

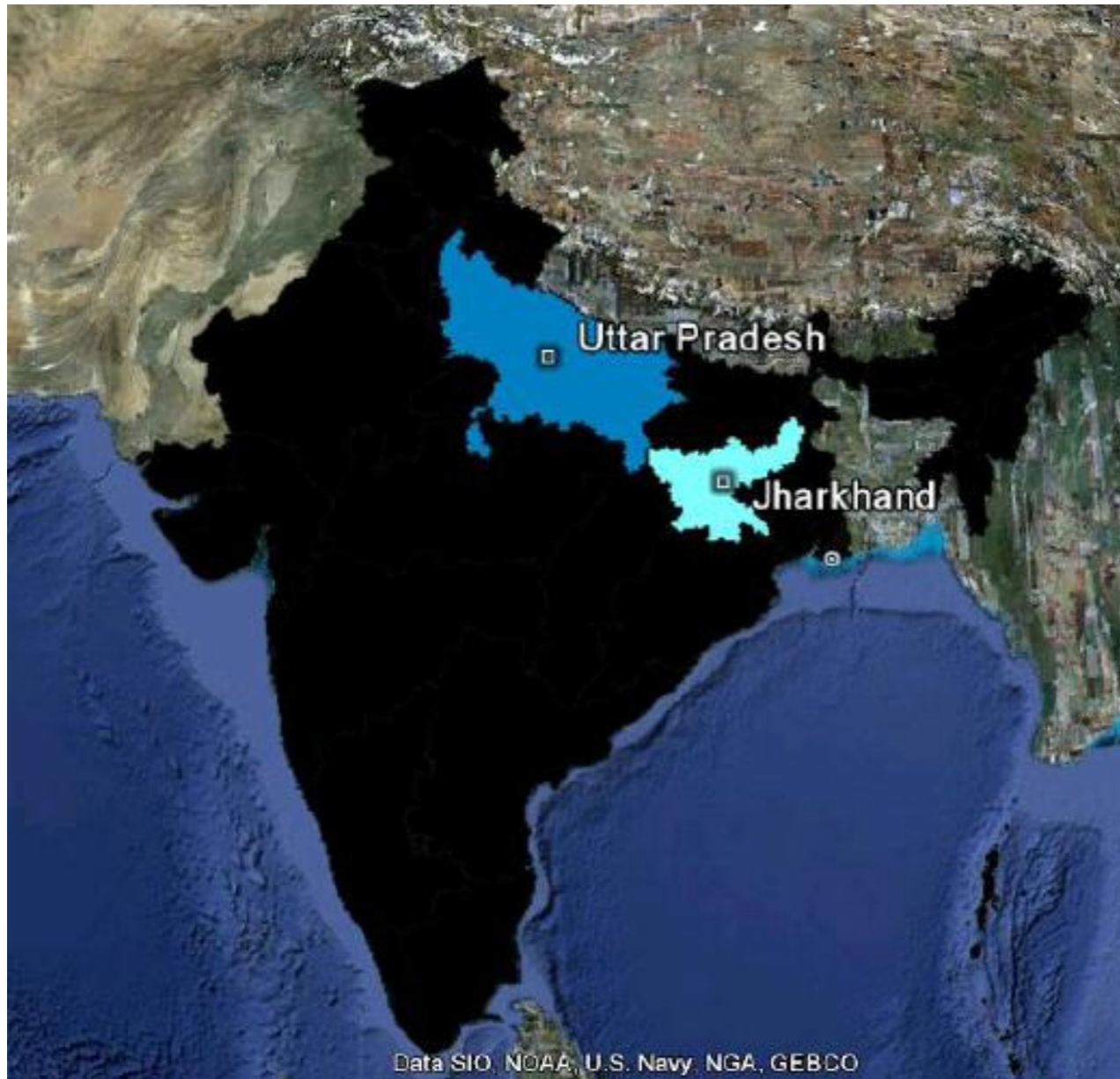
Integrating a child anemia reduction package into an existing public health and nutrition program in India

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The A2Z Project

May 4, 2011, Washington, DC



Child Anemia Reduction Package (CARP) Feasibility Study

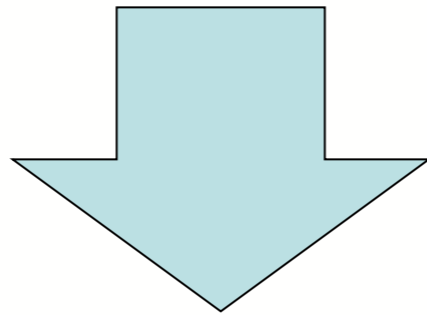


~36 million anemic
young children
(6-23 months old)

