

# SUMMER TRAINING REPORT

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# PART I- Literature Review

# NUTRITIONAL ANAEMIA IN INDIAN POPULATION AND STRATEGIES FOR ITS CONTROL- A REVIEW

## **Introduction**

India has one of the largest population of anaemic women in the world and anaemia is therefore a major public health issue in India which is associated with maternal morbidity and mortality and subsequent infant mortality. The two groups at the highest risk of anaemia in India are children and pregnant and lactating mothers. Several programs and initiatives at national and state levels have been developed in the past years aimed at eliminating the prevalence of anaemia in the country and transforming India into a truly anaemia free nation.

**Objectives** -To understand the current status of anaemia in the Indian population ,to study the strategies undertaken to combat anaemia, to understand the functioning of Anaemia mukt bharat campaign ,to recognise current challenges and give suitable suggestions.

**Methodology**-Data and relevant literature were collected from scientific journals, health and nutrition survey reports, and public health dashboards related to anaemia available through online and offline databases. A descriptive review was done to form a clear understanding of the landscape of anaemia in the country and the strategies to combat it.

**Background**-Anaemia is a condition in which the number of red blood cells or the hemoglobin concentration within them is lower than normal. Haemoglobin is needed to carry oxygen and too few or abnormal red blood cells, or not enough haemoglobin, results in the decreased capacity of the blood to carry oxygen to the body's tissues. This ultimately results in symptoms such as fatigue, weakness, dizziness and shortness of breath, among others (World Health Organization, 2011).

## Status of anaemia in India

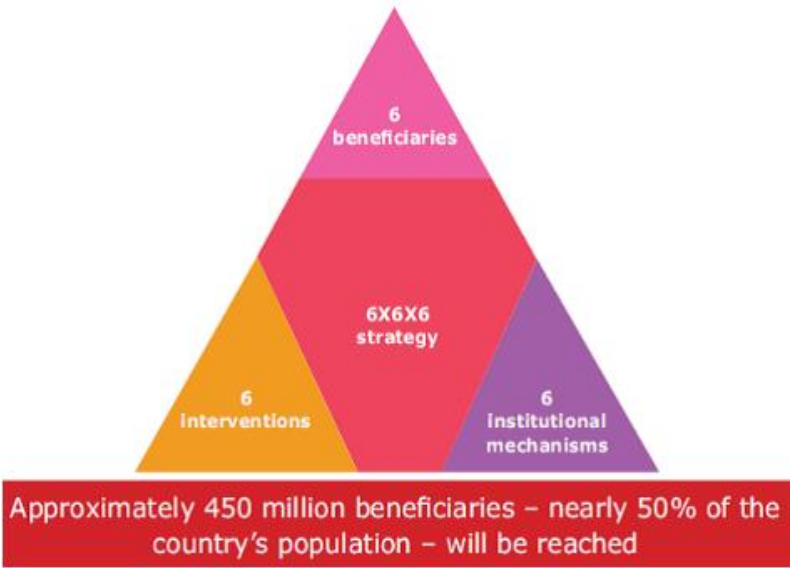
Evidences from several studies both at national and state level help paint the current and past picture of anaemia in the country and help understand the approaches that need to be applied to end this growing burden of anaemia. . According to NFHS-4 almost 50 per cent of pregnant women in India are anaemic, whereas 53% of the women in reproductive age group (WRA) were found to be anaemic. Lowest prevalence of anaemia was seen in the adolescent boys aged 15- 19 yrs. at 29%.

## Anaemia Mukht Bharat (AMB)

Launched on 14th April 2018 the AMB programme implements the 6x6x6 strategy i.e. six age groups, six interventions, six institutional mechanisms. The program aims to cover 450 million beneficiaries with specific targets for year 2022.Estimation of beneficiaries will be annually revised and updated. The Anaemia Mukht Bharat strategy will be implemented across all blocks, villages and districts of all the states and union territories of India through existing programs and delivery systems.

| Age group                  | 2016 (NFHS-4) |
|----------------------------|---------------|
| Children 6-59 months       | (58%)         |
| Adolescent Girls 15-19 yrs | (54%)         |
| Adolescent Boys 15-19 yrs  | (29%)         |
| Women of Reproductive Age  | (53%)         |
| Pregnant Women             | (50%)         |
| Lactating Women            | (58%)         |

Source: National Family Health Survey 4



## Strategies to combat anaemia

The national nutritional anaemia prophylaxis program for iron and folic acid supplementation in pregnancy was started in 1970.

