



Adolescent girls' nutrition and prevention of anaemia: a school-based multisectoral collaboration in Indonesia

Research snapshot¹

In Indonesia, the national prevalence of anaemia among females aged 15–24 years is 18.4%. Screening of junior high-school students in West Java indicated a prevalence of >50%. Indonesia's 2016 national programme for anaemia prevention and control in adolescent girls and women of reproductive age (WIFAS) in-

cludes a weekly iron and folic acid (IFA) supplementation of adolescent girls through a pre-existing school-health programme supported by four ministries: Ministry of Health (MoH), Ministry of Education and Culture, Ministry of Religious Affairs, and Ministry of Home Affairs. A demonstration of this project was implemented in two

districts of West Java between 2015 and 2018. This involved three core activities: (1) increasing awareness of and securing government commitment to the WIFAS project and adolescent health in general; (2) improvement in IFA supply through skills building of MoH staff and strengthening of supply-chain management systems and on-the-job training for teachers, primary health facility staff and district officials of each sector; (3) increasing demand and acceptability of the project through a behavior-change intervention strategy, including a branded campaign, "healthy, beautiful and smart without anaemia".

Modelled estimates show that the demonstration project may have contributed to preventing 4,071 cases of anaemia by reaching 52,000 adolescent girls. Existing platforms and policy frameworks for action helped to catalyse multisector collaboration in this context. Political commitment from the highest policy-maker of each sector was key. It was also important to gain local and institutional commitment, such as from each school principal. Other drivers of success were capacity-building at all levels and investment in strengthening individual and institutional relationships across sectors to help foster collaboration. Key to engagement by all stakeholders was data to drive decisions and accountability (and so harmonisation and collaboration on data collection); monitoring systems; and joint responsibility for and ownership of shared results, outcomes and goals. The authors conclude that multisector collaborations of this kind require resources and coordination and should be tailored to the unique needs of individual countries in order to further reach adolescents.



¹ Roche, M.L., Bury, L., Yusadiredja, I.N., Asri, E.K., Purwanti, T.S., Kusumiyati, S., Bhardwaj, A. and Izwardy, D. (2018) Adolescent girls' nutrition and prevention of anaemia: a school-based multisectoral collaboration in Indonesia. *BMJ* 2018; 363 doi: <https://doi.org/10.1136/bmj.k4541>

Impact on child acute malnutrition of integrating a preventative nutrition package into facility-based screening for acute malnutrition in Burkina Faso

Research snapshot¹

The impact of community-based management of acute malnutrition (CMAM) is often limited by low coverage of screening for acute malnutrition, influenced by a perceived lack of benefits among caregivers. A cluster-randomised controlled trial was undertaken to test the impact of integrating a preventative nutrition package into routine, facility-based monthly screening of children under two years old in Burkina Faso on acute malnutrition screening and treatment coverage and acute malnutrition incidence and prevalence. Intervention and comparison groups (16 health centres each) had access to standard CMAM and facility-based well-baby consultation services. Caregivers in the intervention group also received age-appropriate

monthly behaviour-change communication on health and nutrition and a monthly supply of small-quantity, lipid-based nutrient supplements (SQ-LNS) for children over six months of age. A repeated cross-sectional study of children aged 17 months old ($n = 2,318$ at baseline and 2,317 at endline two years later) was undertaken to assess impacts on acute malnutrition screening coverage, treatment coverage and prevalence. A longitudinal study of 2,113 children enrolled soon after birth and followed up monthly for 18 months was undertaken to assess impacts on acute malnutrition screening coverage, treatment coverage and incidence. Results showed that, relative to the comparison group, the intervention group had significantly higher monthly acute malnutrition screening coverage (cross-

sectional study: +18 percentage points [pp], 95% confidence interval [CI] 10–26, $P < 0.001$; longitudinal study: +23 pp, 95% CI 17–29, $P < 0.001$). However, there were no impacts on acute malnutrition treatment coverage, acute malnutrition incidence or acute malnutrition prevalence. Further research is needed on remaining barriers to CMAM uptake and methods of integrating preventative and CMAM services.

¹ Becquey E, Huybregts L, Zongrone A, Le Port A, Leroy JL, Rawat R, et al. (2019) Impact on child acute malnutrition of integrating a preventative nutrition package into facility-based screening for acute malnutrition during well-baby consultation: A cluster-randomized controlled trial in Burkina Faso. *PLoS Med* 16(8): e1002877. <https://doi.org/10.1371/journal.pmed.1002877>