

Supply and consumption of IFA by mothers in Three blocks of Udaipur District



Presented by –Soumya Shrivastava
Guided by– Dr. Neetu Purohit



INTRODUCTION:

46.6% of the pregnant women in reproductive age years (15-49) were found to be anemic in Rajasthan according to NFHS4.

In 2015-2016, out of 1.9 million registered for Antenatal health checkups, only 1.1 million received the IFA tablets,

Iron – deficiency Anemia is a serious problem for maternal deaths across globe and even in our India

With the prevalence of Anemia in India, IFA supplementation is required for all pregnant females to improve their health and Government is providing free supplementation for at least 90 days for betterment of maternal and child health but adherence to it is still a problem in many concerned states.

From the NFHS Survey, in Rajasthan 60% of the pregnant mothers were given IFA tablets but only 17 % have consumed it.

OBJECTIVES:

- To learn about supply side process of IFA distribution
- To know about the monitoring of IFA supply under Khushi Baby
- To assess the status of consumption of IFA and to know the reasons of non-consumption by mothers registered under Khushi Baby at Udaipur district of Rajasthan.

METHODOLOGY:

- STUDY APPROACH**-Qualitative
- STUDY AREA** -Research was carried out in three blocks of Udaipur District of Rajasthan namely Jhadol, Gogunda and Sarada
- STUDY POPULATION**- Pregnant mothers and lactating mothers (registered under Khushi Baby) .
- STUDY PERIOD**: Study was done over a period of two months
- SAMPLE DESIGN** -Non-probability convenience sampling was used and the final sample size depends on the principles of Theoretical saturation.
- SAMPLE SIZE**-Sample included 32 mothers, 11 ANMs, 1 MOIC, 1 LHV and 1 BPM over all the three blocks.

CONSUMPTION OF IFA

DISCUSSION WITH MOTHERS

- CONSUMPTION AND AWARENESS
- Almost half of the mothers did not consume the tablets and more than half of these were not aware of Consumption of IFA
- Reasons given by the mothers for non consumption included nausea, vomiting and also supply shortage.
- “I do not consume them as I feel nauseous.”*
- “Yes, I have stopped consuming it, because of vomiting”*
- “ Sometimes ANM do not give IFA tablets due to non- availability.”*

EDUCATION AND ROLE OF ANMs

These factors emerged out as an important findings in spreading awareness about consumption of IFA in mothers.

“I know about why we consume IFA tablets so that to get rid of iron deficiency. I have completed my studies of 10th standard. I know this as I was taught about the same in school.”

.But Role of ANMs is important and it can also contributes to awareness for IFA consumption in Mothers.

“yes, I am aware of IFA tablets and Anemia. We take medicines to stay stronger and for our child health. I am not educated but I know this. I know this as ANM have told me about this”

-ANM reach out to mothers for increasing awareness about consumption is also important.

“ I would have consumed it if I would have known about the importance”

CALL REMINDERS:

There were no calls from Khushi Baby but mothers do receive phone calls from ASHA regarding the IFA consumption and awareness.

“ I do receive calls from ASHA for IFA “

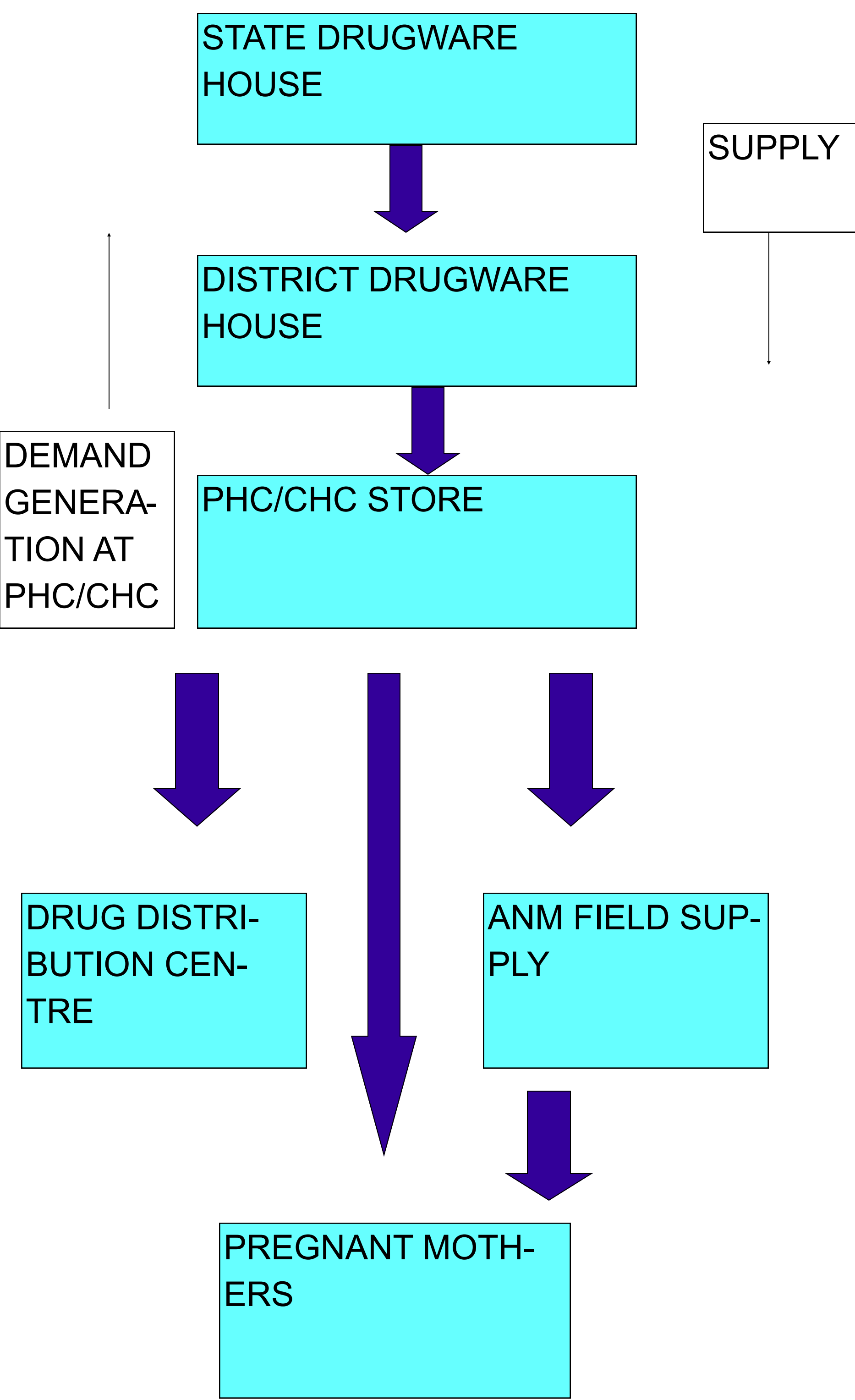
STIGMA:

