

The Child Anemia Reduction Package (CARP) In India: An Example of “The First 1,000 Days” Approach in Action

A2Z Cornerstone Symposium

Washington DC, June 2011

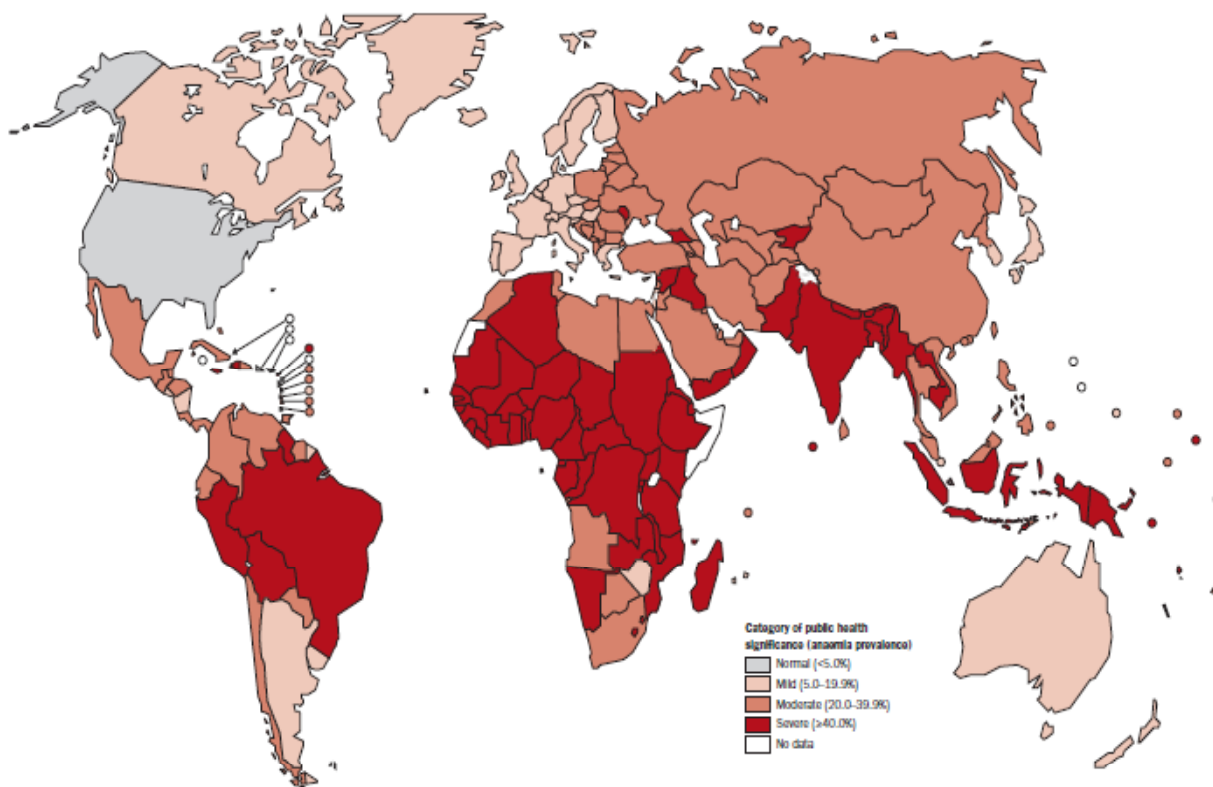
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Objective

- **To test the feasibility of CARP in Jharkhand and Uttar Pradesh, India**

Child Anemia: Public Health Problem in Developing Countries

Figure 3.1a Anaemia as a public health problem by country: Preschool-age children



WHO region	Preschool-age children ^a	
	Prevalence (%)	# affected (millions)
Africa	67.6 (64.3-71.0) ^b	83.5 (79.4-87.6)
Americas	29.3 (26.8-31.9)	23.1 (21.1-25.1)
South-East Asia	65.5 (61.0-70.0)	115.3 (107.3-123.2)
Europe	21.7 (15.4-28.0)	11.1 (7.9-14.4)
Eastern Mediterranean	46.7 (42.2-51.2)	0.8 (0.4-1.1)
Western Pacific	23.1 (21.9-24.4)	27.4 (25.9-28.9)
Global	47.4 (45.7-49.1)	293.1 (282.8-303.5)

Prevalence of anemia among preschool children in India

National: 70%
Jharkhand: 82%
Uttar Pradesh: 87%

Source; NFHS3: 2006

Source WHO: 2004

1,000 days: The Context in India



Hard Working Women during very early phase of pregnancy



Household chores during Pregnancy



Poor ANC visit attendance



Delivery assisted by TBA at home (78% in JK and UP)



Poor access to Health facility



High Mortality Risk



Low EBF < 6 month rate (46%)



Poor complementary feeding (time, quality)



