Girl Guides Anemia Prevention Badge Program: Integrating anemia prevention into civil society organizations

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Presentation Overview

- The Challenge
- Partners
- Anemia Prevention Badge Program
- Successes
- Limitations
- Conclusions
The Challenge

- Anemia most prevalent nutritional deficiency among women and adolescent girls
- Adolescence key time in life cycle for anemia prevention
- Adolescent girls very hard to reach
The Objective

• Increase coverage of anemia prevention programming among women and adolescent girls in Rwanda, Swaziland, and Uganda
Why integrate anemia prevention into Girl Guides programs?

- Girl Guides are 7-18 years old
- From wide range of socio-economic backgrounds
- Existing and active organization
- Girl Guide Associations have experience working with adolescents & health issues
Anemia Prevention Badge Program

• Collaboration: FANTA, Regional Centre for Quality of Health Care (RCQHC), World Association of Girl Guides and Girl Scouts (WAGGGS)/Africa Region, USAID

• Implementation partners: national Girl Guides Associations, district-level education officials, district-level health officials, schools
Anemia Prevention Badge Program (2)

- Anemia lessons integrated into regular patrol meetings
- Girl Guides earn an “Anemia Prevention Badge”
  - Demonstrate knowledge
  - Complete age-appropriate practical activities
  - Complete community outreach activities
Key Messages:
- Eat well to prevent anemia
- Prevent and treat malaria
- Prevent hookworm
- Take iron tablets as directed by health worker
Anemia Prevention Badge Materials
Developing an integrated program

• Stakeholder meetings
• Materials designed by FANTA, RCQHC, WAGGGS/Africa Region, with national GGA input
• National-level ToTs
• District-level trainings for Guide Leaders
• Follow-up/support from GG District Executive Commissioner
• Popular program with strong community support
• GGs were effective communication channel
• Program expanded by GGs
• Model adapted in Uganda
Program Limitations

- Requires community and district-level support
- Complementary services not always available or accessible
- Community outreach most successful in rural areas
- Funding for producing more materials
Conclusions

• Integration was essential to achieve the mandate of reaching adolescent girls.
• Integration was successful because:
  – All stakeholders were involved from the beginning
  – Anemia is important to all partners
  – Program built on the strengths of each partner
  – Worked within the systems already in place
• Challenges for future:
  – Better integration into health system
  – More support to urban community outreach
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