~8 million in Jharkhand
& Uttar Pradesh

CARP concept

**Multiple causes of anemia
in young children**



Integrated approach

CARP activity timeline

2006 National situation assessment

2007-2008 Design phase

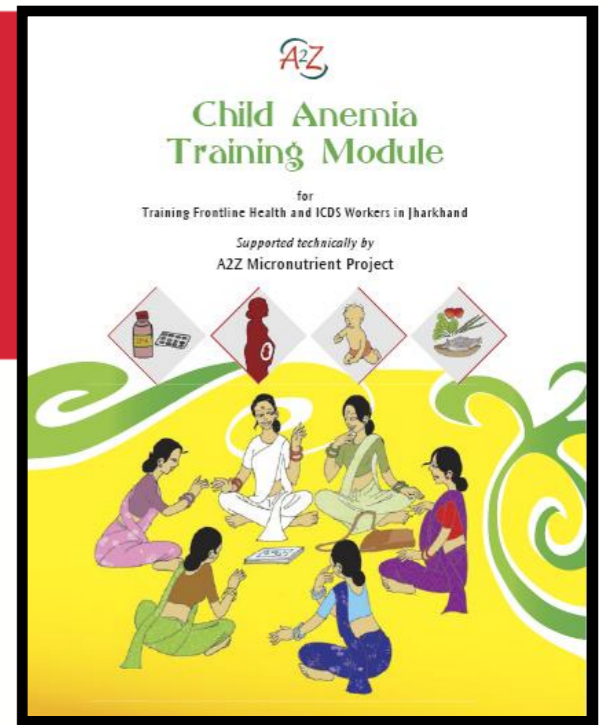
TAG meetings, Formative research,
Worm prevalence study, CARP design workshop

2008-2010 Implementation phase

Training frontline health workers, Ongoing home visits,
Baseline & Endline surveys, Periodic program monitoring

2010-2011 Dissemination & scale-up phase

CARP program model of change Integration into ICDS



Capacity for anemia control developed among frontline health workers

Training • monitoring • supportive supervision

More effective outreach, nutrition & health education and counseling happens

Mothers & other child caretakers adopt better health practices for themselves & young children

Anemia reduced



CARP approach

Mother-centered messages

Pregnancy, delivery care and breastfeeding practices improved

Disease control improved (worms & malaria)

Child-centered messages

Iron-folate supplement intake improved

Dietary intake improved (quantity & quality)

Anemia reduced in newborns, infants & children

Why is this integration?

Item	Degree of integration
Development of CARP feasibility study	Collaborative process: national, state and local levels, multi-sectoral stakeholders
Frontline health worker training	Utilized existing system and health workers (ANM, AWW, ASHA), special 3-day training
Promotional messages for mothers & community members	Coordinated and comprehensive set of messages

Why is this integration?

Item	Degree of integration
Product distribution	Some (IFA syrup for children), but not all
Program monitoring	LQAS
Policy/product changes	Endorsement of deworming integration

