

Designing Adaptive Nutrition Programs

Stage-Based Evaluation of an Intersectoral Intervention through Iterative Theory of Change

Lead Implementation Agency: GIZ

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Context

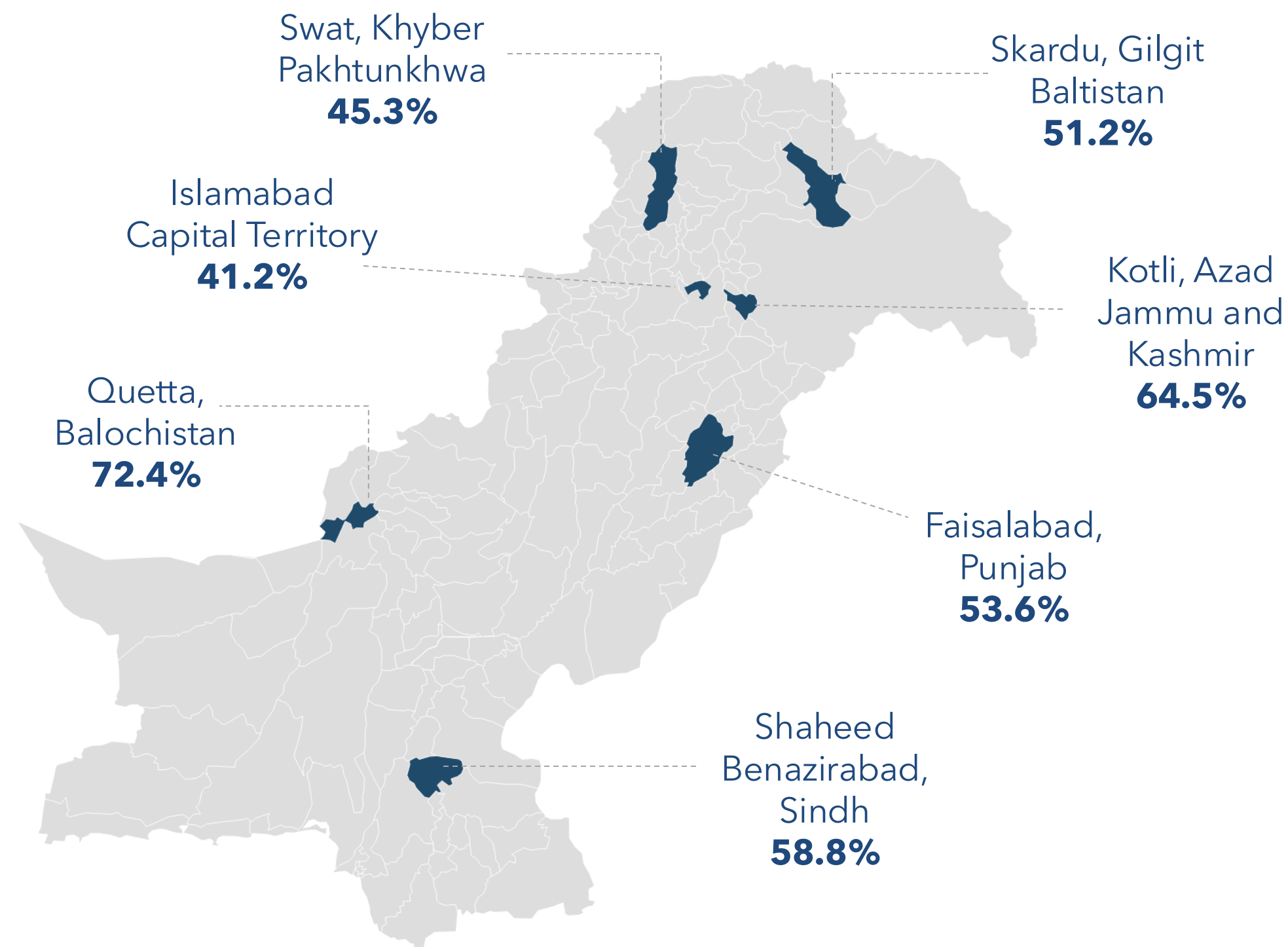
50% of adolescent girls suffer from anemia

18% of girls consume an adequately diverse diet

30% of households use fortified flour regularly
equally diverse diet

10% of adolescent girls receive Weekly Iron Folic
Acid (WIFA) supplements

Provincial Anaemia Prevalence



Source: National Nutrition Survey 2018

Approach



Mission

Leveraging Pakistan’s largest social protection program (BISP) to improve adolescent girls’ nutrition through multiple pathways of nutrition interventions



Aim

Testing the joint engagement of relevant actors of the Health, Education, Social Protection, and Food departments at the provincial and local level to work jointly on a functional and context-specific approach



Key Partners

Co funders	German Federal Ministry for Economic Cooperation and Development (BMZ) and Gates Foundation
Implementation Oversight	GIZ
Implementation Partners	Nutrition International and World Food Programme
Measurement, Learning and Evaluation Partner	CERP

SOPRAN Intervention

The project adopts a multisectoral approach involving Health, Education, and Food departments to deliver a holistic package:

