

Using Community-Based Service Delivery to Reduce Maternal Anemia in Nepal

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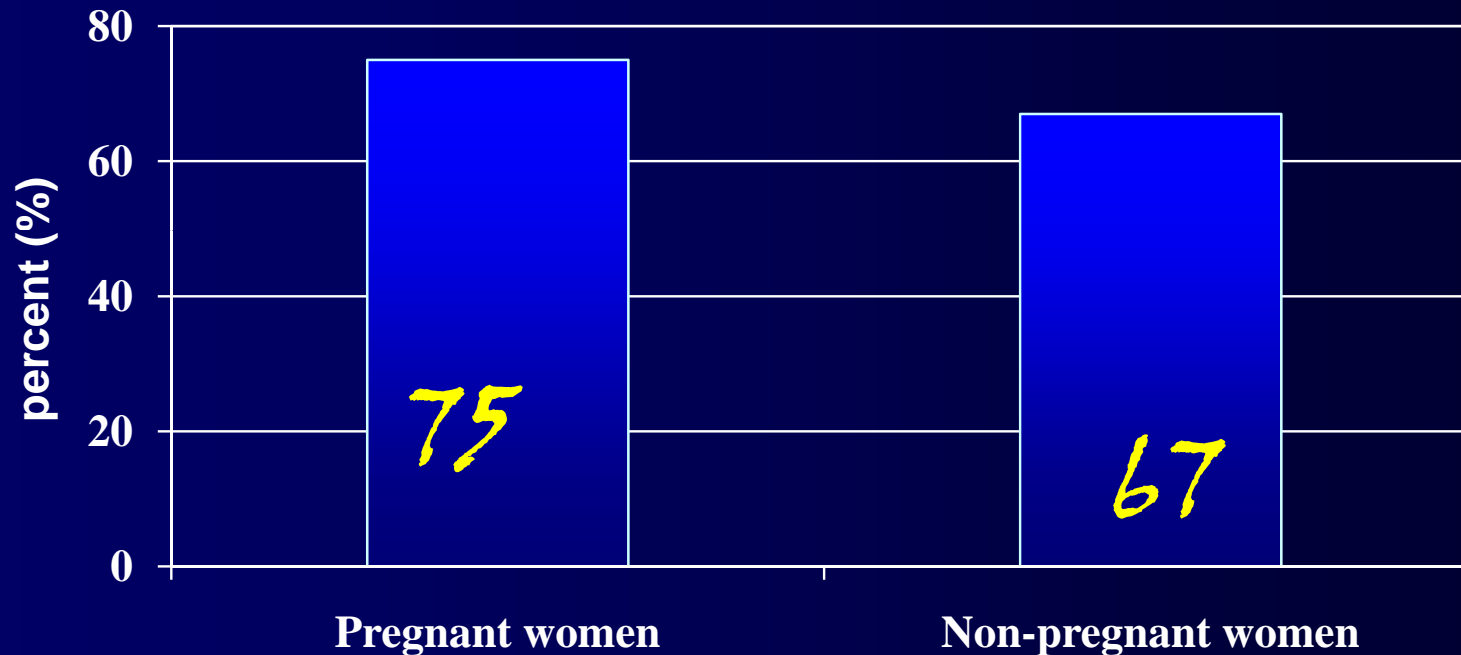
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Presented by Phil Harvey, Consultant to A2Z

In 1998

Anemia was a severe public health concern.

Proportion of women with anemia



Hookworm infection was 80% in some areas

Universal IFA Supplementation of pregnant and post-partum women

- Policy “On the books” a long time – Daily IFA from second trimester through 45 days after delivery
- In 2001, out of 100 pregnant Nepali women:
 - 23 took iron supplements
 - Just one took the recommended daily dosage



