

# Combating anaemia! Ensuring maternal and child health!

## Key Highlights

- ▶ Highly significant ( $P < 0.000$ ) decrease in the prevalence of anaemia among pregnant women, by 25.7% from 89.3% (before intervention in 2006) to 63.6% (after intervention in 2009). The mean haemoglobin (Hb) and maximum Hb level had an increase from 9.49 to 10.41 g/dl and 12.1 to 14.2 g/dl respectively.
- ▶ Significant ( $P < 0.001$ ) decrease in the prevalence of anaemia by 34.4% among adolescent girls. The mean Hb and maximum Hb level had an increase from 9.6 to 11.3 g/dl and 13.0 to 14.4 g/dl respectively.
- ▶ Pregnant women who had minimum of three antenatal checkups increased from 65.4% to 80%.
- ▶ Iron-Folic Acid tablet procurement and consumption, among adolescent girls significantly increased from 22.1% to 86.5%.
- ▶ Practice of wearing slippers to avoid hookworm infestation increased significantly from 55.6% to 93.9% among pregnant women and from 55.4% to 97.2% among adolescent girls.

(Excerpts from the evaluation reports of Dr. Abel Rajaratnam and Dr. Jolly Abel)

Kalanjiam Anaemia Control Project (KACP) reduced child mortality and improved maternal health



## BASIC FACTS ABOUT THE INITIATIVE

- ▶ Country/ Region: Tamil Nadu, India
- ▶ Title of the initiative/ project: Kalanjiam Anaemia Control Project
- ▶ Implementing agency: DHAN Foundation
- ▶ Intended outcome and relevant MDG Goals and targets: To decrease prevalence of anaemia among pregnant mothers and adolescent girls, thereby realising MDG 4 and 5
- ▶ Specific target group: Pregnant mothers and adolescent girls

## THE DEVELOPMENT CONTEXT

In India, maternal mortality rate remains high; under-five mortality rate is also high, among which infant mortality forms a huge proportion. Fighting anaemia can help reduce child mortality (MDG 4) and improve maternal health (MDG 5). World Health Organization (WHO) estimates that over one third of the world's population suffer from anaemia. India continues to be one of the countries with the highest prevalence of anaemia. National Family Health Survey (NFHS) estimates reveal the prevalence of anaemia to be 70-80% in children, and 70% in pregnant women. This is more pronounced in rural areas. While the survey says 56% of adolescent girls are anemic, and independent survey in rural India by Survival for Women and Children (SWACH) Foundation (1997) found an anaemia prevalence rate of 82.9% among girls in school and 92.7% among girls not in school. These girls are our potential mothers. Anaemia causes adverse effects on physical and cognitive performance of individuals. But the true toll of anaemia lies in the ill-effects on maternal and foetal health.

In India, 20% of all the maternal deaths are attributed to anaemia during pregnancy and in another 40%, anaemia is a contributory factor. The rate of low birth weight and premature children born to anaemic mothers is also high. So, addressing anaemia can help us achieve the twin goal of reducing child mortality (MDG 4) as well as ensuring maternal health (MDG 5).

DHAN Foundation's Anemia Control Project was done with 1,204 Kalanjiam SHGs; benefitting 1315 pregnant women and 6,690 adolescent girls. 'Enabling Self Health Governance' was the core component of the experiment where the people were enabled to become aware of their rights from the government health care system. A well knitted 'Behavioural Change Communication (BCC)' package was used to bring positive changes in the health seeking behaviour of the members' families. The focus on 'Linkage Building' enabled the federations to build a sound demand system to claim for legitimate rights from the mainstream and to ensure the reach of quality programmes to all eligible poor. Ultimately the 'Case Management and Referral Services' with a strong backup of the microfinance was the foundation of the intervention.

## ANALYSIS OF SUCCESS FACTORS

### What has worked?

- ▶ There was significant change in knowledge, attitude and behaviour of the target group (Pregnant women and Adolescent girls) with constant monitoring and information systems.
- ▶ Use of combination of BCC methods: from posters and pamphlets to cultural programmes to raise awareness on anaemia

### Why it has worked?

- ▶ KACP was a community-based intervention. From the beginning, it was a community owned the project. This was possible because the envisioned Health project was built on the already existing microfinance-based people institutions, i.e. the federations. The Project team only acted as the facilitator.
- ▶ Separate line of staffs for the Health project, with effective and regular training for them
- ▶ Constant cooperation and support from government.

### What challenges have been faced and overcome?

- ▶ Initially, parents were reluctant to send adolescents to groups. This was later overcome by constant awareness building and visibly seeing the impact of the project.
- ▶ Linkages with the government were a difficult as initially they did not accept the health team. However over time there were changes. Also after seeing the impact, Tamil Nadu State Health Society (TNSHS) has asked DHAN Foundation to scale up the project in five districts viz. Madurai, Ramnad, Dindigul, Theni and Salem, covering around 2900 pregnant mothers and 23000 adolescent girls.

## KEY RECOMMENDATIONS FOR SCALING UP

- ▶ Community-based institutions like SHG federations can act as implementing agencies of Government health programmes. The community manages the project themselves and thereby effectiveness is ensured as proven by the DHAN's KACP programme.
- ▶ There seems to be a long way to go in realizing the importance of combating 'Anaemia'. Rarely, Hb tests are conducted for pregnant women and the health status of adolescent girls is not monitored. Regular monitoring can save lives of both mother and child.
- ▶ While we have major government funding for health issues like AIDS, addressing issues like anaemia can have a long-term generational effects. So, necessary funding needs to be allocated in addressing Anaemia.
- ▶ Combating anaemia can help achieve twin goals of reducing child mortality (MDG 4) and improving maternal health (MDG 5).
- ▶ For a successful developmental endeavour, coordinated efforts between three distinct set of players namely demand stream, supply stream and enabling stream is a vital factor. Failure to recognise the importance of other streams, lack of mutual trust and absence of mechanisms to coordinate among the players would greatly hamper the effectiveness of the intervention. Hence there is a need for a three-way partnership between the government health institutions, people's institutions and NGOs in the effective for effective implementation of public health interventions.

### BOX 1: BUILDING HEALTHY GENERATIONS

In 2006, Lakshmi, from Kadamalaikundu, Theni district, Tamil Nadu, was pregnant for the fifth time. Both she and her husband were anxious and worried. They had reasons to be worried. The couple lost all four children in the previous deliveries, as Lakshmi was anaemic. However, KACP initiated in that area in 2005 monitored her, regularly. Following advise of health guide, her Hb level rose from 8.2 just five months before to 10.4 during delivery. She gave birth to a healthy girl child weighing 3.4 kg. In 2009, Lakshmi was pregnant again and delivered a healthy boy, weighing 3.2 kg. The couple now lives happily with their two children, free of anaemia.

### ABOUT US

The Kalanjiam Federations promoted by DHAN design and implement comprehensive reproductive and child health programme to bring positive changes in the health seeking behaviour of the members' families to prevent or reduce anemia and malnutrition among mothers and adolescent girls.

The programme was aimed at promoting health seeking behaviour among member families through behavioral change communication approaches and people managed health systems and structures, linking with mainstream institutions for reducing the healthcare expenditures.

They work in concert with the government and private healthcare systems for reducing healthcare expenditure and increasing health seeking behaviour. The Anemia Control is one of the components of the Kalanjiam Reproductive and Child Health (KRCH) Programme implemented by the Kalanjiam Federations.