



FROM POLICY TO PRACTICE

Inspiring stories in anaemia prevention



Nourish Life

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EXECUTIVE SUMMARY

Anaemia is a critical public health concern in India, particularly affecting vulnerable groups such as pregnant women, adolescent girls and children under five years. The condition has severe consequences on both maternal and child survival rates, causing compromised immunity, poor cognitive development and decreased work productivity. To address this issue, the Government of India (GOI) launched the Anaemia Mukta Bharat (AMB) - Intensified Iron-Plus Initiative in 2018, using a life-cycle approach to reduce anaemia prevalence. The AMB program aims to reduce the prevalence of anaemia among women, children and adolescents by three percentage points per year, with a target of achieving a 50% reduction in the prevalence of anaemia among these groups by 2025. To achieve these objectives, AMB focuses on providing preventive and curative mechanisms through a 6X6X6 strategy including six target beneficiaries, six interventions and six institutional mechanisms.



Adolescents lead a rally to spread awareness on anaemia

Anaemia Mukt Bharat

6×6×6 Strategy

Beneficiaries



Children aged
6-59 months



Children aged
5-9 years



Adolescent girls
and boys aged
10-19 years



Women of
reproductive age,
20-24 years



Pregnant women



Lactating mothers
of children aged
0-6 months

Interventions



Prophylactic iron
folic acid
supplementation



Deworming



Intensified behavior
change campaign



Digital anaemia testing/
treatment



IFA fortified food
mandate



Combating
non-nutritional anaemia

Institutional Mechanisms



National Anemia Mukt Bharat
Unit



Intra-ministerial coordination



Strengthening supply chain
and logistics



Convergence with other
ministries



National Centre of Excellence
and Advanced Research on
Anemia Control



Anemia Mukt Bharat
dashboard and digital Portal –
One-stop-shop for anaemia

Adapted from <https://anemiamuktbarat.info/6x6x6-strategy/>



The compilation showcases how an integrated and holistic approach can lead to long-term and sustainable solutions in addressing anaemia and thus pave the way to improved health and nutrition outcomes for the most vulnerable



Nutrition International has been a critical partner in the implementation of AMB, working closely with the Ministry of Health and Family Welfare, GOI, and state governments in Chhattisgarh, Gujarat, Madhya Pradesh, Uttar Pradesh and West Bengal. We have been a key member of the technical task force for AMB and a partner to the National Centre of Excellence and Advanced Research on Anemia Control (NCEAR-A) institutionalized at the All India Institute of Medical Sciences, New Delhi.

Our support ranges from policy advocacy and program implementation to supply chain management, capacity building, behaviour change interventions, monitoring, reporting and review. In addition to our direct involvement, we advocate for inter-departmental coordination between the departments of health, women and child development, and education for enhanced program efficiency through a collaborative approach.

The compendium 'From Policy To Practice: Inspiring stories in anaemia prevention' captures best practices that have emerged from our work on AMB in the states with stakeholders across the spectrum. These include government officials and staff, frontline workers such as accredited social health activists (ASHA) and Anganwadi workers, school teachers, counsellors and peer educators, and cover areas ranging from community-level interventions such as menstrual hygiene management and setting up of nutri-gardens for adolescents to supply chain strengthening and establishing effective monitoring mechanisms for improved service delivery. These stories narrate the impact of the interventions and celebrate the successes while also bringing to the fore challenges encountered and learnings that have emerged. The compilation also showcases how an integrated and holistic approach can lead to long-term and sustainable solutions in addressing anaemia, and thus pave the way to improved health and nutrition outcomes for those who need it most.

Between friends

Peer educators lead the way in nutrition education for adolescents in Madhya Pradesh

Nutrition International has been working in 26 districts of Madhya Pradesh (MP) to provide technical support to the Government of India (GOI) to strengthen the country's national adolescent health program. In the Rajgarh district, our support has helped to train Sathiyas (peer educators), who now play a pivotal role in improving adolescent nutrition through interactive activities and nutrition education. Read on to learn about the difference they are making in their communities.

Madhya Pradesh is a state with a high prevalence of anaemia, has been implementing the GOI Anaemia Mukta Bharat (AMB) strategy to reduce anaemia among vulnerable age groups. Nutrition International works in 26 districts of the state, providing technical support to the state government in implementing various health and nutrition interventions.



Master trainers engage Sathiyas with an interactive game

Rajgarh is an aspirational district that was selected by the GOI for rapid transformation due to its poor development indicators – National Family Health Survey – 5 (NFHS – 5, 2019-20) reveals that 52% of girls aged 15-19 years in the district are anaemic.

The Rashtriya Kishor Swasthya Karyakram (RKSK) is the GOI's national adolescent¹ health program that is anchored by the Ministry of Health and Family Welfare (MoHFW). The program aims to provide a comprehensive approach to addressing the health and development needs of adolescents in India. Peer educators – trained adolescents who reach out to peers in their community with messages on health and nutrition – are an important component of the RKSK program. In Rajgarh district, Nutrition International selected the Biaora block to strengthen the nutrition component of the program through the initiation of a pilot in in 2019.