Development of Program

Brief History

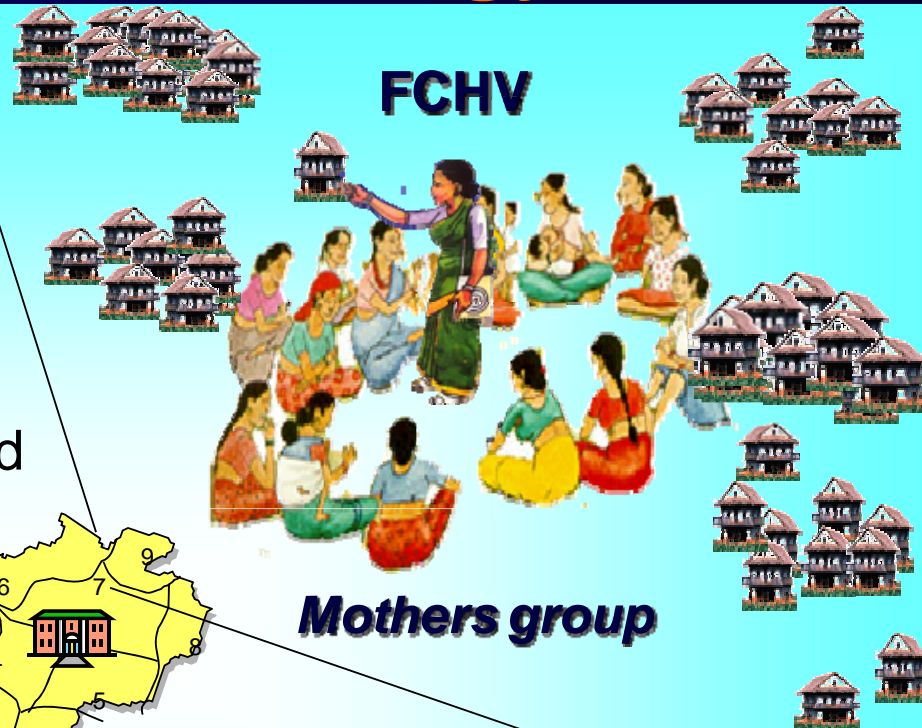
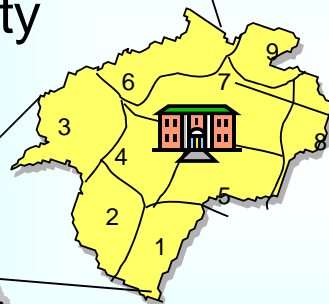
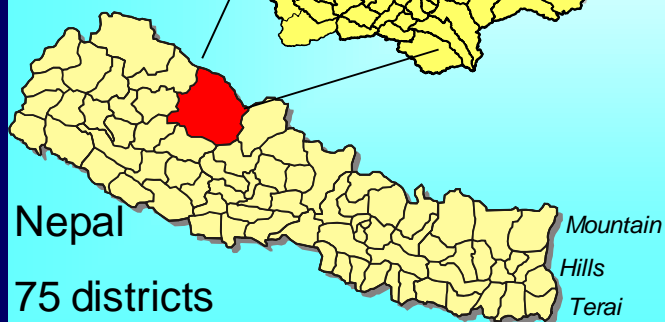
- 1993: Female Community Health Volunteers (FCHVs) mobilized and motivated through the 10-year scale up of national VAS program of children 6-59 months
- 1997: Operational research established that FCHVs could also effectively deliver IFA to pregnant women
- 2001: Iron Intensifications Program (IIP) designed using evidence on causes & efficacy of interventions, together with program experiences from Nepal and other countries
- 2003: Integrated IIP launched in 5 districts