**Weekly Iron Folic Acid (WIFA) Supplementation:**

Provision of WIFA supplements to 100,000 adolescent girls (aged 10-19 years) for six months

**Capacity Building of Teachers and Lady Health Workers:**

Conducted trainings to deliver nutrition education sessions at school and in community



Nutrition Education: Curated sessions to build knowledge and awareness through Social and Behavior Change Communication Strategy



Capacity building: Trained government stakeholders from Food Departments/Food Authorities on fortification processes, quality assurance and regulatory roles



Strengthen local small scale flour processors: Installed micro feeders, provided premix and built capacity to improve fortified flour availability



Cash Vouchers for Fortified Flour Access



Measurement, Learning and Evaluation (MLE) Objectives

Assess how adolescent girls can act as catalysts of change at individual level and transfer knowledge to their families



Test the potential of adolescent girls to act as catalysts for change

by promoting healthier nutrition practices among peers, families and communities



Assess the change in knowledge, attitudes and practices among adolescent girls

After roll-out of Social and Behaviour Change (SBC) and community engagement strategy and strengthening nutrition education as a technical skill



Assess improvement in awareness and nutritional intake of fortified flour

After strengthening the capacity of local flour mills and distribution of vouchers among BISP-eligible families

Methodology

A Living Framework

Implementation is guided by an Iterative Theory of Change, developed and refined through continuous partner meetings and workshops.

Mixed Methods MLE:

We utilize a robust **before-and-after study design** to assess knowledge, dietary shifts, and uptake of WIFA supplementation.

- ✓ **Quantitative Survey:** Data collected from 567 girls (grades 6-12) across seven districts.
- ✓ **Qualitative Insights:** FGDs and KIs with parents, teachers, health workers, religious leaders, district officials and flour mill owners.



Mothers



Fathers



Teacher



Religious Leaders



Lady Health Worker



District Officers



Flour Mill Owner

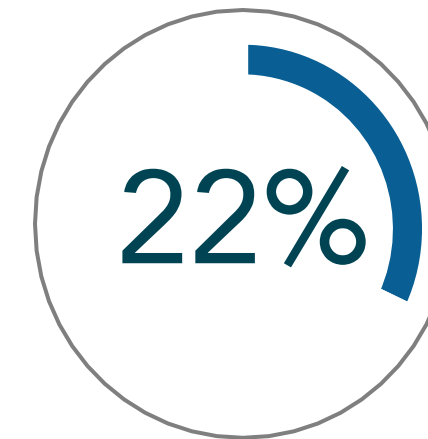
Adolescent Girl

Baseline Findings



Nutritional Status & Dietary Habits

- Adolescent girls exhibited nutritionally inadequate diets
- Low understanding of core nutrition concepts, impacting dietary choices
- Inconsistent practical habits, like meal consistency and snacking
- School food environment limited access to nutritious choices
- Financial constraints, taste preferences, and accessibility issues were primary barriers limiting nutritious food consumption

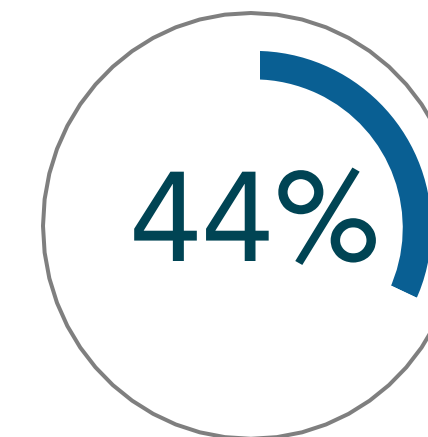


girls showed awareness of dietary diversity and typically consumed 4 out of 9 possible food groups



Awareness of Key Intervention (WIFA Supplementation)

- Low awareness and acceptance of WIFA supplementation
- Resistance to WIFA supplementation is multi-layered, stemming from family influence, community perceptions, and personal hesitation



adolescent girls indicated experiencing fatigue and weakness



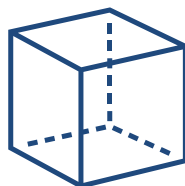
Food Fortification and Consumption of Fortified Flour

- Awareness of food fortification remained limited due to low market visibility, mistrust of processed flour, preference for chakki-ground flour and anticipated financial constraints.

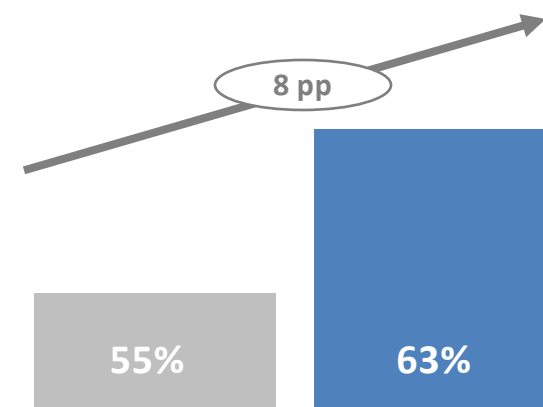
Systemic Barriers identified at Baseline