National Family Health Survey – 5 (2019-21) reveals that 52% of girls aged 15-19 years in the district of Rajgarh in Madhya Pradesh are anaemic, and were in need of nutrition intervention

Nutrition International's support to strengthen RKSK program



Assessing impact: Field team supported in designing the baseline and endline surveys that helped shape the interventions, assess impact and identify areas for scale-up



Building capacity: Besides training the master trainers, the field team provided orientation to district and block-level health department officers



Engaging adolescents: Sathiyas used IEC materials like posters, pamphlets, and interactive games like stapoo and trump cards during the brigade meetings and community events to engage adolescents and sustain their interest

¹ The World Health Organization defines adolescence as 'the phase of life between childhood and adulthood, from ages 10 to 19'

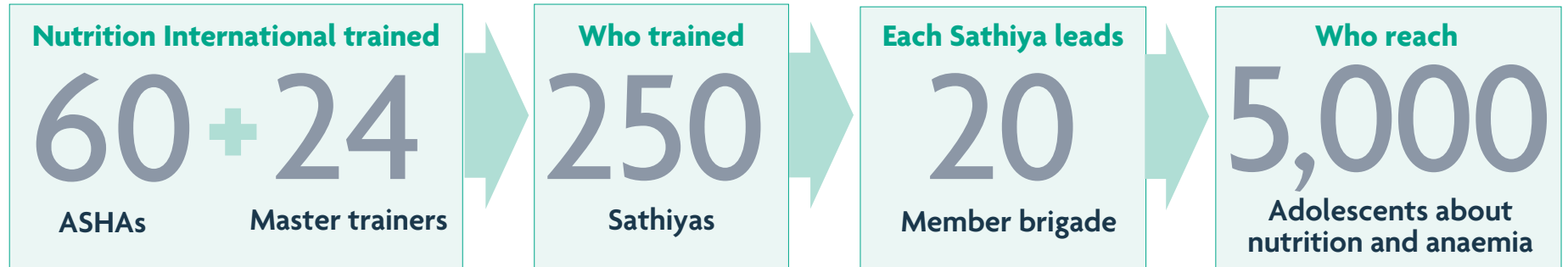


“ Nutrition is important for our development. Without nutrition we will become weak and not be able to think properly. The blue IFA tablet is good for us and if someone in the village denies it then I request my brigade members and friends to help them understand the importance of IFA tablet and nutrition ”

Kavita

A trained peer educator

Strengthening the program through local leadership



In every village, the health department identifies a girl and a boy to serve as peer educators, known locally as ‘Sathiyas’ (the Hindi word for friend). The Sathiyas are active and communicative adolescents who can act as influencers. Nutrition International’s field team provided training to accredited social health activists (ASHAs) and selected master trainers who subsequently trained the Sathiyas to talk to their peers about health and nutrition. Together, the Sathiyas formed a group of 20 adolescents, known as the Sathiya brigade, that meets every month to discuss health and nutrition-related issues.

The Sathiyas motivate their brigade to adopt healthy behaviours such as eating nutritious food and avoiding unhealthy and processed snacks. The master trainers continue to provide support to the peer educators by assisting in the brigade formation, adding new members, and other aspects of the RSKS intervention.

Nutrition International played a key role in capacity building, developing information education and communication (IEC) materials and monitoring and evaluating the RSKS program. Nutrition International conducted orientation sessions that covered 30 department officials and trained 60 ASHAs and 24 master trainers. These master trainers, in turn, trained 250 Sathiyas, with each Sathiya

leading a 20-member brigade. As a result, around 5,000 adolescents received messages on adolescent nutrition and anaemia. According to the end-line survey, 95% of Sathiyas reported that the training that they received was participatory.

“Nutrition is important for our development, without nutrition we will become weak and we will not be able to think properly. The blue iron and folic acid (IFA) tablet is good for us and if someone in the village denies it then I request my brigade members and friends to help her understand the importance of IFA tablet and nutrition.” says Kavita, a trained peer educator.

Nutrition International will share survey results with the departments of Health and Family Welfare and Women and Child Development and discuss the framing of a strategy to strengthen the program in four out of the 20 districts where it is supporting the state government’s RSKS intervention.

As the network of Sathiyas grows, these peer educators will continue to play a vital role in spreading the message of health and nutrition across their communities, helping adolescents develop into healthy adults.

A nudge towards healthy behaviour

Creating mentors to increase iron and folic acid supplement consumption among adolescents in Uttar Pradesh

The state of Uttar Pradesh (UP) has been diligently adapting the Government of India's weekly iron and folic acid supplementation (WIFAS) program to combat anaemia in adolescents. Nutrition International supported these efforts by deploying trained mentors through the government's Kishor Swasthya Manch (school-based health awareness camps). The mentors interacted with adolescents and teachers in inter-colleges (high schools) to provide education on nutrition and anaemia, they also supported teachers in reporting WIFAS coverage. As a result, WIFAS consumption as well as program reporting improved.