Operational Strategy

Nepal's Administrative and Health Structure

Each VDC has nine ward
& Health Facility

Each district
consists of
VDC



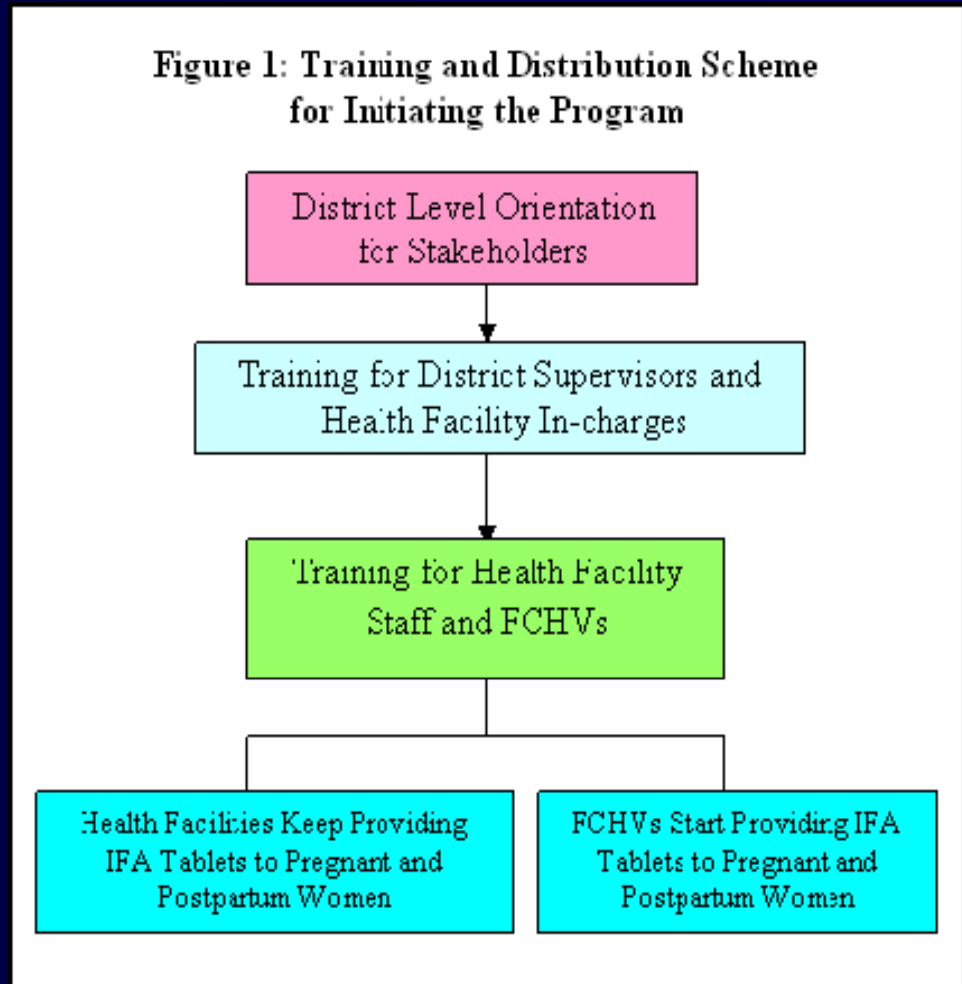
Settlement

Each ward has 80-100 households and there is a **Female Community Health Volunteer (FCHV)** who provides maternal and child care services in the community. In each ward there is also a mother group coordinated by FCHV for community mobilisation

Program Implemented at District Level

- Local NGO (NTAG) provides orientation/awareness raising that engages District Public Health Office (DPHO) with other ministries – education, agriculture, local development
- DPHO becomes responsible for program implementation
- 2-day training is skills-based, involves all health staff & FCHVs
- “Modified cascade” approach where ‘external’ trainers ensure training quality is maintained