Girl in Charge of her siblings



Poor Diet: Rice or Potato or Naan for the pregnant women, children

CARP: The Three Pillars

Child Anemia



**Iron Syrup
Supplementation**



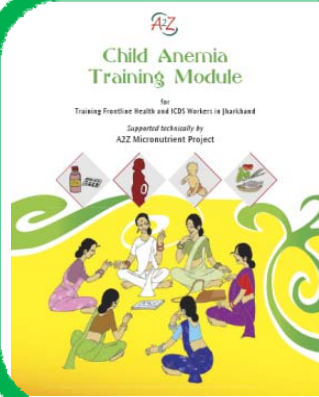
**Infant and Young
Child Feeding**



**Infection Control
(Worms, Malaria)**

**Pregnancy,
Delivery Care,
Breastfeeding
Practices**

CARP: Multi-Stage Approach



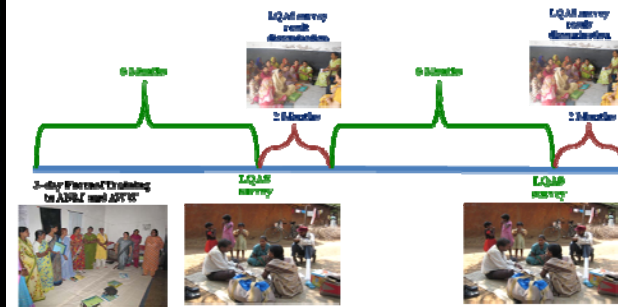
Policy Change and Advocacy

State Level

ANM-AWW Training

Supply Management

Performance Monitoring



Block Level

Identification

Home visit

IEC

Follow up



Community Level

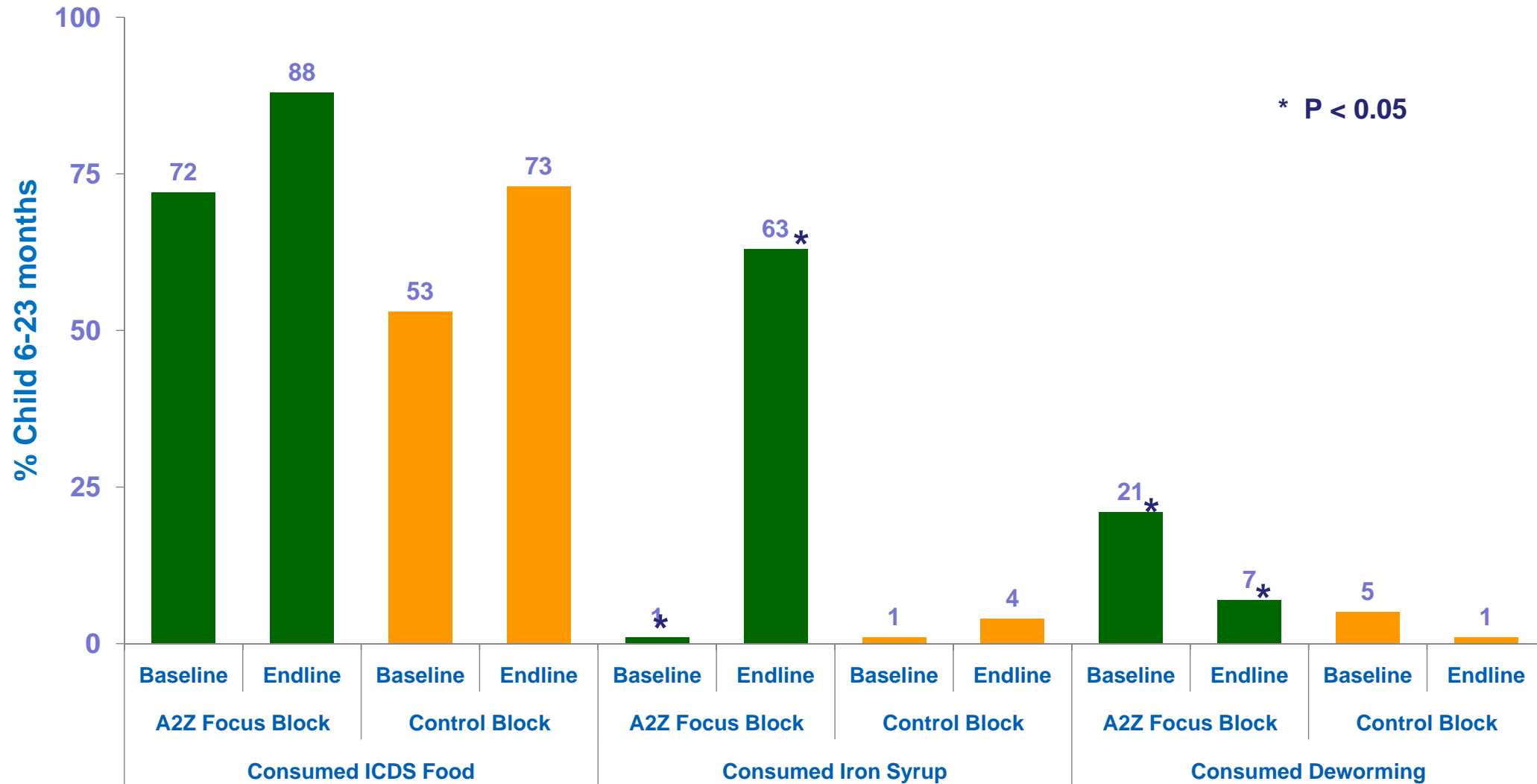
CARP: Baseline and Endline Assessment

UP: Pop. 260,000 (12,500 children 6-59 mos)	Intervention Block N = 310	Non-Int. Block N = 310
Jharkhand: Pop. 85,000 (3,500 children 6-59 mos)	Intervention Block N = 310	Non-Int. Block N = 310