Mentors conducting an awareness session on anaemia with adolescent girls in UP

U P is India's most populous state, housing 16.5% of the country's population. However, the state's poor health indicators are a cause for concern, with high rates of stunting (39.7%) and wasting (17%) among children under five, as well as an anaemia prevalence of 52.9% among adolescent girls aged 15-19 years¹.

The WIFAS program in UP has traditionally been managed by the departments of health and education, along with the Integrated Child Development Scheme. While children from classes six to eight were relatively well-covered under the program, children from classes 9-12 who attended inter-college in UP) were not as effectively covered. This is because the boards of education that administer the two sets of classes are different, which required the WIFAS program administration to address the two boards separately. Inadequate knowledge of the importance of iron and folic acid (IFA) supplementation and prevailing misconceptions² related to its consumption prevented adolescents from taking the IFA supplements. To address this, the UP Government created Kishor Swasthya Manch (KSM), a platform for delivering health services to adolescents through camps at inter-colleges. Nutrition International implemented the WIFAS mentor initiative to engage with

adolescents with the help of mentors in inter-colleges through the KSM. Mentors are individuals from the community with experience working in the health and education sectors. Nutrition International trained 53 mentors on health and nutrition issues and equipped them with counselling, facilitation and reporting skills.

Nutrition International also developed communication materials for the mentors' use and developed a real-time online tool to assess WIFAS stock levels in inter-colleges. The mentors provided the following services:

- Group education and counselling of adolescents in inter-colleges
- Briefing students on anaemia, benefits of IFA consumption, diet diversity and other health concerns
- Classroom sessions to address challenges related to low IFA consumption, myths and fears related to consumption
- Individualized support to nodal teachers on correct recording and reporting and to principals to ensure periodic review of the program.

Nutritional status of Uttar Pradesh



16.5% of the country's population lives in Uttar Pradesh



39.7% children below five years are stunted



17% children below five years are wasted



52.9% adolescent girls are anaemic

¹As per the National Family Health Survey 5 (2019-20)

²Consumption of IFA supplements will darken the complexion of consumers, fears about side effects such as blackening of stool, etc.

Intensified adolescent health and nutrition program

Nutrition International trained 53 mentors on health and nutrition issues and equipped them with counselling, facilitation and reporting skills

Services provided by WIFAS mentors



Group education and counselling of adolescents in inter-colleges



Briefing students on anaemia, benefits of IFA consumption, diet diversity and other health concerns



Classroom sessions to address challenges related to low IFA consumption, myths and fears related to consumption



Individualized support to nodal teachers on correct recording and reporting, and to principals to ensure periodic review of the program

Leading the charge on nutrition



The mentors covered over **2,500** inter-colleges across 20 districts



Mentors reached **1.51 million** adolescents through over 25,000 interpersonal counselling sessions on nutrition education



Reported coverage for WIFAS increased from 29% in August 2018 to **82%** in February 2020 for in-school adolescents



Behaviour change communication helped dispel myths related to IFA consumption

The mentors covered over 2,500 inter-colleges across 20 districts and engaged with 1.51 million adolescents (0.8 million adolescent girls and 0.7 million adolescent boys) through over 25,000 interpersonal counselling sessions on nutrition education. As a result of their support to teachers, there was a significant improvement in program reporting. Prior to the intervention, only 35 inter-colleges provided reports on WIFAS, while post-intervention (in a span of 17 months), there was a massive improvement, with 1,450 schools/inter-colleges providing reports. After the activity's completion, 1,500 schools submitted monthly WIFAS reports. Reported coverage for WIFAS increased from 29% in August 2018 to 82% in February 2020 for in-school adolescents. Behaviour change communication helped dispel myths related to IFA consumption.

The mentors' frequent interactions with various stakeholders at all levels, including district and block-level health and education department officials, school management committee members and the adolescents themselves, helped create a significant impact. The presence of motivated teachers also contributed to the program's success.

Nutrition International's mentor initiative ran from June 2018 to October 2019. Recognizing the potential of mentors to create an impact, the UP Government has adopted it as a statewide initiative with dedicated budgets in subsequent years. The mentors repertoire has expanded to include interactive activities, such as games and quiz shows to engage meaningfully with adolescents and they now work in the areas of menstrual hygiene, mental health and anaemia screening. The continued presence of mentors has helped sustain behaviour change among adolescents. Behaviours learned in adolescence often last throughout life for most individuals. Adopting healthy behaviours at an early age will earn these adolescents rich dividends later in life. As the mentor initiative expands from 20 districts to the entire state, it is sure to have a healthy impact on adolescents across UP.