Figure 1: Training and Distribution Scheme for Initiating the Program



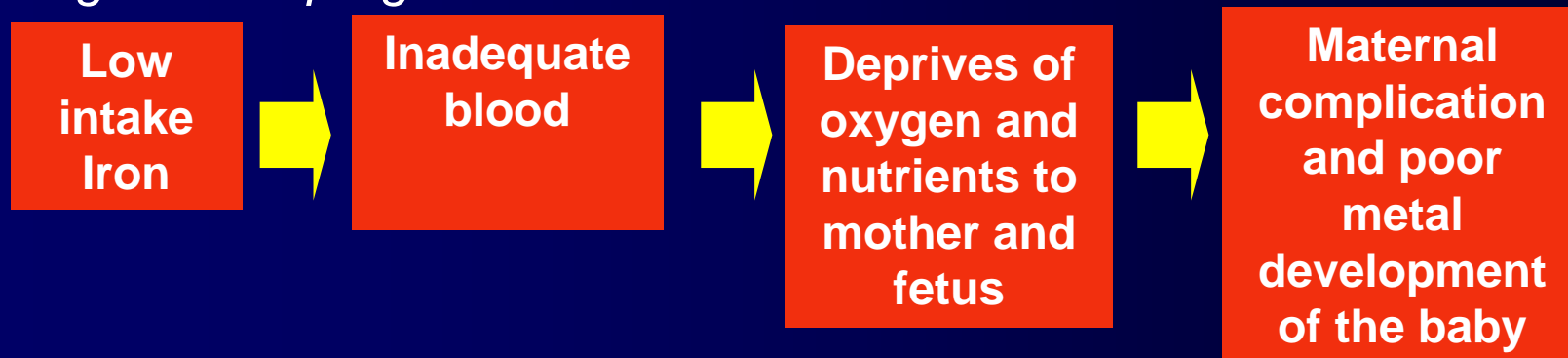
FCHVs Expand Service Delivery

- FCHVs were excited to expand their service to include mothers
- After skills training, FCHVs inform the community about importance of IFA & other interventions through mothers' group
- Immediately start distributing IFA & supplement IFA available from HPs



Key messages for the Community:

- *“Eight of ten pregnant women suffer from lack of blood”*



FCHVs Provide Comprehensive Micronutrient Package

- Encourage pregnant women to visit health facilities for antenatal check-ups , de-worming medicine
- Provide IFA to pregnant and lactating women
 - Repack IFA in small bottles
 - Counsel when needed
- Provide high dose vitamin A to women soon after deliver
- Encourage pregnant women to consume iodized salt, an additional meal, and to rest more
- Maintain a register to monitor women they are supporting

