after which the provision of supplements should restart.</td>
</tr>
<tr>
<td></td>
<td>If feasible, intermittent supplements could be given throughout the school or calendar year</td>
</tr>
<tr>
<td>Target group</td>
<td>All menstruating adolescent girls and adult women</td>
</tr>
<tr>
<td>Settings</td>
<td>Populations where the prevalence of anaemia among non-pregnant women of reproductive age is 20% or higher</td>
</tr>
</tbody>
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[Guideline: Intermittent iron and folic acid supplementation in menstruating women](http://apps.who.int/iris/bitstream/10665/44649/1/9789241502023_eng.pdf)
Nutrition Curriculum for Adolescents

- Growth, puberty, reproductive health and nutritional needs
- Dietary Diversity & Balanced Diet
- Menstrual hygiene management
- Infections and Nutrition
- Physical Activity
- Healthy snacking and food choice
- Cultural value of foods
- Consider agency of adolescents
- Skills building – cooking, food preparation, budgeting/purchasing
Double Duty Actions for Improving Nutrition: NI’s Right Start Program

- **Nutrition Specific:**
  - Weekly Iron Folic Acid Supplementation & Nutrition Education
    - In school and out of school platforms

- **Nutrition Sensitive:**
  - Keeping Girls in School
  - WASH
  - Menstrual Hygiene Management, and overcoming Gender barriers to School attendance
  - Delaying Early Marriage and Adolescent Pregnancy
Lessons from Delivering WIFAS & Nutrition Education

School Based Delivery

1. Adherence & Participation is highly linked to attendance
2. Peer adolescent girl leaders are often already mobilized at many schools
3. Keeping teachers engaged is essential
4. Coordination with both Ministries of Education and Health at every level are critical
5. Lack of Water at schools makes consumption more challenging

Reaching Out-of-School Girls

1. Hard to reach approach, more resource intensive, adherence is harder to monitor and support
2. Low levels of adolescent access to health system for preventative services & intervention
Projected Reach: 585,000 school age & adolescent girls
Location: Philippines, Sri Lanka, Tanzania, Madagascar
Double Duty Actions: Girl Powered Nutrition Program
  - Advocacy by Adolescent Girls
  - Nutrition Curriculum/Nutrition Badge
    - WAGGGS co-creation process with adolescent girls + technical expertise from NI:
      - Nutrition Needs in Life Cycle
      - Nutrition Needs of Girls and Adolescents
      - Rainbow Plate: Dietary Diversity
      - Balanced Diet
      - Physical Activity
      - Good Sleep
      - Hydration
      - Hygiene
GIRL EFFECT SPRINGSTER

- **Projected Reach**: 4,800,000
- **Location**: Indonesia
- **Double Duty Action**: Nutrition Information through Online Mobile Platform
  - Information on Nutrition for Growth and Wellbeing
  - Healthier Snacking Options
  - Alternatives to High Sugar Drinks
  - Dietary Diversity & WIFAS promotion
UNFPA

- **Projected Reach**: 25,000 adolescent girls in safe spaces Nigeria; 130,000 out of school girls Senegal
- **Location**: 4 states Northern Nigeria & 3 Regions Senegal
- **Double Duty Action**: Integrating Nutrition into Family Planning Services
  - **Nutrition Specific**:
    - Availability of WIFAS and counseling to adolescents
    - Gender Sensitive Nutrition Education
  - **Nutrition Sensitive**:
    - Keeping adolescent girls in school
    - Family Planning Information
    - Preventing Early Marriage and Delaying First pregnancy, Birth Spacing
WHO Effective actions for improving adolescent nutrition-2018

1. Promoting healthy diets in adolescents
2. Providing additional micronutrients through fortification and targeted supplementation
3. Managing acute malnutrition in adolescents
4. Preventing adolescent pregnancy and poor reproductive outcomes
5. Promoting preconception and antenatal nutrition in adolescents
6. Providing access to safe environment and hygiene for adolescents
7. Promoting physical activity for adolescents
8. Disease prevention and management
Double Opportunities in Adolescence

1. Addressing current nutrition & preventing future malnutrition

2. Forming lifelong nutritional and lifestyle behaviors
Table of Contents

Section 1: Intervention overview

Weekly Iron Folic Acid Supplementation (WIFAS) for Adolescents

Frequently Asked Questions

WIFAS are prophylactic supplements that consist of 40 mg of ferrous sulfate. They have been recommended by the World Health Organization (WHO) for adolescent girls and women of reproductive age to improve iron status, prevent anemia, and reduce the risk of malaria in high-burden settings. The supplementation schedule is one tablet daily for 30 days, followed by a three-month period of no supplementation. The intervention has been shown to improve hemoglobin levels and reduce the risk of anemia in adolescent girls. However, the effectiveness of WIFAS in adolescents has not been extensively studied, and more research is needed to determine the optimal duration and dosage of supplementation for this age group.

Section 2: Implementation of WIFAS

Implementation of WIFAS involves the involvement of multiple stakeholders, including government agencies, non-governmental organizations, and community leaders. The program should be designed to be inclusive and culturally appropriate, taking into account local beliefs and practices. The duration of the program should be long enough to ensure sustained impact, but not so long as to become burdensome or financially unsustainable. The program should also be monitored and evaluated to assess its effectiveness and make necessary adjustments.

Section 3: Sustainability and Advocacy

Sustainability of the WIFAS program can be achieved through various strategies, such as involving local leaders and communities in the implementation process, ensuring that the program is cost-effective, and building partnerships with other organizations. Advocacy efforts are crucial to garner support from decision-makers and policymakers, and to ensure the long-term sustainability of the program.

Section 4: Conclusion

In conclusion, WIFAS is a valuable tool for improving the health and well-being of adolescent girls and women. However, more research is needed to determine the optimal duration and dosage of supplementation for this age group. The program should be implemented with careful consideration of the local context and community involvement, and efforts should be made to ensure its sustainability and scalability.

https://www.nutritionintl.org/resources/weekly-iron-folic-acid-supplementation-wifas-for-adolescents-faqs/
References & Resources

References

9. UNICEF India, FAQs Anaemia

Additional Resources:

- https://www.nutritionintl.org/resources/weekly-iron-folic-acid-supplementation-wifas-for-adolescents-faqs
Thank you