Recognizing the potential of mentors to create an impact, the UP Government has adopted the WIFAS mentors program as a state-wide initiative with dedicated budgets in subsequent years



Talking about a taboo

Management of menstrual health and hygiene among adolescent girls in Uttar Pradesh

Nutrition International's menstrual health intervention in Uttar Pradesh's Chandauli district focused on promoting hygienic menstrual health practices among adolescent girls and dispelling false notions related to menstruation. Innovations such as a menstrual health corner and query boxes for menstruation-related questions helped students and teachers overcome shyness, with a few students even becoming champions of menstrual health.

Adolescents go through several physical and psychological changes and it is important to support them during this period. In many developing countries, social norms around menstruation and notions of impurity attached to it affect adolescent girls negatively. Additionally, when schools lack adequate sanitation facilities, periods become a difficult time for school-going adolescent girls.



Teacher taking a session on menstrual hygiene management in a school in Uttar Pradesh

As a result, many girls either drop out of school altogether or report missing school during their period days. This takes a toll on their performance in school, often affecting their mental and social wellbeing as well. In addition to providing access to clean washrooms and sanitary products, it is therefore also important to create awareness about menstrual hygiene and health by encouraging conversations around them and dispelling false notions.

Nutrition International chose the Chandauli district of Uttar Pradesh for its menstrual health intervention since it is one of India's aspirational districts – that is, one of the least developed districts of the country and therefore selected by the Government of India for rapid transformation. The National Family Health Survey -5 (NFHS-5, 2019-21) data reveals a high percentage of anaemia among adolescent girls (52.7%) in the district.

Following several rounds of discussions with the district health and education departments for program approvals, the program was rolled out in 2019. Sustained engagement with officials of the education department, along with orientation sessions with them, helped secure necessary approvals for organizing counselling sessions in schools.



When schools lack adequate sanitation facilities, menstruation days become a difficult time for school-going adolescent girls. As a result, many girls either drop out of school altogether or report missing school during their period days

Key components of menstrual hygiene management program



Capacity building of teachers and Anganwadi workers on menstrual hygiene practices



Promoting safe and hygienic menstrual practices among adolescents (in-school and out-of-school girls)



Increasing awareness among family members about safe and hygienic menstrual practices



“ I feel the knowledge that I received from the teacher on menstrual hygiene has empowered me, made me aware and helped me to counsel my elder sister and mother. I am always available for my friends when they seek information on menstruation ”

Rubi

A participant in the counselling session

The Nutrition International team identified and trained 10 master trainers who, in turn, trained 532 nodal teachers across nine blocks of the district. The nodal teachers received training in menstrual hygiene management (MHM) practices. There were also 10 women counsellors/mentors selected from among the community to provide support to the teachers and Anganwadi workers. The team developed communication materials such as banners, flyers and leaflets in the local language for use during training sessions and awareness campaigns.

Nutrition International organized a total of 734 counseling and awareness sessions reaching out to over 44,000 school-going and 975 out-of-school girls.

Due to the lockdown following the COVID-19 pandemic, counselling sessions were initially implemented through the Village Health and Nutrition Days (VHNDs). Due to the taboos often associated with menstruation, particularly in rural areas, teachers and students had to be skillfully encouraged to talk openly about it.

Nutrition International devised the idea of establishing an MHM corner in the school. This allotted area had a query box where students could drop in their questions or doubts anonymously, to be answered by the teacher during the counselling and training sessions. Through this process, many girls eventually overcame their initial shyness and hesitation to become champions of menstrual health.

Eighth grader Rubi, a participant in one of the counselling sessions, now talks about the importance of menstrual health and hygiene not only among her classmates but also to her family members. “I feel knowledge received from the teacher on menstrual hygiene has empowered me, made me aware and helped me to counsel my elder sister and mother. I am always available for my friends when they seek information on menstruation,” she says.

Breaking the silence on MHM



Organized 734 counseling and awareness sessions reaching over 44,000 school-going and 975 out-of-school girls



Through this process, many girls overcame their initial shyness to become champions of menstrual health



Focus is now on developing MHM friendly washrooms, provision of low-cost and eco-friendly sanitary pads and mechanisms for waste disposal

Taking forward the learning from the pilot program in Chandauli, Nutrition International plans to reach stakeholders in 20 districts to integrate MHM programming within the school-based adolescent nutrition program. It is also developing collaterals such as an animated film to drive behaviour change among stakeholders. Beyond developing MHM corners in all schools, the focus is now on developing MHM friendly washrooms, provision of low-cost and eco-friendly sanitary pads and mechanisms for waste disposal.

Battling anaemia with iron

A campaign to intensify awareness about iron deficiency anaemia

Intense week-long awareness campaigns in the state of Madhya Pradesh (MP) around the issue of iron deficiency anaemia and the importance of iron folic acid (IFA) supplements help generate interest in health issues, ensure participation of several community members and health workers in awareness raising activities and sustains community interest over long periods of time

Madhya Pradesh is a state with a high prevalence of anaemia. As per National Family Health Survey - 5 (NFHS-5, 2019-21), almost 58% of adolescent girls aged 15-19 years and 72.7% of children aged 6-59 months are anaemic. IFA supplementation is one of the key components of the Government of India's Anaemia Mukta Bharat (AMB) strategy to reduce iron deficiency anaemia among groups such as adolescents, women and children.



