PSI Nutrition

THE GLOBAL NUTRITION CRISIS

Recent estimates suggest that maternal and child undernutrition is the underlying cause of 3.1 million deaths, and is the underlying cause of 45% of a child deaths. Undernutrition is not merely a result of too little food; rather, it is a consequence of a myriad of factors, including poverty, repeated illnesses, inadequate access to health services, insufficient macro and micronutrient intake, and unsafe water and sanitation.

From January to August 2011, PSI provided more than 2.3 million packets of Sprinkles to children under age five and 1.2 million iron folic acid tablets to women of reproductive age.

Cost-effective and proven interventions, when appropriately tailored and applied over the “first 1,000 days” window of opportunity can break the vicious cycle of undernutrition. Supplementation with vitamins and minerals (vitamin A, iron, zinc, iodine and folic acid) that are often deficient from local foods can help relieve the burden of micronutrient deficiency on roughly 2 billion people. Pregnant women and children under five suffer the most from micronutrient deficiencies and its lifelong consequences. In addition, therapeutic nutritional interventions can save the lives of millions of children suffering from acute undernutrition. It is estimated that it would cost $9.6 billion per year to combat the global nutrition crisis.

PSI recognizes the severity of this problem and is committed to fostering partnerships and developing evidence-based interventions to reduce the deleterious effects of undernutrition on pregnant women and children under five. PSI prioritizes interventions that are cost-effective, scalable, and foster sustainability. These interventions are designed to ensure access, quality and demand and are implemented in a manner that empowers local communities. Although preventative nutrition interventions are the focus of PSI’s nutrition strategy, treatment services for acutely malnourished children are a growing part of it.

---

http://download.the lancet.com/internationalassets/pdfs/nutrition-eng.pdf
HISTORY OF PSI’s NUTRITION PROGRAMMING

In 1999, PSI began its nutrition programming with the introduction of multivitamins for women of reproductive age to prevent maternal iron deficiency and promote healthy fetal growth. The nutrition programming has now expanded to include home fortification through micronutrient powders (Sprinkles), large-scale industry-based food fortification and the promotion of healthy behaviors such as exclusive breastfeeding for the first six months of a child’s life since the launch of the first nutrition program, implementation has occurred in 20 countries. At present, PSI has nutrition programs in 12 countries in South East Asia, Africa and Latin America.

OUR VALUE ADD

PSI is a global leader in health communications with more than 50 years of experience designing and implementing effective and culturally sensitive behavior change communication campaigns. PSI uses formative research using qualitative methodologies to gather insight into the target populations’ opportunity, ability and motivation to adopt the promoted behavior. Using a comprehensive marketing planning process called DELTA, PSI combines these insights with market knowledge and commercial sector approaches to develop targeted behavior change campaigns that empower consumers to adopt healthier behaviors and use services and products that can improve their lives. Coupled with the fact that social and behavior change communication (SBCC) is a core part of nutrition interventions, PSI has a unique advantage to deliver nutrition interventions effectively and at scale.

INTERVENTIONS

Micronutrient deficiencies have a lifelong impact on children and can cause impaired cognitive ability, stunted growth, and increased risk of morbidity and mortality. PSI works to ensure that children receive adequate micronutrients through awareness creation and distribution of MNPs, a multi-micronutrient fortified supplement used to fortify home foods. MNPs can be used to prevent and treat iron deficiency anemia and serve as a longer term supplementation of important micronutrients such as Zinc, Iodine and Vitamin A in children six-23 months old. Since PSI began promoting MNPs in 2005, more than 14 million sachets have been distributed to children aged six-23 months old in Mozambique, Madagascar, Pakistan, Botswana, Haiti, and Somaliland.

Recognizing the positive and potential impact of the use of the home fortification strategy using MNPs, PSI has teamed with UNICEF and the home fortification technical advisory group (HFTAG) to develop an online Community of Practice (CoP) that is enabling practitioners and partnering organizations to share learning, best practices of implementation, and advocacy. PSI is also undertaking a learning project, in partnership with UNICEF, on social marketing of MNPs in Madagascar, Somaliland, Laos and Mozambique.

Micronutrient deficiencies in pregnant women have a detrimental impact on both the mother and baby. Beginning in 1999, PSI has been working closely with stakeholders and has promoted multiple micronutrient (MMN) tablets in 5 countries. Given the evidence presented in support of MMN in the Lancet 2013 undernutrition series, PSI is revitalizing its engagement on promotion and distribution of MMNs as a means to improve maternal micronutrient deficiency and reduce low-birth weight babies and as such break the vicious cycle of undernutrition. PSI is undertaking a market facilitation work, in Somaliland and Vietnam, to ensure quality of MMNs and increase awareness and demand for it. Part of this work is engaging with the private sector to facilitate continued supply of quality MMNs in the market.

---

7 http://network.hftag.org/
In Kenya, PSI in collaboration with the Global Alliance for Improved Nutrition (GAIN), the Kenya National Food Fortification Alliance and the Ministry of Public Health and Sanitation implemented a targeted multi-media marketing campaign to increase consumer awareness and demand for fortified foods, as well as promoting industry participation in fortifying food products. Maize and wheat flours, cooking oils and sugar are being fortified with essential micronutrients such as Zinc, vitamin A and Iron. PSI supported the development of a national logo and organized and implemented a campaign to increase use of the logo by the industry and influence consumers’ recognition of the logo during purchases. Similar work will be initiated in Myanmar, where PSI will support the social marketing of Ultrarice, a fortified rice product. In Ethiopia, PSI is collaborating with the Government, and UNICEF to raise awareness and promote iodized salt consumption.

PSI is also contributing to the reduction of childhood anemia in Ethiopia by registering and promoting age-appropriate doses of deworming tablets.

Exclusive breastfeeding (EBF) is a natural and irreplaceable way to ensure healthy growth and development of infants. In Rwanda, PSI provided technical assistance to the Ministry of Health for a national-level campaign to promote EBF and complementary feeding. PSI leveraged its expertise in crafting culturally appropriate SBCC strategies to develop counseling tools used by facility and community-based health workers, as well as take-home brochures for mothers and caregivers. PSI is also using its expertise in SBCC and IPC to train community IPC agents, such as midwives to educate mothers/pregnant women on safe motherhood practices and EBF in Somaliland, Nigeria, Myanmar, and Pakistan.

PSI recognizes that in many developing countries, the private sector is the first line of defense for people seeking basic health products and services. Thus, as it continues to expand its nutrition efforts worldwide, PSI is exploring the possibility of integrating its nutrition programs into existing robust social franchising networks. Specifically, PSI is researching ways to include nutrition counseling for women of reproductive age into the services offered by PSI’s franchise providers in several countries. A community-based management of severe acute malnutrition (CMAM) program is also getting underway in South Sudan.

Nutrition interventions implemented are much less effective because undernutrition and infectious diseases are interlinked. Cognizant of this, PSI is exploring options to integrate programming further, especially with water, sanitation and hygiene work. There is emerging evidence that links poor hygiene and lack of access to clean water sources to undernutrition.

Additionally, in recent years, PSI has become more involved in the nutrition policy environment. A memorandum of understanding between PSI and GAIN was signed in 2013, establishing a partnership for both policy and implementation level collaboration. PSI is also actively involved in the Scaling Up Nutrition Initiative and the 1,000 Days Partnership, which advocate for targeted action and investment for nutrition interventions, and promote awareness of the issue.

---
