



# Convening for a Cause: an interest-holder engagement meeting to co-design an approach to tackle iron deficiency in Benin. Lessons learned, challenges, and opportunities.



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## BACKGROUND

**Hidden hunger** affects over **2 billion people** worldwide. **Iron** is the most limited dietary micronutrient, leading to **iron deficiency (ID)**. If untreated, **ID leads to anemia (IDA)**.

ID/IDA is most common in and has serious health consequences for women, fetuses, and children

IDA affects 38% of pregnant people, 29% of menstruating people, and 43% of children globally

In some countries, women face barriers to good nutrition due to socio-cultural norms, lack of agency, and gender-specific marginalization.

Despite treatment and prevention efforts ID/IDA prevalence remains high globally, affecting 30% of the world's population

Inadequate deployment of current interventions contribute to low adherence and uptake

Prevalence of ID/IDA is particularly high in Benin compared to global standards

There is a need to increase effectiveness and reach of interventions to women and children which requires **adapting** and **scaling** interventions to populations' wants and needs

## KEY CHALLENGES

In Benin current nutrition interventions for ID/IDA are not designed/implemented **with** and **for** communities, which reduces their acceptance and impact

Thus, there is a **need to better understand the factors** that influence the success of community-based interventions...

...to fill the gap in evidence on best practices for implementing sustainable nutritional interventions to suit the environment and context of Benin

## AIMS & HYPOTHESIS

We **aimed** to identify key challenges and opportunities to inform strategies that will be implemented in a framework for adapting and scaling of future ID/IDA interventions in Benin

We **hypothesized** that stakeholders would identify factors to improve the nutrition intervention landscape in Benin, and strategies to optimise, embed, and scale in future interventions

## METHODS

Stakeholder engagement is part of a **larger roadmap** for **developing effective nutrition interventions**

We planned a national stakeholder engagement meeting in Cotonou Benin, with the goal to:

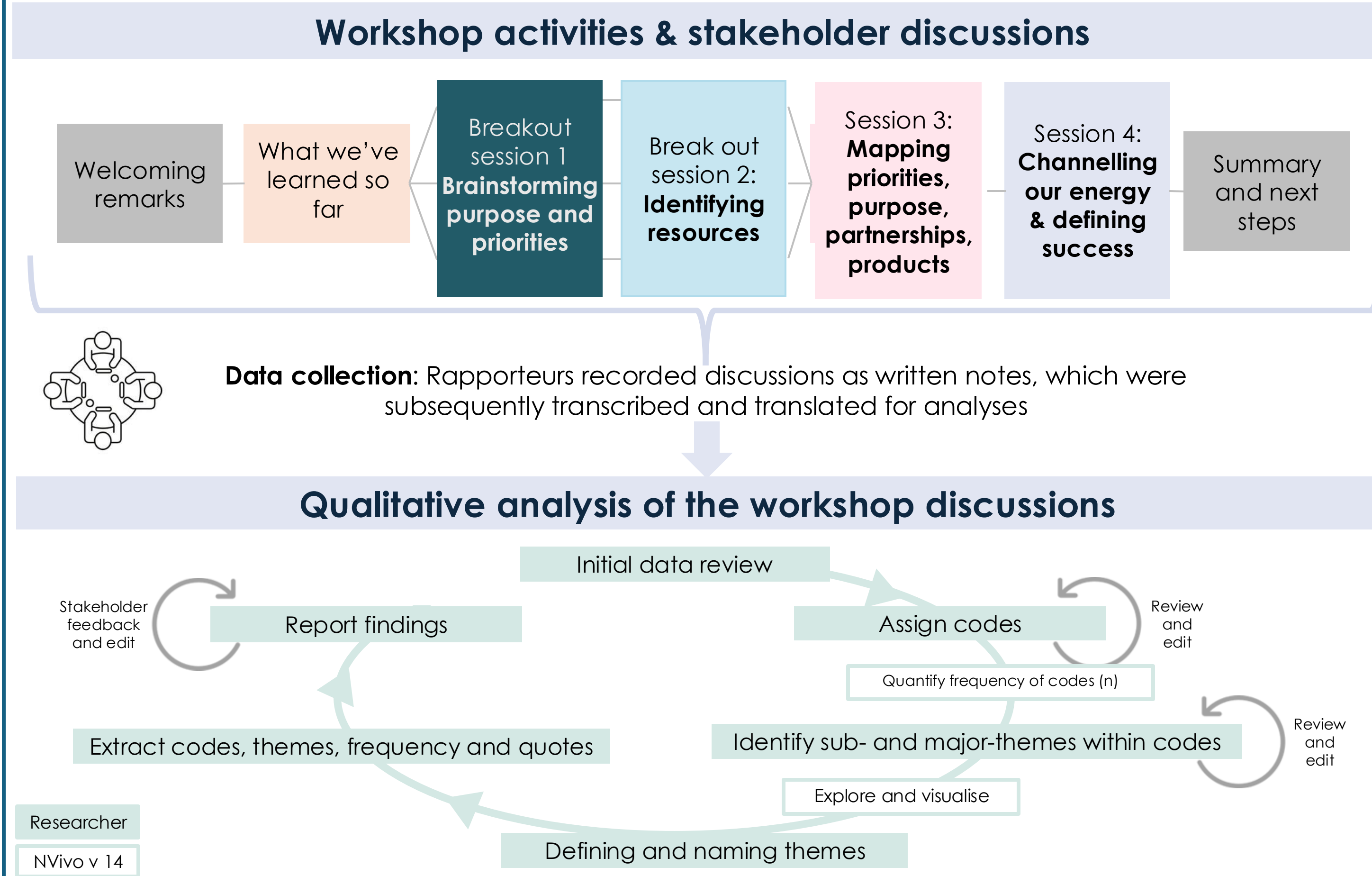
- discuss factors that influence the success of community-based interventions for the treatment and prevention of ID/IDA
- map a co-designed system for improved family health



