GAP ANALYSIS IN SUPPLY OF IFA SUPPLEMENTS PROVIDED UNDER "ANAEMIA MUKT BHARAT" PROGRAM AND THEIR FIELD IMPLEMENTATION AND ADHERENCE AMONG ADOLESCENT GIRLS (10-19 YEARS)

IIHMR UNIVERSITY

Organization History, Vision & Mission

History

On May 1, 2013, the Union Cabinet authorized the National Urban Health Mission (NUHM) to be established as a sub-mission of the National Health Mission (NHM), which served as the primary sub-mission. In 2013, MoHFW launched RMNCH+A program to ensure integration of health services. A need had been felt to address the issues of malnutrition through integrated intersectorial holistic approach, the strategy now includes nutrition as an important pillar. RMNCAH+N strategy focuses on nutrition and linkages between the healthcare services.

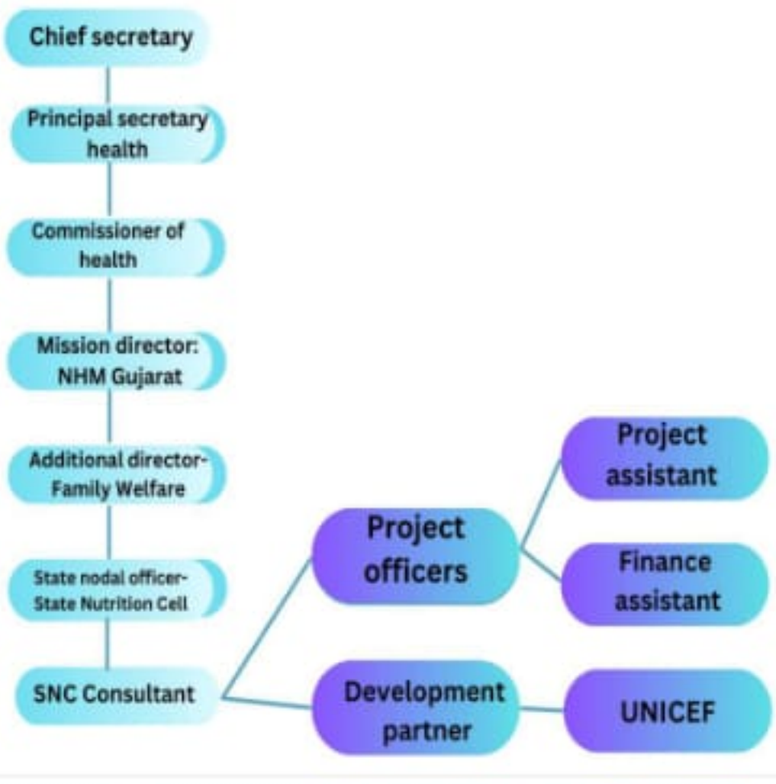
Vision

The NHM seeks to provide equitable, easily available, excellent health care services that are accountable and sensitive to the demands of the public.

Mission

Through human resource management, community involvement, decentralization, rigorous monitoring and evaluation against standards, the convergence of health and related programs from the village level upwards, innovations and flexible financing, and interventions to improve health outcomes, the mission is to make the public health delivery system fully functional and accountable to the community.

ORGANIZATIONAL STRUCTURE



AIM OF THE STUDY

To identify and analyse the underlying causes of the gaps in supply and field implementation of Iron and Folic Acid (IFA) supplements among adolescent girls (10-19 years).

OBJECTIVES

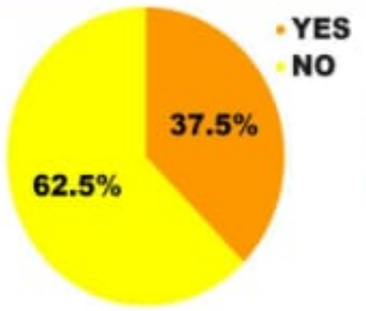
- To identify gaps and barriers that hinder uptake and adherence to regimen of IFA supplements in adolescent girls
- To understand perceptions and attitudes of adolescent girls, their families and healthcare providers towards IFA supplementation
- To assess knowledge of community healthcare workers regarding IFA supplementation

DISCUSSION AND RESULTS

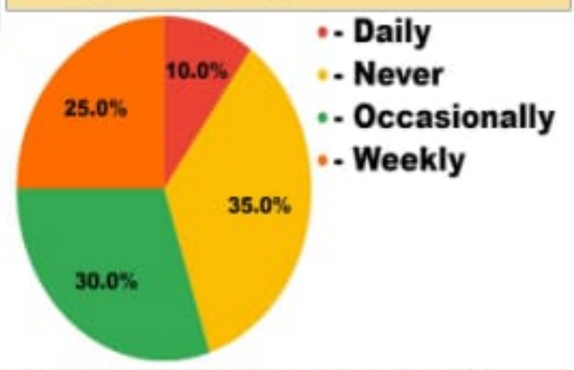
- A significant portion of adolescent girls are unaware about the need and benefits of IFA supplements
- Even if aware, there are certain factors like myths and misconceptions, fear of side effects and dislike for taste, due to which there is an adherence issue among girls for the IFA regime
- There was a lack of either pink or blue or both the supplements at some centres due to which adolescents were sometimes given supplements that were not intended for their age group
- Knowledge gaps were found among healthcare providers (ASHA & ANM) about IFA supplements