Students helping with IFA supplement distribution in a school in MP

As part of the AMB, the state government distributes IFA supplements through schools and other government platforms to reach children, adolescents, pregnant women and lactating mothers. However, the challenge is to ensure adequate uptake and sustain awareness about anaemia.

The Department of Public Health and Family Welfare, Government of MP observes 26th November every year as Iron Deficiency Anaemia Day. In order to intensify awareness and increase visibility of the program, the department's child health and nutrition division extended it to a week.

Since 2021, all 52 districts of MP have been observing the week of 26th November to 2nd December as Iron Deficiency Anaemia Awareness Week. During this week, the departments of health, education, women and child welfare, and tribal welfare collaborate to create awareness about iron deficiency anaemia and increase the consumption of IFA supplements.

Nutrition International played a crucial role by advocating for the campaign, driving implementation at the state level and promoting interdepartmental convergence. It supported the health department in developing content and messaging around iron deficiency anaemia, including preparation of information education and communication materials, in addition to assisting with the dissemination of information through social media platforms such as Whatsapp and Twitter.

Nutrition International's field team also helped the department staff with the implementation and timely reporting of campaign activities on the ground across the state through a digital link. Besides training auxiliary nurse midwives (ANMs), community health officers (CHOs) and accredited social health activists (ASHAs) on reporting, the team also provided orientation to district-level officers for smooth campaign implementation along with providing support with data analysis.



Since 2021, all 52 districts of MP have been observing the week of 26 November to 2 December as the Iron Deficiency Anaemia Awareness Week. The departments of health, education, women welfare, and tribal welfare collaborate to create awareness about iron deficiency anaemia and increase the consumption of IFA supplements.



Targeted communication strategy against anaemia

Iron Deficiency Anaemia Awareness Week campaign included activities to generate awareness and sustain the momentum in the battle against anaemia



Mass media activities such as radio talk shows, newspaper advertisements and distribution of pamphlets with key messages on anaemia and nutrition



Oath-taking ceremonies in schools and children's gatherings such as Bal-Sabhas



Rangoli and painting competitions for children on the themes of anaemia and nutrition

Between 2021-22 and 2022-23, the online reporting link generated over 42,000 responses from ANMs, CHOs and ASHAs. More than 6,000 Bal-Sabhas were organized, 36,000 oath-taking ceremonies were held and over 35,000 schools held events such as *rangoli* competitions and discussions on iron deficiency anaemia, with 600,000 community members participating in various campaign events.

In 2022-23, 23 lakh school-going adolescents and 36,000 pregnant women participated in these campaign activities.

Going forward, the team will identify heads of households and key community influencers and organize mass media campaigns and sensitization workshops to keep the conversation around anaemia and nutrition alive throughout the year. There are also plans to ensure stronger convergence between various departments such as tribal welfare, women and child welfare and Panchayati Raj to ensure seamlessness in campaign activities.

Such a sustained and targeted communication strategy has the power to create an impact in the community in terms of enhanced awareness levels over longer periods of time. With special focus on reaching hard-to-reach populations and those living in vulnerable situations such as out-of-school adolescents, the campaign will ensure that no one is left behind in the battle against anaemia.

Impact and reach 2021 -23



Online reporting link generated over **42,000** responses from ANMs, CHOs and ASHA workers



More than **6,000** Bal-sabhas were organized



36,000 oath taking ceremonies were held



35,000 schools held events such as Rangoli competitions and discussions on iron deficiency anaemia



600,000 community members participating in various campaign events

Strengthening the supply chain

The Chhattisgarh experience

Chhattisgarh experienced unexpected stockouts of iron and folic acid (IFA) supplements, which adversely affected the effective implementation of the Anaemia Mukt Bharat (AMB) program. Nutrition International worked with the state government to strengthen the supply chain thus mitigating stockouts and ensuring timely supply of supplements.

Chhattisgarh has a high prevalence of anaemia, with 52% of pregnant women and 67% of children under five being anaemic in the state. as per data from the National Family Health Survey -5 (NFHS- 5, 2019-21). Effective supply chain management of IFA supplements is a crucial component of the program and one of the key areas of support provided by Nutrition International. Despite having a sufficient supply of IFA tablets, the state experienced unexpected stockouts of IFA supplements, which adversely affected the effective implementation of the AMB program. In January 2021, 55% and 29% of blocks reported stock-outs of both blue¹ and pink² IFA tablets.



