

WEBINAR:

Addressing real needs: The critical role of implementation in designing and operationalizing adolescent nutrition programs

Addressing Real Needs

The critical role of implementation research in designing and operationalizing adolescent nutrition programs

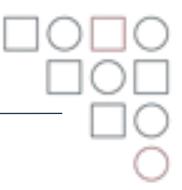


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NUTRITION INTERNATIONAL

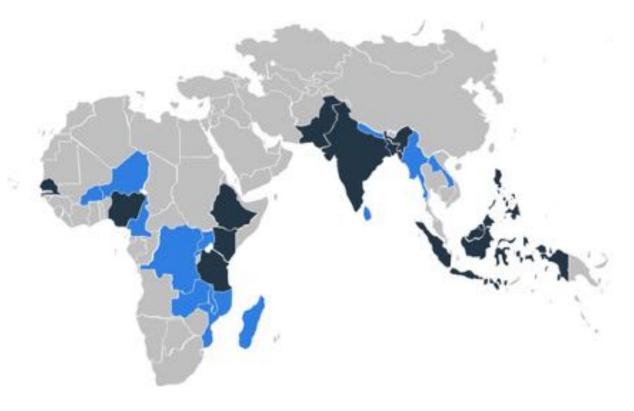


A global nutrition organization headquartered in Canada

- Over 400 people worldwide
- Offices in 10 countries
- Technical assistance in > 20
- Programming in > 60
- Global advocacy campaigns
- Reach > 500m people / year









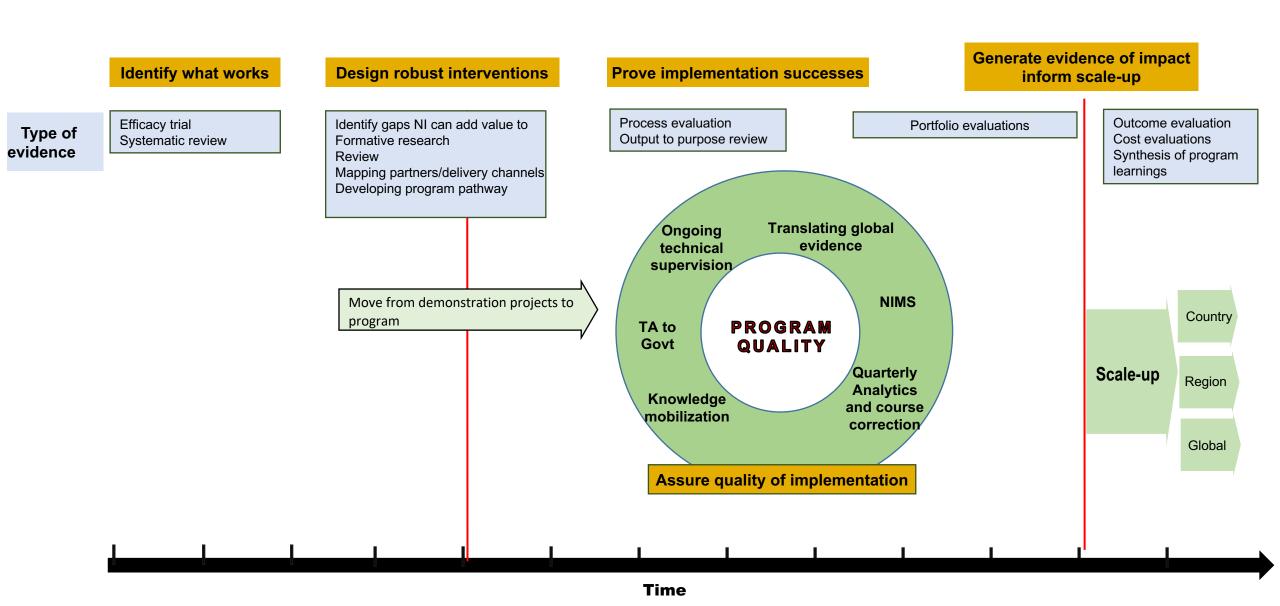
Investing in what works in Nutrition



Population Group	Intervention	Platforms
Adolescent girls	Weekly iron and folic acid (WIFA)	School based programsCommunity outreach
	Nutrition Education	
Pregnant and postpartum women and infants	Maternal nutrition support, including iron and folic acid (IFA) supplementation	Health facilitiesCommunity outreachBCC
	Birth package	
Infants and Children under 5	Vitamin A supplementation	 Child Health Days Health facilities Community outreach Early childhood development centres
	Zinc/ORS for treatment of childhood diarrhea	
	IYCN (Complementary feeding, MNPs, optimal breastfeeding)	
All population groups	Food fortification	Private sectorSocial protection programsSupport for government
	Salt iodization	



A framework for "Evidence to Action" programming



Adolescent Nutrition

- 16% (1 in 6) of the World's population is between 10-19 years of age
 - 1.2 billion girls and boys¹
- After infancy, adolescence (10-19 years of age) is the most rapid period of growth with the highest nutritional needs²
 - 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 & Zinc³
 - Both undernutrition and obesity & overweight in adolescents are public health concerns in low- and middle income countries³





What adolescents eat?