Integrated child development scheme (ICDS) was developed in 1975 for the health and wellbeing of mothers and children under the age of six through the means of nutrition education.

A National Nutrition Policy was launched in 1993, with the broad objective to address the problem of under-nutrition/malnutrition through multi-sectoral strategies.

A 12 –by-12 a joint initiative by MOHFW, WHO, UNICEF, FOGSI was launched in 2007 with a goal to ensure that every child would have haemoglobin of 12 gram by the age of 12 years by 2012

National Iron Plus Initiative (NIPI) was set up in 2013 to reduce the incidence and prevalence of iron deficiency anaemia in adolescents and women in the reproductive age group.

Weekly iron and folic acid supplementation cover 11.2 crore beneficiaries in 6<sup>th</sup> to 12<sup>th</sup> class

A National Nutrition Mission (POSHAN) launched in 2018 to address nutrition issues through a mission mode approach .Two of the five targets of the POSHAN Abhiyaan are directly linked to the reduction of anaemia.

# Identifying challenges

- There is barely any contact between the child and the primary healthcare system in context to nutrition monitoring (except for immunization by the ANM and visits by the ASHA worker in case of sickness) till the child is 3 years old. This time period with the lack of supervision in many cases proves to be most detrimental to the health of the child due to inadequate nutrition which may manifest as anaemia in the future.
- Lack of geographic convergence and coordination among the frontline workers responsible for delivering public health and nutrition services
- Lack of targeted feedback to state governments on program gaps and specific solutions.
- The overburdened front-line workers who are entrusted with various tasks, need proper supervision and monitoring to handle the effective and timely delivery of iron-based supplements.
- An increased emphasis on Iron and Folic acid (IFA) supplementation alone does not work as the only prime control strategy. There is a need to understand the multifactorial causation of anaemia and to develop a strategy to combat all the factors in a strategic way.
- The current tools used for the assessment of anaemia on field and practice fail to correctly describe the true estimates of anaemia prevalence. The validity of the reading obtained by Hemocure which is currently used in NFHS survey is questionable

## Suggestions

Incentives based approach with the use of cash transfer schemes both to the provider and the recipient  
Community engagement at village and block level in a way that the program becomes a people's movement

Increased food fortification, diversification and promotion of food items with high bioavailability of iron  
Periodic assessment, trainings to improve in data reporting and data quality

ICDS which is the largest national development scheme in the world has a wide reach which can be utilized in a better manner to cover the beneficiaries.

Improved monitoring and report systems, aided by a strong technological support network



## PART II -Course Report

# Course Report

**Course name** – Health Systems Strengthening

**Course by** – The University of Melbourne

**Course type** – MOOC

**Course language** – English

**Course description** – The course is eight weeks long. Within each week, there are three to four activities all designed to impart skills and knowledge needed to understand and work to strengthen health systems

**Course methodology** – The course was conducted via short videos of lectures and a written description. Also available are professional interactions, Case studies, Debates and panel discussions.

### **Course objective**

- To explore the health systems and the systems approach in health.
- To apply systems thinking to health systems strengthening (HSS).
- Understanding major health system frameworks, analysing system inequities, and need for HSS approaches.
- To gain the knowledge and skills necessary to develop HSS approach across areas such as health policy and financing, human resources, supply chain management, quality of care and private sector engagement.

### **Course contents**

- Week 1: Introduction to Health Systems Strengthening
- Week 2: Equity in health system strengthening
- Week 3: Health Systems Strengthening (HSS) Actions at Different Levels of the health system
- Week 4: Health Financing
- Week 5: Human resources for health
- Week 6: Supply chain management
- Week 7: Quality of care
- Week 8: Managing a mixed health system

## Key learnings from the course

- The concept of universal health coverage and Primary Health Care approach.
- Widely used frameworks for health systems and systems strengthening
- Inequities of service delivery and health outcomes.
- Community level systems and participatory governance
- Principal components of health care financing: collection, pooling, purchasing, and payment.
- Management of the health workforce.
- The supply chain elements and addressing the complex health system determinants of weak supply chains.
- The link between quality of care and health systems strengthening.
- Mixed health systems in low- and middle-income countries, and how do they influence health services.

# REFERENCES

Bhadwal, S.(2020). Nutritional anaemia in Indian population and strategies for its control- a review



THANK YOU