Stock of iron and folic acid supplements at block-level warehouse

Nutrition International conducted a field assessment, which revealed that staff, such as block extension training officers (BETO) and pharmacists, lacked an understanding of methods for estimating need, indenting for supplies and inventory management. Moreover, public health officials often faced challenges in tracking or forecasting their supply needs. This resulted in stock-outs of supplies (as well as overstocks in some cases). Chhattisgarh Medical Services Corporation, the chief procurer and distributor of medical supplies, captures stock and distribution data in its management information system (MIS). However, field staff lacked the capacity to update the MIS in a timely manner, and there was a lack of coordination between block pharmacists and warehouse managers. These factors resulted in stockouts, even at warehouses.

To address the issue, Nutrition International developed a tracking sheet to capture information about existing stock at the block level, monthly forecasts and annual supply requirements based on population estimation and existing stock.



52% of pregnant women and 67% of children under five are anaemic in Chhattisgarh as per data from the National Family Health Survey - 5 (2019-21)

A robust supply chain



706 participants from 28 districts trained on strengthening the supply chain management



Stock-out of blue IFA supplements reduced – from 80 blocks in January 2021 to only 3 blocks in March 2022



Stock-outs of pink IFA supplements reduced – from 44 blocks in January 2021 to 5 blocks in March 2022

¹IFA blue tablets are given to children between the age of 11-19 years

²IFA pink tablets are given to children between the age of 5-10 years



They also conducted periodic assessments of stock position and coordination with warehouse managers and health department staff at district and state levels. Additionally, the team developed a digital online tool to keep track of stock and update its status, as well as a training module in consultation with the state government. Storekeepers, primary health centre pharmacists and BETOs received training from the state government on strengthening supply chain management.

Nutrition International supported all 146 blocks in coordinating between the warehouses and health staff to ensure a smooth flow of information and timely supply of IFA supplements. Nutrition International's field staff maintained monthly contact with the block pharmacists to assess the stock situation and update the tracking tool. This coordination and monitoring effort enabled the team to identify inadequacies of stock at the warehouse, district, and block levels, facilitating inter-warehouse transfers where necessary. This mitigated stockouts, and also minimized the expiry of stock.

The absence of a system to collect information from field-level workers has made it difficult to understand the stock situation. These workers are also unable to estimate supply needs and maintain buffer stock. Moving forward, there is a need to enhance the reporting capabilities of field-level workers and provide them with the means to indent and maintain buffer stock.

Effective supply chain management can improve the quality of care, reduce costs, and increase access to essential micronutrients, ultimately improving health outcomes for all. The example in Chhattisgarh exemplifies how investing supply chain strengthening is not only an operational need, but also a strategic imperative for achieving the goals of the AMB program.



A flourishing garden

Promoting adolescent health through nutri-smart schools

The nutri-smart schools in Gujarat help students adopt healthy behaviours such as the consumption of nutritious foods through the promotion of Nutri Gardens in schools, sensitization of teachers, parents and local leaders. As a result, students' health-seeking behaviour has improved.

Despite rapid economic development, Gujarat continues to face malnutrition and anaemia. 45.8% of adolescent girls and 21% of adolescent boys in Gujarat are anaemic¹. This is higher than the national average of 40% and 18% among adolescent girls and boys respectively. 69% adolescent girls aged 15-19 years and 36% boys in the same age group are anaemic².

¹Comprehensive National Nutrition Survey, 2016-18

²National Family Health Survey 5 (2019-21), data for Gujarat.



Students in action at the nutri-gardens in school

Adolescence is a stage of rapid physiological and psychological growth. Anaemia, during this critical period, can impair immunity, reduce productivity and have adverse effects on an adolescent's growth. The importance of nutrition at this stage in a person's life cannot be emphasized enough.

Schools play an important role in promoting healthy behaviours among adolescents by providing a supportive environment where students learn not only from teachers but also from their peers. Health promotion practices that students learn in schools can possibly spill over into their communities. In 2006, the World Health Organization (WHO) developed the Nutrition Friendly Schools Initiative (NFSI) to provide a framework for providing integrated school-based health programs that address nutrition-related ill health. The Government of India adapted this framework and developed the School Health Program (SHP) as part of the Ayushman Bharat Program³. The key activities under this program are health education and promotion, disease prevention and improving access to health services in schools.

As part of the SHP, Nutrition International, in consultation with the state government, created a framework to establish nutri-smart schools for promoting good nutrition among adolescents, and selected schools in 15 focus districts of Gujarat with poor health and nutrition indicators for the intervention. The initiative reached girls and boys from classes six to 12 in these schools, which included residential and day schools in rural, urban and tribal areas. The program kickstarted with a sensitization meeting held with teachers, principals and district education officials from each district to arrive at a common understanding of the initiative. Field teams led by the district coordinators carried out bi-monthly visits to schools, organized coordination meetings with parents, sensitized local leaders, and helped develop nutri-gardens in schools through the identification of plots and seed distribution.

³The Government of India launched this initiative in 2017 with the vision to achieve Universal Health Care; the intention is to meet Sustainable Development Goals and its commitment to 'leave no one behind'.