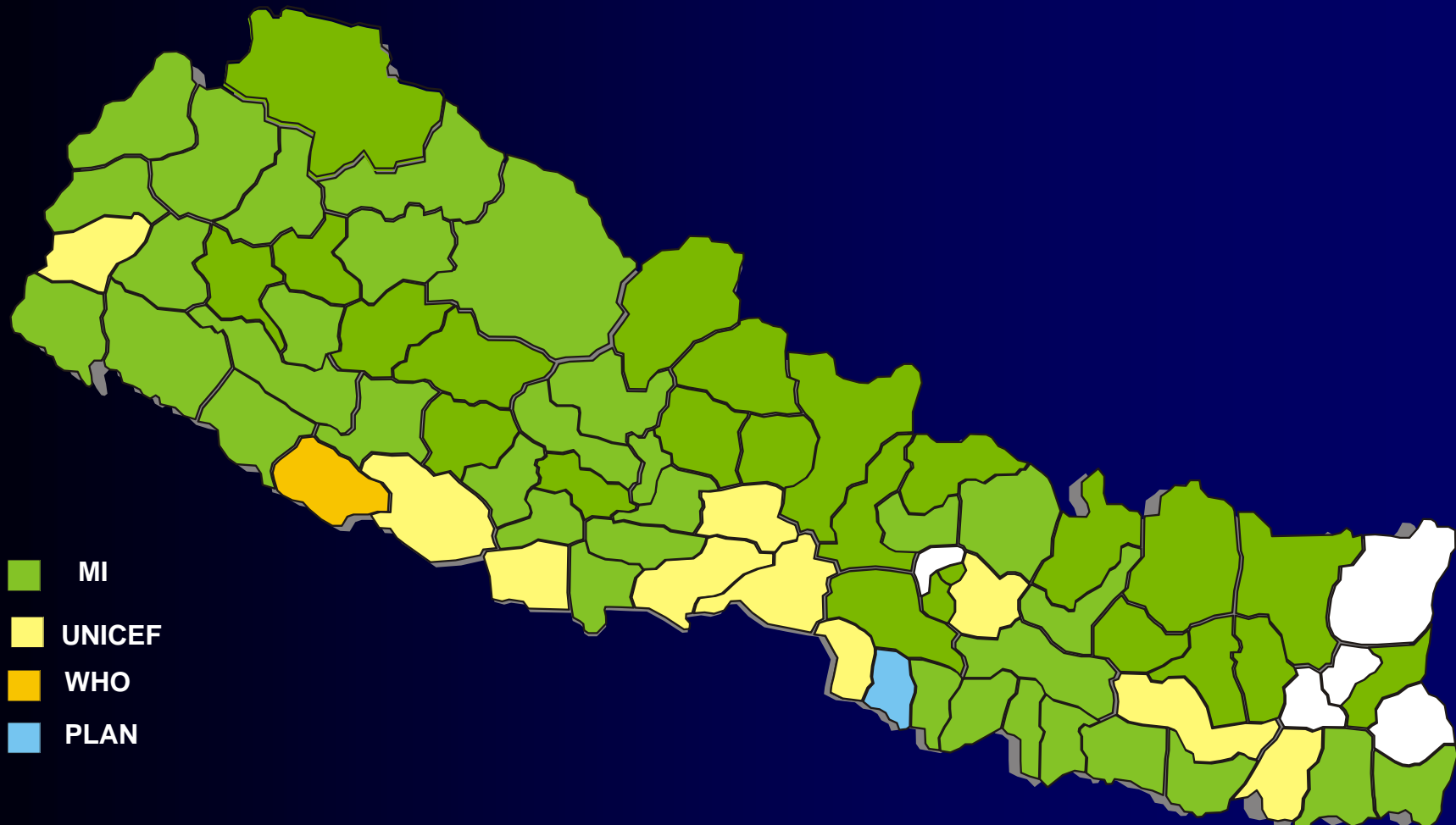


National Support Enhancing Program Effectiveness

- Regularly monitoring implementation/key program components in each district
 - Telephone calls made to verify IFA stocks/annual stock planning, HMIS reports, and any constraints being encountered
 - Initially needed a person full-time, since 2007 person needed only part-time
- Drew attention to uneven quality of IFA. Government responded in 2010 by moving to procurement of IFA in blister packs from GMP certified company.
- Enhancing access to IFA in largest urban hospitals where initially prescriptions only (not IFA) had been provided

Iron Intensification Program Status

2003: Initiated from 5 districts
May 2011: Covered 70 districts



Coverage with ANC anemia interventions, selected districts, Nepal, 2001-2009

Indicator	Zone	Year of Survey		
		2001	2006	2009*
% attending ANC	Mtn/Hill	38 [^]	64 [^]	70
	Terai	56	81	92
	National	49	75 [^]	87
% receiving any iron	Mtn/Hill	19 [^]	51 [^]	67
	Terai	25	66	85
	National	23	61 [^]	81
% receiving dewormer	Mtn/Hill		15 [^]	44
	Terai		25	65
	National		22 [^]	60

*NFHP mid-project survey in 40 selected districts

[^]Approximate numbers for illustrative purposes only

Decrease in prevalence of anemia in women of reproductive age, by ecological zone, Nepal, 1998 and 2006

Zone	Prevalence of anemia (%)		% Decrease
	1998	2006	
Mtns	67%	22%	68%
Hills	61%	21%	66%
Terai	74%	51%	30%
Total	68%	36%	47%

Conclusions

- Nepal program increased coverage and compliance with IFA & other anemia interventions. Success resulted from:
 - *Community-based delivery platform of motivated FCHVs*
 - *Near-peers, community trust in health system, constant monitoring*
 - *Increased awareness of anemia in health system & community*
 - *Improved logistics (including packaging)*
 - *Promotion of complimentary anemia measures*
- Multiple causes of anemia make attribution difficult. 2011 DHS will provide the data required to determine impact of the program on prevalence of maternal anemia.
- Nepal program likely to join those of Thailand & Nicaragua in demonstrating that programs CAN be implemented effectively, and when they are, maternal anemia is reduced

Acknowledgements



Female
Community
Health
Volunteers in
Nepal - the key
factor the
success !!

This Govt of Nepal program has been supported jointly by MI, UNICEF, USAID , CIDA, WHO, Plan, & others₄

Thank You