Poor diets drive malnutrition in the world



50% of adolescent girls in low- and middle-income countries do not eat 3 meals per day; most skip breakfast.



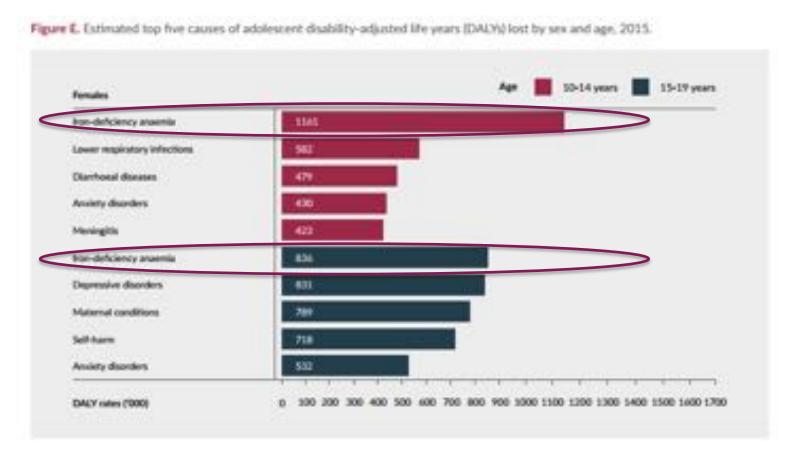
40% of **adolescent girls** in Latin America and the Caribbean **consume fast foods daily**.



46% of **adolescents** in East Asia and the Pacific **do not eat enough fruits and vegetables** daily.

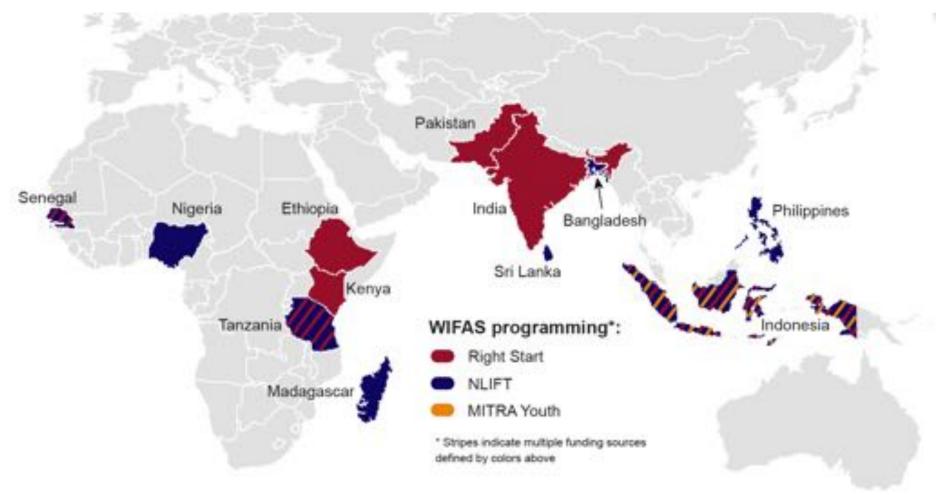
^{*}Keats et.al., 2017

Iron-deficiency anaemia number one cause of DALYs for adolescent girls





NI's Adolescent Nutrition Programs and Innovative Partnerships





Lessons from Delivering WIFAS & Nutrition Education

School Based Delivery

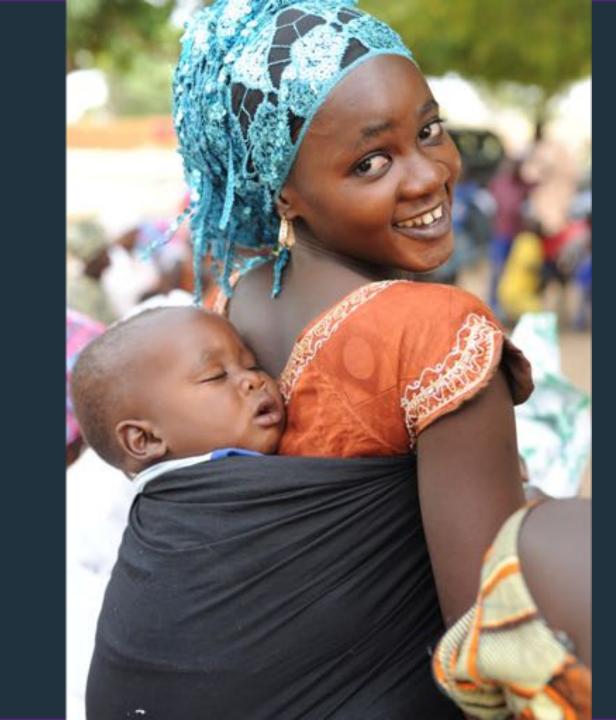
- 1. Adherence & Participation is highly linked to attendance
- 2. Peer adolescent girl leaders have played a key role
- 3. Keeping teachers engaged is essential
- Coordination with both Ministries of Education and Health at every level are critical

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

An Implementation Research Agenda?







Nourish Life