Growing nutri-gardens: A community approach



Field teams led by the district coordinators carried out bi-monthly visits to schools



Meetings with parents, local leaders, to sensitize about nutri-gardens



Identification of plots and seed distribution in each school



Capacity building of teachers and adolescents on diet diversity



Students identified as champions of change to spread the message of good nutrition among peers



They also built the capacity of teachers and adolescents on diet diversity and use of health services provided at schools such as the distribution of deworming and iron folic acid tablets. A set of students were identified as champions of change who would spread the message of good nutrition among their peers. Nutrition International helped develop adolescent-friendly communication materials and distributed them to schools. They also developed a digital toolbox for monitoring and reporting the uptake of health services and built the capacities of teachers to report the activities of the intervention. The initiative, which ran from June 2022 to March 2023, witnessed all schools developing nutri-gardens and completing the sowing of seeds. Nodal teachers learned to monitor the program and are now regularly updating the digital monitoring toolbox.

“In our nutri-garden, we grew spinach and fenugreek which are rich in iron and plants like lemon and tomato that are full of vitamin C. Thanks to the training sessions I attended, I now take my iron supplements regularly and eat a balanced meal. I want to now share my knowledge with my family and other girls from my village”, says Jagruti Majithia, a student.

Nutrition International used the existing infrastructure under SHP to improve health services for adolescents. Components of the NFSI are to be considered for inclusion in the existing adolescent nutrition curriculum. There are plans to extend further support to the selected schools and promote health and nutrition in an integrated manner with a focus on promoting greater nutrition awareness and undertaking sustained behaviour change communication. Initiatives such as the nutri-gardens encourage the creation of spaces where adolescents can not only appreciate the importance of good nutrition and diet diversity but also learn the values of teamwork and collaboration through the hands-on activities undertaken by them. Let us hope that along with the vegetable and fruit-bearing plants in the nutri-gardens, the health and nutrition of the adolescents in these schools too continue to flourish.

“ In our nutri-garden, we grew spinach and fenugreek that are rich in iron, and lemon and tomato that are full of vitamin C. Thanks to the training sessions I attended, I now take my iron supplements regularly and eat a balanced meal. I want to now share my knowledge with my family and other girls from my village ”

Jagruti Majithia
student

Optimizing WIFAS reporting for better health

A tale of two states

Accurate and timely reporting of any intervention is critical for its success. Nutrition International's supported the states of Chhattisgarh and West Bengal in effectively reporting their weekly iron and folic acid supplementation (WIFAS) program, which helped improve reporting at the grassroots level for the health and education departments of those states. As a result, Chhattisgarh reported better WIFAS coverage among in-school and out-of-school adolescents, while West Bengal saw improved reporting practices in certain districts.

Chhattisgarh and West Bengal are both states with a relatively high prevalence of anaemia. According to the National Family Health Survey - 5 (NFHS-5, 2019-21) data, 61.5% of adolescent girls and 31.5% of adolescent boys (aged 15-19 years) are anaemic in Chhattisgarh.



A school girl in Chhattisgarh taking weekly iron and folic supplement

In the case of the more populous West Bengal – the fourth most populous state in the country – NFHS-5 data indicates that 70% of adolescent girls are anaemic, with seven of its districts reporting an anemia prevalence of over 75%.

These two states serve as examples of how effective reporting tools and building the capacities of field-level staff for monitoring and reporting for WIFAS have paved the way for timely action and better program management under Anaemia Mukht Bharat (AMB).

The Chhattisgarh experience

In Chhattisgarh, Nutrition International provided technical support to the state in drafting operational guidelines that included reporting mechanisms. Distribution and reporting mechanisms had to be adapted to suit the rapidly evolving field situations in the wake of COVID-19. During the first wave of the pandemic, March 2020 to mid-2021 when a nationwide lockdown in schools was imposed, field staff received instructions to distribute iron folic acid (IFA) tablets to school-going and out-of-school children at their homes and submit monthly reports to the health department. Once schools reopened, field staff continued to submit monthly reports to the department in the old reporting format. After 2022, staff began submitting revised reporting formats to the block-level health department.

Block and district-level data managers received training on how to fill the reporting formats and the importance of regular, accurate reporting. Nutrition International’s team provided regular clarifications and support to aid in filling the formats and facilitated coordination between staff of the Integrated Child Development Services (ICDS), health and education departments as well as across tiers of the health department.

