IRON DEFICIENCY ANAEMIA CONTROL FOR ADOLESCENT GIRLS IN CHHATTISGARH, INDIA

The Pilot: 2010 – 2012
THE ISSUE: IRON DEFICIENCY

Iron Deficiency is one of the most prevalent nutritional deficiencies in the world. It is a key public health concern in India, impacting more than 50 percent of the population.

Iron deficiency has been found to be widely prevalent amongst adolescent girls. Iron requirement of an adolescent girl increases many fold during a period of rapid growth and development. Without adequate iron, anaemic adolescents tend to grow into anaemic adult women with inadequate iron stores, which, when coupled with low pre-pregnancy weight, a condition seen often in undernourished populations, can contribute to maternal mortality. Iron deficiency can also result in poor cognitive skills, thereby resulting in poor performance in school, and at work.

Existing evidences show that timely provision of iron folic acid tablets can ensure women have adequate stores of these nutrients when they enter pregnancy.

THE BACKDROP

In 2010, a baseline survey conducted by the Micronutrient Initiative India (MII) evidenced the prevalence of anaemia among adolescent girls in Chhattisgarh - at 85 percent among school going girls and 89 percent among out-of-school girls.

More than half of all girls in Chhattisgarh are married before the age of 18. Thus, a majority of adolescent girls are at risk of developing complications due to pregnancy, high risk of maternal mortality and delivering a low birth weight baby.

THE INTERVENTION: IRON AND FOLIC ACID SUPPLEMENTATION FOR ADOLESCENT GIRLS

MII collaborated with the Departments of Women and Child Development, Education and Tribal Development, to implement a simple and cost effective intervention to address anaemia in adolescent girls. This pilot project was implemented in three districts of Chhattisgarh; Raigarh, Jashpur and Dhamtari starting February 2010. The districts were finalized in consultation with concerned government departments and UNICEF.

A single, weekly dose of Iron and Folic Acid (IFA), coupled with a dose of Albendazole (for deworming) twice a year, was administered to more than 96,000 adolescent girls in class 9 to 12 in 424 schools and 11-18 year old out-of-school girls at 6,832 anganwadi centres.

The intervention was planned at multiple levels – schools through school teachers, peer guides and anganwadi centres through anganwadi workers.
KEY PROGRAM COMPONENTS

Capacity building of service providers: A cascading approach to training was followed, where master trainers at district level further trained at least one school teacher and peer guide from each school and Anganwadi centre across the program districts. In total - 495 school teachers, 422 peer guides and 6,324 Anganwadi workers were trained. The capacity building supported the service providers in addressing issues pertaining to anaemia and side effects of IFA supplementation.

Awareness generation and communication: Extensive use of communication tools to improve knowledge of adolescent girls were deployed. Materials such as flip books, jigsaw puzzles and posters were developed. Each adolescent girl was provided an information brochure and a compliance card. The material was made available to schools and communities, leading to informed and participatory discussions. Peer guides were trained to be catalysts among adolescents for increasing awareness and to act as approachable counsellors.

Supportive supervision and review: The project had a built-in monitoring and supportive supervision component, coupled with regular reviews by the government systems under the guidance of the District Collectors. Regular meetings of school principals and anganwadi workers as part of administrative governance were forums to reorient them about various aspects of anaemia and address their concerns and queries with respect to problems being faced by them while implementing the program. Feedback mechanisms were developed and poor performing blocks and schools were identified and supported. Visits by the MII team acted as forums to sensitize as well as counsel on regular consumption of IFA tablets.

Evidence generation: A baseline and endline survey was conducted to measure the impact of the project. Process documentation capturing various aspects of the intervention was also undertaken.

A SUCCESSFUL INTERVENTION

- **Simple**: A single dose of Iron Folic Acid was administered to girls through schools and anganwadi centres on a fixed day of the week.

- **Widespread**: 424 schools and 6,832 anganwadi centres reached out to almost 96,000 adolescent school-going as well as out-of-school girls.

- **Multi-agency collaboration**: The project was implemented in collaboration with the Government of Chhattisgarh (Departments - Women and Child Development, Education and Tribal Development) and the MII.

- **Evidence-based**: The intervention resulted in a reduction in anaemia levels by 14.2 percent in school going adolescent girls and 6.9 percent for out of school adolescent girls respectively.

- **Cost-effective**: The annual cost per adolescent girl for administering weekly Iron Folic Acid tablet was INR 58.
ABOUT MICRONUTRIENT INITIATIVE

The Micronutrient Initiative (MI) is an international not-for-profit organization that works to ensure the poor – especially women and children – in developing countries get the vitamins and minerals they need to survive and thrive. Governed by an international Board of Directors, MI works in Africa, Asia, and the Americas and reaches people in more than 70 countries. With headquarters in Ottawa, Canada MI maintains regional offices in New Delhi, India and Dakar, Senegal that manage our country offices in Asia and Africa.

MI has been working in India since 1998. The Micronutrient Initiative India (MII) is working to achieve the following priority objectives:

- Increase biannual administration of Vitamin A syrup to all children 9-59 months.
- Expand zinc supplementation along with Low Osmolarity (LO) Oral Rehydration Salts (ORS) for the treatment of childhood diarrhoea.
- Expand iron and folic acid programs for preschool children, adolescent girls, pregnant and lactating women.
- Improve production, monitoring and consumption of iodized salt and provide technical support to salt producers.
- Introduce and promote the use of double fortified salt, fortified with iodine and iron, especially through programs that target the most vulnerable.

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