Decision to integrate

Overcome barriers

Outcomes of integration

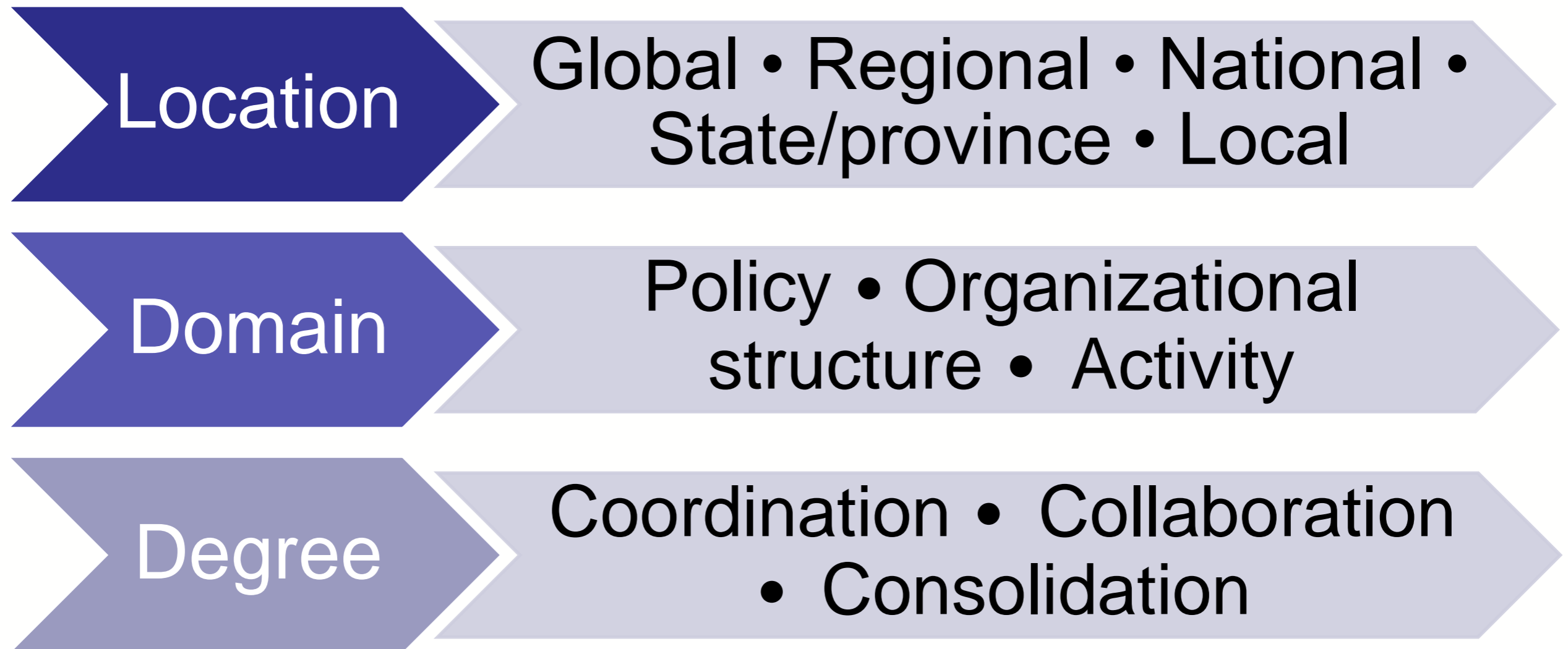
- Feasibility of approach demonstrated
 - Existing public health and nutrition system can be used
 - Frontline workers capable
 - Mothers receptive and willing to adopt some practices
 - Some anemia reduction observed
 - Uttar Pradesh: 11%
 - Jharkhand: 4%
- Raised awareness about need for a multi-pronged approach to anemia control in young children

Was integration successful?

Certain aspects, yes

General remarks on integration

Integration framework

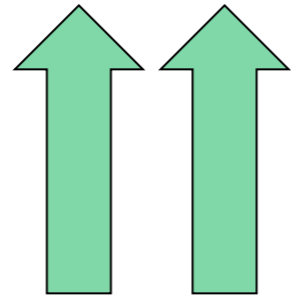


Potential trade-offs of integration

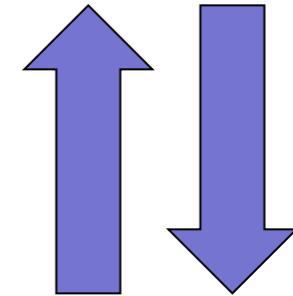
- Time
- Effort
- Resources
- Higher risk, unknown return
- Delayed gratification