Prevalence of iron deficiency anaemia

Chhattisgarh

61.5% of adolescent girls aged 15-19 years are anaemic

31.5% of adolescent boys aged 15-19 years are anaemic

West Bengal

70% of adolescent girls are anaemic

75% anaemia prevalence reported in seven of its districts

Source: National Family Health Survey-5 (2019-21)

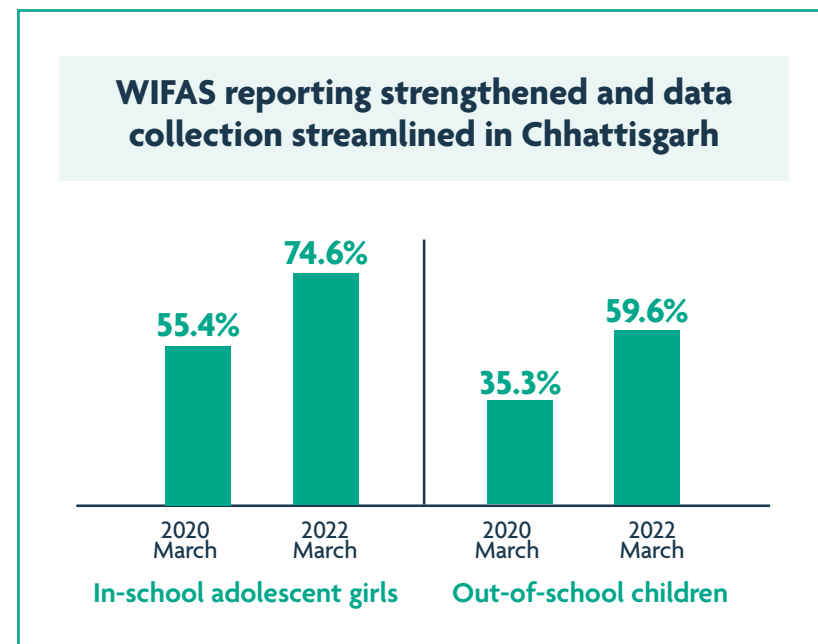


These efforts yielded substantial payoffs in terms of better reporting and updating reports in the Health Monitoring Information System (HMIS). As a result, segregated data coverage of in-school and out-of-school children became available and WIFAS coverage improved. The coverage of in-school adolescent girls, which had dipped from 55.4% in March 2020 to 6.9% in September 2020 due to the lockdown, increased sharply to 74.6% in March 2022. There was also an increase in coverage among out-of-school children, rising from 35.3% in March 2020 to 59.6% in March 2022. The state's AMB score also improved. In October 2022, Chhattisgarh secured third place among all states and union territories in India in the Government of India's AMB index.

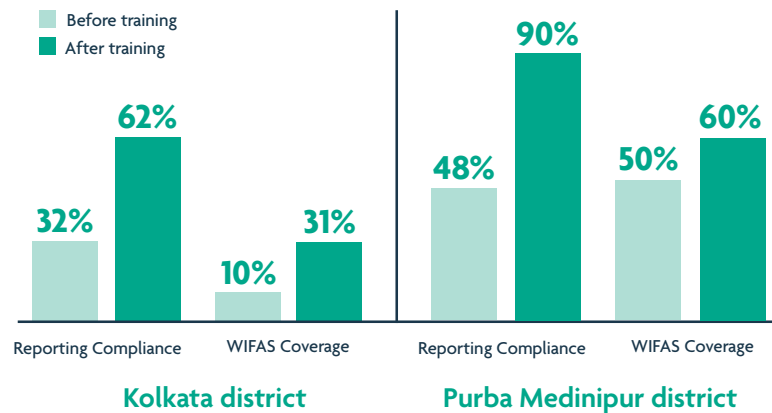
The team overcame various challenges, such as the lack of a regular review mechanism at the field level and insufficient coordination among various departments. Nutrition International provided feedback to concerned stakeholders about these shortcomings and suggested measures for overcoming them through regular communication and monitoring, especially at the grassroots level.

Lessons from West Bengal

In 2021, the West Bengal government introduced the WIFAS porta with the objective of capturing data on WIFAS coverage at the school level. After a state-level orientation workshop for senior government officials, Nutrition International provided training to health department officials at the district level. These officials then trained nodal teachers and school principals in the online reporting of WIFAS coverage. Project staff provided handholding support to the teachers following the training. A total of 11,014 participants at the block level and 534 participants from across 15 districts attended these training sessions.



Training on online reporting leads to enhanced WIFAS coverage in West Bengal



Post training, two districts (Kolkata and Purba Medinipur) have fully migrated to online submission of reports. However, there has been an overall increase in reporting of WIFAS activity, whether online or physical.

Before the training, only 32% of schools in the Kolkata district reported WIFAS coverage, but post training, 62% of schools started submitting reports of the activity. There was a corresponding increase in WIFAS coverage from 10% to 31%. In Purba Medinipur district, following the training, WIFAS reporting compliance went up from 48% to 90% of all schools covered under the training program. WIFAS coverage too has gone up from 50% to 60%.



While many schools still struggle with online reporting due to insufficient digital literacy of the teachers, network issues, and the fact that the portal itself still has only a demo link, it is evident that with handholding, improved digital infrastructure and regular follow-up, school staff will be able to significantly improve their reporting skills.

Effective monitoring and reporting can enable informed decision-making, timely identification of programmatic gaps, appropriate action and modification of program strategies based on evidence. The success of Chhattisgarh and West Bengal underscores the importance of effective reporting for enhancing transparency and increasing accountability of all stakeholders in the AMB program.



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