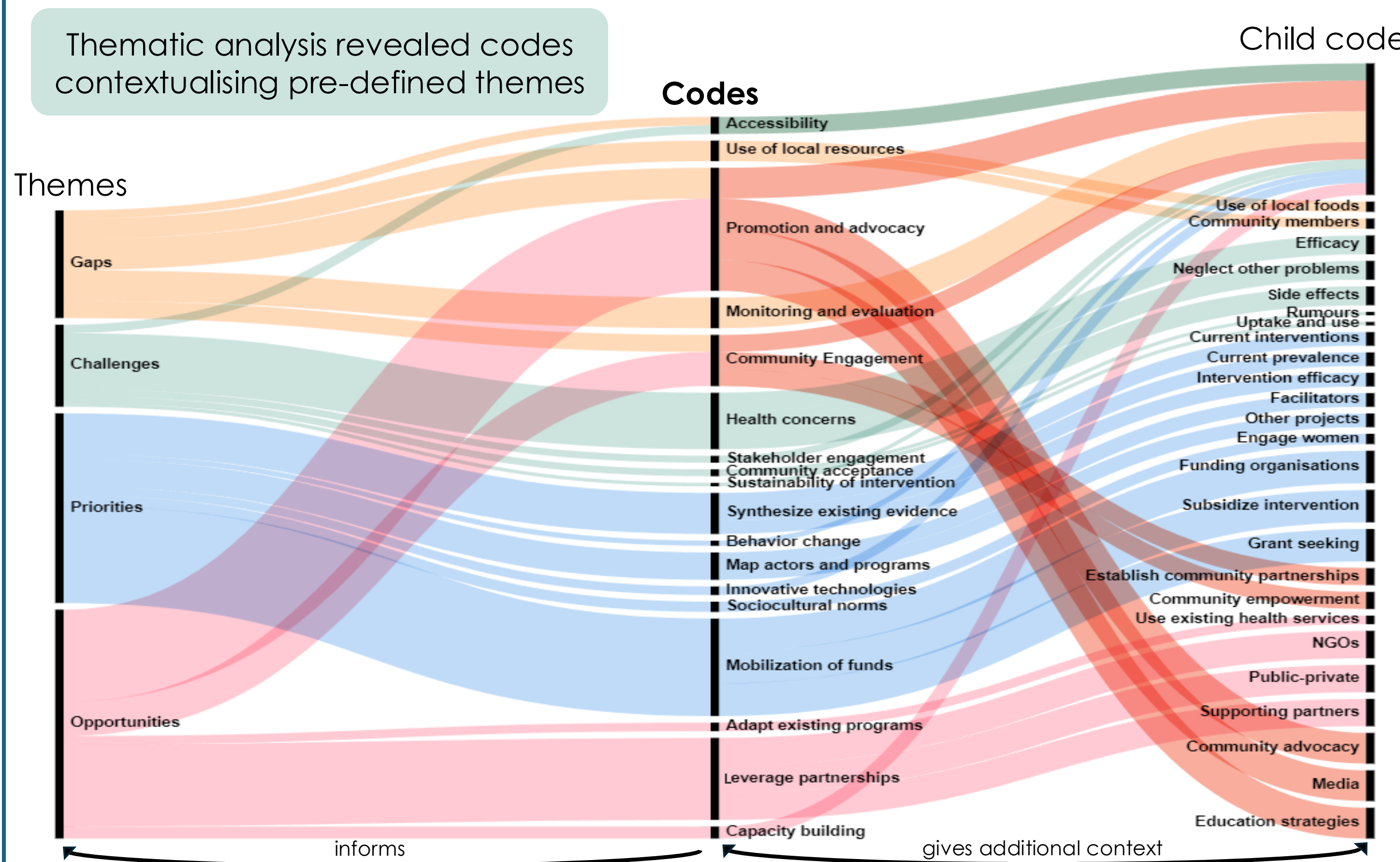
### Key stakeholders invited to the workshop