Baseline data confirmed substantial gaps in adolescent nutrition stemming from multidimensional barriers:

- **Mistrust:** Specific skepticism regarding health supplements within the community
- **Social Norms:** Deep-seated traditions affecting food distribution
- **Economic Constraints:** Limited access to diverse food groups



Progress at Midline



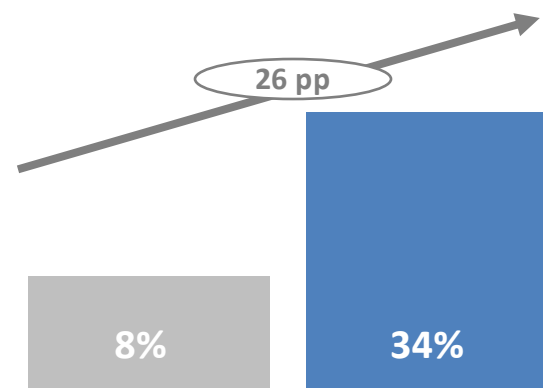
Knowledge of iron-rich foods



Adolescent girls' knowledge of key nutrition topics specifically iron rich foods demonstrated encouraging improvements from baseline to midline



Girls mainly share nutrition knowledge with their mothers, then fathers, but avoid conversations with other male relatives and community members



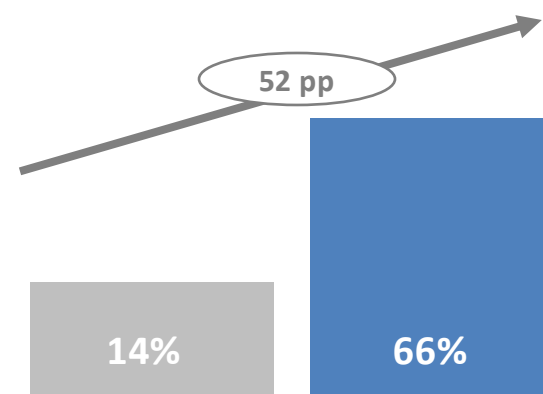
Awareness of anaemia



Adolescent girls' awareness of anaemia and WIFA supplements increased significantly from baseline to midline



Adolescent girls' dietary diversity improved, potentially due to girls actively taking interest in consuming home cooked meals, indicating effectiveness of nutrition education sessions



Awareness of WIFA Supplements



Recall of topics discussed was highest for anaemia and WIFA supplements



Chakki (Mill) Owners exhibit ease in producing fortified flour after receiving initial training

“

“Foods that are rich in iron include meat, fish, and fruits like apples. Green leafy vegetables, such as spinach, are also a good source of iron, and even potatoes contain iron,”

- Adolescent girl in-school, Skardu

”

Baseline

Midline

Adaptive Implementation

Challenges

- **Political instability** such as security incidents and political conflicts resulted in unscheduled activity cancellations
- **Natural disasters** such as flash flooding curtailed fieldwork
- **Inter-Governmental Friction** such as lack of formalized coordination protocols between federal and provincial departments delayed the establishment of project steering committees

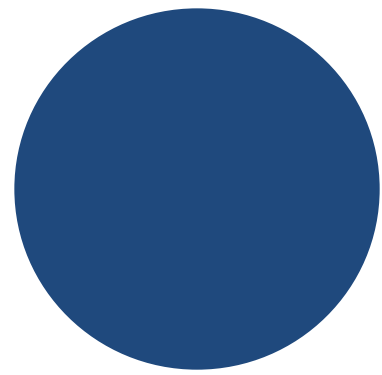
Adaptation

- Developed formal provincial and district steering committee meeting structures
- Collaborative Approach



Way Forward

The project aims to develop a scalable and sustainable approach to reducing anemia nationwide



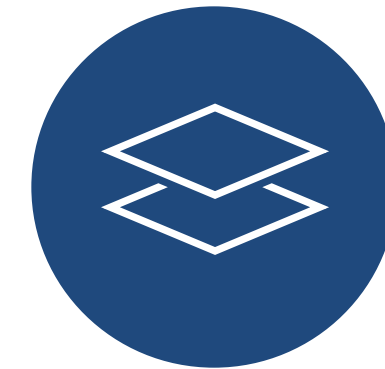
SCALE IN

Strengthening the implementation of the model within existing government and social protection systems for institutionalization.



SCALE OUT

Expanding the proven intervention model horizontally across diverse districts and provinces to maximize geographical reach and impact.



SCALE DEEP

Embedding behaviour change, nutrition awareness, and supplementation practices that create lasting impact and deep, sustained cultural shifts

Pathways to Scale



Institutionalize Curriculum

Embed comprehensive nutrition education within the formal school curriculum.



Promote Kitchen Gardens

Encourage household-level production to ensure better access to iron-rich foods



Mandate Fortification

Enforce the use of fortified wheat flour through robust provincial legislation.



Rigorous Reporting

Establish a unified reporting system to provide essential structural support for national monitoring.



Project Stakeholders

Funders



Strategic lead



Implementation oversight



Implementation partners



MLE partner



Technical advisory departments: Education, Food & Health (Provincial & District)



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