Measures of success: 2 components

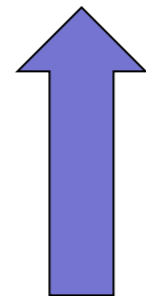
Scenario #1



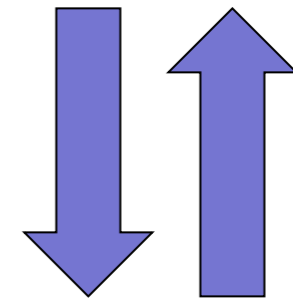
Scenario #4



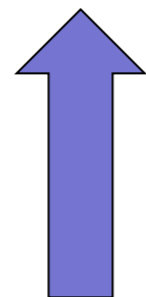
Scenario #2



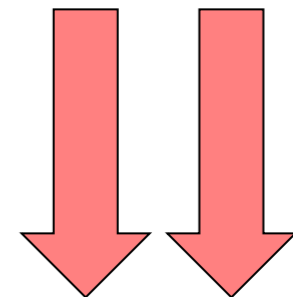
Scenario #5



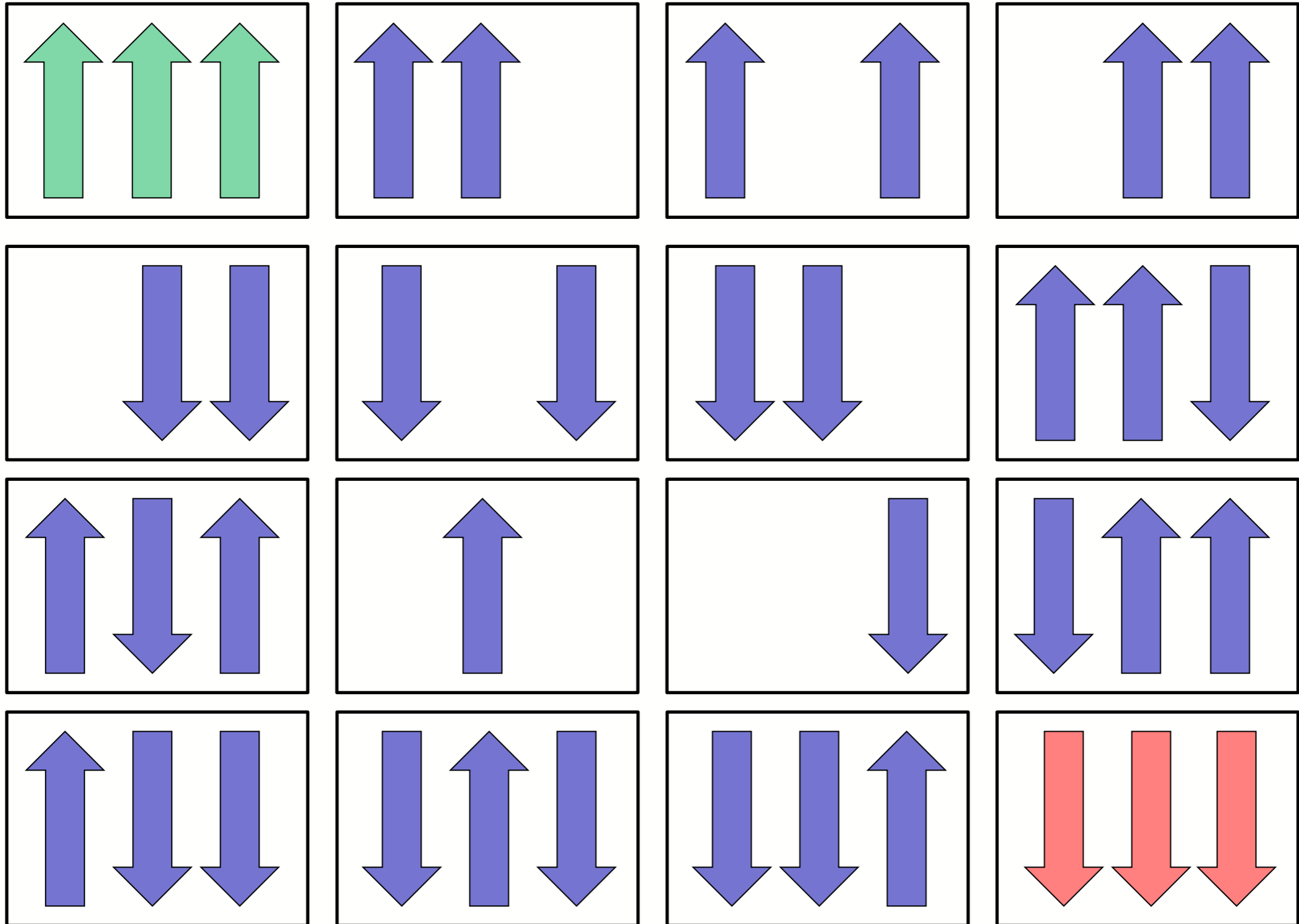
Scenario #3



Scenario #6



Measures of success: 3 components



Final thoughts

- Worth considering, not always appropriate or feasible
- Methods for assessing the appropriateness of integration needed
- Effective integration \neq impact
- b
- Ultimate goal: Better programs for the public

Acknowledgments

CARP Feasibility study

A2Z Project staff (India & HQ)

Photo credits

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- Prakash Kotecha