No social stigma attached with consumption of IFA.

“ My Family does not stop me from consuming”



SUPPLY SIDE PROCESS



DISCUSSION WITH ANMs

AWARENESS:

ANMs play a important part in spreading awareness about IFA consumption. They help in motivating them through telling them about the importance.

“ You should consume them as it is important for your health and as well as for your child.”

“It is for decreasing Iron deficiency. You should take it as it will make your body stronger”

SUPPLY:

ANMs says that they face a lot of supply problems and they write queries to higher officials regarding the same. There is no such improvement in supply isde.

“ I have written application to LHV, and also told them during block meetings. But no change.”

“ IFA supply is an issue from past one year , i have to arrange for some other option to give Iron tablets to mothers”

SUBSTITUTION TO IFA:

At times, when supply is short, ANM do have to manage about that. They either make arrangements or give nothing to mothers.

“ We cant help it, we do not give anything to them”

“ If we know they are at high risk or severely anemic , we refer them to PHC /CHC or make some arrangements by taking the IFAs from JSY, or from adolescent group stock.”

“ If we get tablets , we later on make them available to mothers through ASHA”

KHUSHI BABY MONITORING OF SUPPLY SIDE

DASHBOARD: Dashboard has all the synced data uploaded via Khushi Baby App. Data related to out of stock of IFA and Mother denial reasons are included.

SOCIAL MEDIA(WHATSAPP GROUP): Social media is used for day to day related queries and all the higher officials are connected through this for cross checking as well.

BLOCK MEETINGS AND CAMPS VISITS: Monitors meet respective ANMs and Health officials to look over a particular issue. These visits take place monthly.

CALL REMINDERS: Phone calls are made to ANMs to ask why a concerned situation is being entered on the App and in some cases. Phone calls to higher officials are made as well

ROLE OF ASHA:

ANM agreed that ASHAs do make calls from Aganwadi Centres to call mothers for ANC Checkups and also to track mothers consumption of IFA tablets.

ANM says that , *“ASHA do visits houses frequently to tell them to come for ANC checkups and also she sometimes track the consumption by checking the leaflets.”*

BARRIERS:

ANM do agree that Mothers do not consume tablets because of vomiting and nausea, there is no such social stigma attached.

Yes, they feel nauseous and we can only motivate them , we cannot force them to eat.”

SUPPLY STATUS OF IFA AFTER KHUSHI BABY:

5 out of 11 ANMs have said that there is an improvement after Khushi Baby in supply.

ANM says that *“ Yes, Khushi Baby has helped in this issue.*

Once, Supply was short then they immediately contact the concerned official and after that supply was available.

“

Other ANM says that, *“ I do not think so, as it is a Government process, it will takes its own time”*

RECOMMENDATIONS:

- Call reminders from Khushi Baby could be started to all the mothers to spread awareness.
- More meetings are required with Higher officials to increase responsiveness towards supply issue.
- There should be a substitution to IFA in case of shortage of supply.
- More efficient monitoring could be done with the help of Higher officials at the time of MCHN camps as well as on monthly basis.
- More efforts are needed to increase the efficiency of ANM to reach to mothers about awareness and motivation.

CONCLUSION:

Despite free distribution of IFA tablets by the Government, still mothers do not consume them due to low awareness as well as due to barriers like nausea ,vomiting and supply shortage. ANM on the other hand cannot intervene the supply process of Government. There is a discrepancy in the supply side flow of IFA because of different responses from ANM and Higher Officials.

Improvements at all levels in terms of infrastructure, training, monitoring, and effective practices will be very helpful to strengthen the issue of adequate IFA supply.

Improvements at all levels in terms of infrastructure, training, monitoring, and effective practices will be very helpful to strengthen the issue of adequate IFA supply.

