

Innovation: NGO and government partnerships to address and manage maternal Anemia (Convergence to improve maternal anemia)

Background:

Anemia is one of the most commonly encountered medical conditions during pregnancy. Anemia may lead to lack of energy, fatigue and poor work performance. Severe anemia, however, is associated with palpitations, tachycardia, and breathlessness. Increased incidence of pre-term labor (28.2%), pre-eclampsia (31.2%), a tendency to bleed more during delivery and in post-partum period and sepsis have been associated with anemia.

Screening of anemia among MWRA (married women in reproductive age group) in our Mumbai project site suggested that nearly 55% of women are anemic while among pregnant women anemia prevalence was recorded to be as high as 54%.

To improve the Hb status of women it is important to address this issue holistically through different strategies like early registration of pregnant women, early screening and identification of Hb status, mandated Iron Folic Acid (IFA) supplementation, timely deworming and doorstep nutrition counseling.

We have partnered with an NGO that is well known for its mobile health services to timely screen women in our project sites and provide appropriate and adequate supplementation of IFA. Municipal health posts have also joined this intervention to provide IFA, deworming treatment and counseling to mothers.

There are 5 pillars in this partnership:

1. **Municipal corporation health post** – ensures early registration and screening of pregnant women, providing IFA to women who are not covered in camps, nutrition counseling are held through joint home visits, events like *Godhbharai* and appreciating mothers with increased Hb levels are some of the activities that are carried out.
2. **ICDS** – ensuring a provision of Take Home Ration (THR) and being a part of joint celebration of events.
3. **Partner NGO** – screens for anemia and distributes IFA
4. **SNEHA** – ensures monthly menstrual surveillance to help identify early pregnancies. Additionally, mobilizing pregnant and lactating women to anemia camps, ensuring timely IFA consumption, nutrition counseling, data management, referring and follow up of women with severe anemia

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status, organizing events like *Khana Kazana*, *Godhbharai*, initiating couple activities and activities during international nutrition week.

5. **Community Volunteers** – ensuring IFA availability and consumption by women, cross checking the anemia calendar (a self-monitoring tool i.e. a calendar maintained by the woman where she marks the date with a red bindi as soon as she consumes an IFA tablet).

Steps / Process:

Every 3 months, screening for anemia and IFA supplementation is carried out. The following processes are ensured before and after the camps:

1. Listing of all pregnant and lactating women and then ensuring that 100% of women who were present at the previous anemia camp are tested for the second value of Hb in the post treatment.
2. Ensuring newly identified pregnant women are registered through health post and given a Reproductive Child Health (RCH) number. Health post Community Health Volunteers (CHV's) counsel the women during the camp regarding timely access to Antenatal Care (ANC) services.
3. 100% coverage of women on the day of the camp and during IFA distribution post the camp. IFA supplementation is prescribed based on the Hb levels. Women not covered during the camps are covered during ANC clinics through the health post staff. Ensure IFA provision for next month.
4. Joint home visits by CHV and SNEHA staff to ensure regular IFA compliance and nutrition counseling.
5. Conversion of reluctant cases through male engagement team and health coordinator of the health post.
6. Routine cross checking of nutritious food consumption and use of anemia calendar by volunteers.

Data is analyzed after every camp and shared with all key stakeholders to take further action for improvement. Protocols and guidelines have been formulated based on municipal corporation standards and the staff ensures its appropriate implementation during home visits. To ensure improved nutritional and non- anemia status of pregnant and lactating women we developed an Antenatal Care (ANC) diet audit form. This form is expected to be filled once in a month by the field staff. The form creates a platform to dialogue with women regarding her behaviors related to feeding, weighing, ANC checkups etc. Following components are captured in the form:

1. Change in weight
2. Change in Hb levels
3. Current feeding practices
4. Discussions regarding what should be the feeding behaviors for improved nutritional status.

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Results/Impact:

Data of the last three anemia camps which were conducted with a gap of 3 months each, showed prevalence of anemia amongst pregnant and lactating women reduced from 45% in camp #6 to 30% in camp# 7 to 24% in camp # 8.

Recent studies have also documented similar findings. A Trial of Improved Practices in India to increase positive perceptions and uptake of IFA supplementation and dietary practices indicated that the prevalence of anemia was reduced by half in the intervention group where anemia prevalence increased by 2.4 % in the control group.¹ The iron intensification project (IIP), launched and scaled up in 75 districts of Nepal demonstrated that the program had achieved substantial success in increasing coverage of interventions in pregnant women that are known to reduce maternal anemia: attending antenatal care clinics, taking iron-folic acid supplements, and taking deworming medicine.²

Challenges and Solutions:

1. Challenge: Irregular supply of IFA tablets along with deworming tablets to all pregnant and lactating women.
Solution: Needs advocacy backed by data on eligible women and deworming in a protocol manner.
2. Challenge: Poor consumption of diverse and iron rich food by the community.
Solution: Addressed through counseling and community events like *Khana Khazana*, *Godhbarai* etc, increase in uptake of THR.
3. Challenge: Associated myths and misconceptions of women related to IFA tablets and extra food consumption.
Solution: Addressed through home based counseling, culture influenced food practices.
4. Challenge: Reluctance to register and avail services for appropriate ante natal care services.
Solution: Health education on association of anemia with pregnancy outcome, couple counseling.

¹ Shivalli S, Srivastava RK, Singh GP (2015) Trials of Improved Practices (TIPs) to Enhance the Dietary and Iron-Folate Intake during Pregnancy- A Quasi Experimental Study among Rural Pregnant Women of Varanasi, India. PLoS ONE 10(9): e0137735. doi:10.1371/journal.pone.0137735

² Pokharel RK, Maharjan MR, Mathema P, Harvey PWJ (2011) Success in delivering interventions to reduce maternal anemia in Nepal: A case study of the intensification of maternal and neonatal Micronutrient Program. Washington, DC 20009: United States Agency for International Development (USAID)

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A healthy world begins with a healthy woman

Key Takeaways:

- To improve anemia it is important to simultaneously work on 3 components – Consumption of iron rich foods, balanced food/diversified food and expected IFA and deworming tablets, timely accessing antenatal care services and ensuring appropriate weight gain.
- This tripartite partnership has worked due to clarity received in understanding the role and the ability to resolve the issues in a transparent and participatory manner by key people.

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