KEY OBSERVATIONS

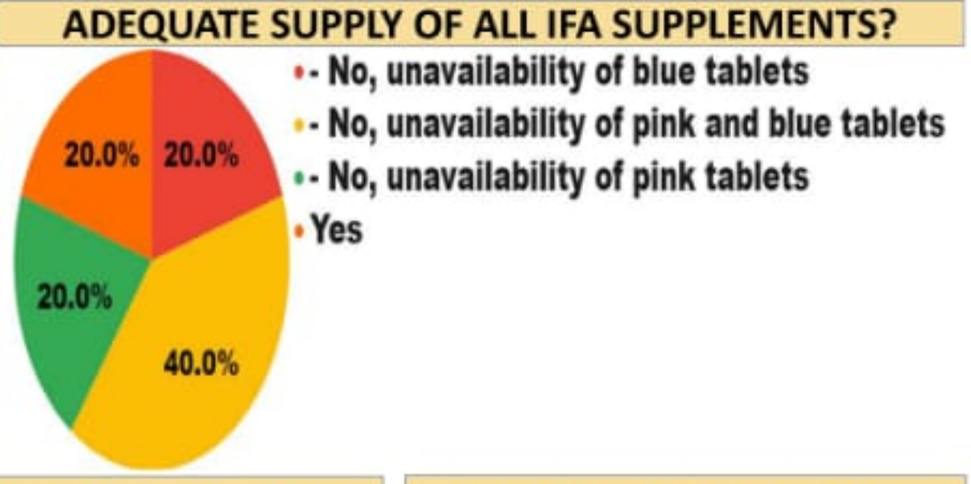
ARE YOU AWARE OF THE BENEFITS OF IFA SUPPLEMENTS?



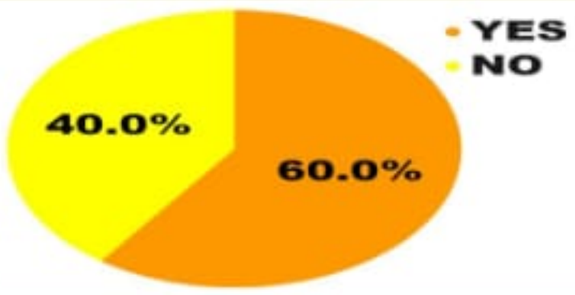
HOW REGULARLY DO YOU TAKE THE IFA SUPPLEMENTS?



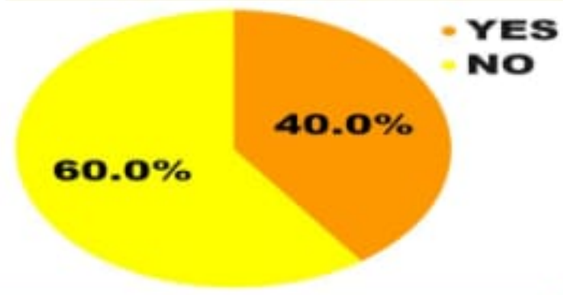
ADEQUATE SUPPLY OF ALL IFA SUPPLEMENTS?



DOES ASHA HAS FULL KNOWLEDGE ABOUT IFA SUPPLEMENTS?



DOES ANM HAS FULL KNOWLEDGE ABOUT IFA SUPPLEMENTS?



Learning and Value Additions

Difference between theory and practical exposure

IIHMR-U	NHM GUJARAT
• Aided in gaining a theoretical comprehension about the aim, value, target and beneficiaries of a program • Theoretical understanding of the primary research • Theory of implementation, functioning and monitoring of a program	• Provided a detailed knowledge about the program's functioning and implementation • Got an opportunity to conduct a study by primary data collection • Through various field visits, analysis of various gaps and issues in the working area

CHALLENGES

- Difficulty in communication due to lack of understanding of native language

USEFULNESS OF INTERNSHIP

- Various field visits helped in gaining an insight of the actual situation of healthcare sector
- Practical understanding of the working of an organization

LEARNINGS

- Primary data collection
- HMIS
- Data analysis
- Report writing
- Interdepartmental collaboration
- Field level monitoring and evaluation

SUGGESTIONS

- Enhance linguistic inclusivity within the organization
- Implement training sessions for community health workers (ASHA/ANM) to fully educate them about the AMB program and the IFA supplements
- Ensure Anganwadi centres are spacious and hygienic enough to properly accommodate the food stock and conduct various programs like Mamta Divas properly
- Improve supply chain management of IFA supplements to ensure an adequate supply of each IFA supplement at all the centres in all districts.
- Appropriate IEC materials needed, to create awareness and improve adherence to IFA regime

SWOT Analysis

Strengths	Weakness
• Comprehensive approach employing 6x6x6 strategy • Combines dietary instruction, hemoglobin monitoring, deworming, and IFA supplementation. • Uses local centers and community health workers to reach beneficiaries	• IFA supplements are inconsistently available; certain facilities don't have certain kinds of tablets. • Inadequate knowledge among some community health workers • Gagging and reluctance to take the supplements are caused by a dislike of their taste.
Threats	**Opportunities**
• Program outcomes can vary depending on the efficiency with which different regions administer a given program. • Budget cuts may have an impact on the availability of finances required for the expansion and continuance of programs. • Deep-seated cultural beliefs and misconceptions about anemia and IFA supplements can hinder program acceptance and adherence.	• Enhancing adherence rates by creating focused communication tactics to dispel myths, misunderstandings, and side effect anxiety • Implementing training sessions for community health workers to make them knowledgeable about the program and IFA supplements • Utilizing alliances with businesses in the private sector

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