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Barriers and Facilitators in the Use of Iron and Folic Acid and Vitamin A Supplementation and Improving Dietary Practices: A Qualitative Study in Zinder and Maradi, Niger

Jen Burns, Senior Nutrition Advisor, USAID Advancing Nutrition

Idriss Leko, Chief of Party, Niger, CARE International

Kaled Djibo Mamoudou, SBC Specialist, USAID Advancing Nutrition Niger

Abigail Conrad, Learning and Research Advisor, USAID Advancing Nutrition

Lisa Sherburne, Director of Social and Behavior Change, USAID Advancing Nutrition

Avril Armstrong, Nutrition and Research Consultant, TWBD



Conflict of Interest Disclosure

I have no conflict of interest to report in relation to this presentation.

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Objectives

Qualitative formative research to identify the factors that support or inhibit—

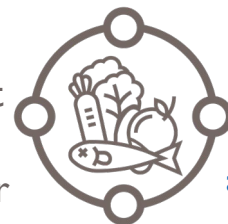
1. Improve access and adherence to **iron-folic acid** supplementation among pregnant women and adolescent girls.
2. Improve access and timely use of **vitamin A supplementation** for children under five.
3. Increase consumption of **iron and vitamin A-rich foods** among women of reproductive age, adolescent girls, and young children.

Partners/Stakeholders

USAID partners, Breakthrough Research, Breakthrough Action, Ministry of Public Health



58.6% of pregnant women suffer from anemia



6% of children receive a minimally acceptable diet



6% of children aged 6–59 receive an age-appropriate dose of vitamin A

Methods

- **Sampling:** 2 communities per district; livelihoods and access to health centers
- **Data collection:** focus group discussions, group interviews, and semi-structured interviews
 - open-ended and semi-structured questions; cognitive mapping and participatory approaches
- **Purposive sampling:** 227 respondents
 - pregnant women
 - female caregivers of children under five
 - adolescent girls
 - family members
 - community leaders
 - health workers/volunteers



Credit: Jen Burns/USAID Advancing Nutrition

Results: IFA Supplementation

- availability
- distance to health centers
- family and community support
- service quality



“The difficulties encountered by women ... are the **distance that separates the village from the health center** ... It is not easy because they do not take the risk of riding on motorcycles”.

— *Pregnant woman, Guidan Roundji*

“Sometimes, we can go up to 3 times or even 4 times without having a consultation because the **health agents say that there are too many people**. And that you have to come back another day, and even that day, if you leave, it is not sure...” — *Family member, Guidan Roundji*

Results: Vitamin A Supplementation

- availability
- from mass campaigns to health services integration



“In practice, if we have 100 children and we only have doses for 50 children, there is a **shortfall**. We give to those present and others go to wait...”

— *Health worker, Guidan Roudji*

Results: Dietary Intake of Iron and Vitamin A

- food access and availability
- family and community support
- social and gender norms

“We also do not give eggs to children under five years old, otherwise the child will be locked up like an egg, that is to say, it takes a long time before it starts to speak”.

— *Community leader, Allah Karbo*







Credit: Jen Burns/USAID Advancing Nutrition

Process for Applying Learning



Application to Policy and Programs: Support Across Partners and Government

Technical Assistance	Target Audience
Supply chain assessment/Action plans	GoN, UNICEF, supply chain actors
National IFA module 	Clinic health workers, community health volunteers
Radio broadcasts	Caregivers, pregnant women and lactating women, household members, community members 
Multi-sectoral program integration	Adolescent safe spaces, care groups, community dialogues, CHVs, husband schools
Micronutrients 101 training 	Partners 
Context analysis and recipe development	Radio, husband schools, care groups, farmer groups

Overall Recommendations

- Address supply chain disruptions
- Bring IFA closer to communities
- Establish adherence partners
- Develop national IFA training
- Support integration of vitamin A and deworming into routine services
- Multi-sectoral programs



Credit: Jen Burns/USAID Advancing Nutrition



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IMPLEMENTED BY:

JSI Research & Training Institute, Inc.

2733 Crystal Drive

4th Floor

Arlington, VA 22202

Phone: 703–528–7474

Email: info@advancingnutrition.org

Internet: advancingnutrition.org

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