Government officials
Researchers
Non-governmental organisation (NGO) representatives
Healthcare providers
Community members
Policy & public health influencers

## METHODS



## RESULTS



Theme	Codes	Child codes	Key quotes
Gaps in existing interventions	Promotion and advocacy (n=18)	Community members (n=4)	"The promotion of iron rich foods brings about an improvement in nutritional status"
	Monitoring and evaluation (n=18)	Use of local iron rich foods (n=2)	"Need establishment of a monitoring-evaluation system"
	Use of local resources (n=6)		"How to take into account the use of foods rich in iron in your programs"
	Accessibility (n=5)		"Inaccessibility to the most vulnerable groups"
	Community empowerment (n=3)		"Intervention is only available a little around the national audience"
			"Communicate with the community to ensure equity in households in terms and management and distribution of resources within households"

Theme	Codes	Child codes	Key quotes
Challenges identified	Health concerns (n=11)	Efficacy (n=5)	"No reduction of iron anaemia"
	Accessibility (n=5)	Neglect other health problems (n=1)	"Emergence of other health problems"
	Stakeholder engagement (n=4)	Side effects (n=6)	"Over iron dosage resulting from a multiple interventions"
	Community acceptance (n=2)		"Availability of intervention and its access"
	Intervention sustainability (n=2)		"Intervention accessible for everyone"
			"Stakeholder resistance to innovation"
			"Other health sectors can suffer in the re-distribution of resources"
			"Demobilization of the population through fake news or controversies"
			"Slow down in intervention use"
			"Non-appropriation of the project"
			"Poor conservation of the intervention"

Theme	Codes	Child codes	Key quotes
Priorities for action	Mobilization of funds (n=10)	Grant seeking (n=1)	"Search for funding"
	Map actors and programs (n=8)	Funding organizations (n=6)	"government subsidies for provision of intervention"
	Synthesize existing evidence (n=8)	Subsidize interventions (n=3)	"Financing from organizations"
	Understand sociocultural norms (n=6)	Facilitators (n=6)	"NGOs, civil society organizations, stakeholders"
	Identify innovative technologies (n=5)	Other projects (n=1)	"The more NGOs solve the same problems, if each project capitalizes on the results, and support and helps new projects there will be more impact"
	Facilitate behaviour change (n=3)	Current interventions (n=1)	"How to capitalize on the results of research and other projects/ programs to identify high-impact activities"
		Current prevalence of ID (n=1)	"What contribution do fortification programs make in preventing iron deficiency"
		Intervention efficacy (n=4)	"How can we identify the underlying causes (deep causes in terms of sociocultural norms which constitute obstacles to the consumption of foods rich in iron"
		Engage women (n=1)	"Adapt solutions according to each population and their needs"
			"What are the innovative solutions, technologies, such as the fish that improve iron in food daily?"
			"Need innovative technologies for better absorption of iron in our diet"
			"How can we change the poor eating attitudes and behaviors of populations"
			"what mechanisms uses the acquired knowledge or changes in behavior as a basis for nutrition projects"

Theme	Codes	Child codes	Key quotes
Opportunities for improved intervention design and delivery	Promotion and advocacy (n=18)	Community advocacy (n=2)	"Commitment of communities to promote intervention"
	Leverage partnerships (n=16)	Media and communication (n=7)	"Mass media communication including social networks"
	Community Engagement (n=10)	Education strategies (n=9)	"Implementation of nutritional information platforms"
	Capacity building (n=7)	NGOs (n=4)	"NGOs, health centres, operational structures"
	Adapt existing programs (n=5)	Public-private (n=8)	"Public-private, and private-private partnerships"
		Supporting partners (n=5)	"Research partners to support projects"
		Establish community partnerships (n=4)	"Engaging youth in communities"
		Community empowerment (n=3)	"Community lobbying for the adoption of the intervention"
			"Need community participation"
			"Strengthening the capacity of field agents"
			"Strengthen the capacities of actors on the ground"
			"Integrate into nutrition programs"
			"Involve health centres, distribution of intervention services for example"
			"Intervention synergies"

## SUMMARY & CONCLUSIONS

Main gaps and challenges:

- lack of accessibility for all
- engaging the community
- sustainable interventions

Priorities and opportunities:

- Use local resources
- enhance promotion and advocacy
- understand sociocultural contexts

These findings will inform the development of a logic model, which will **guide** the design and implementation of **future interventions**, and policies in **Benin**, and more broadly **West Africa**

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