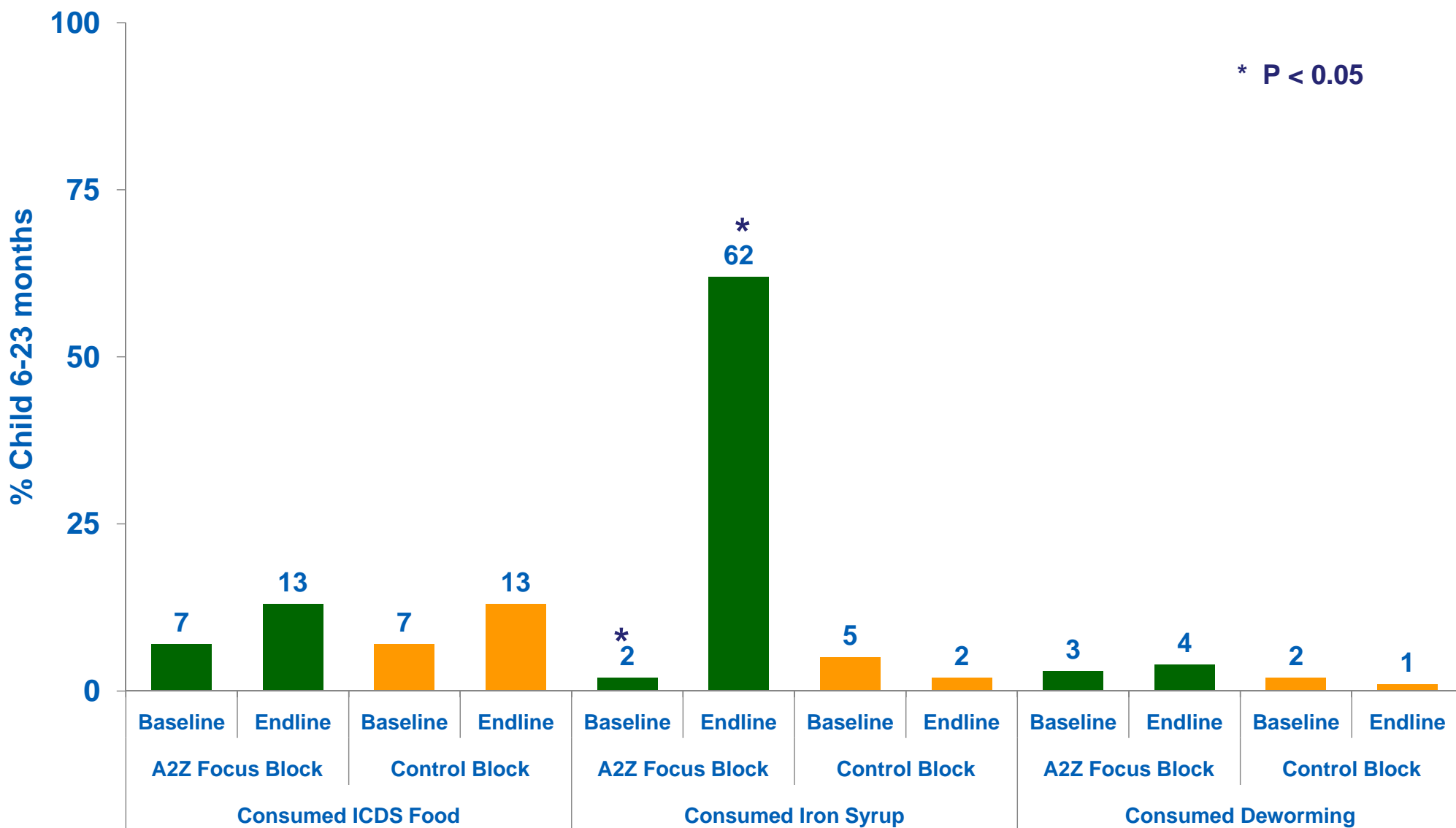
Main Objectives:

- 1. To measure the change in anemia prevalence overtime**
- 2. Coverage of child anemia reduction interventions:**
 - a) Iron supplementation**
 - b) Intake of fortified ICDS food by children 6-23 months**
 - c) Deworming**
- 3. Consumption of ICDS food**

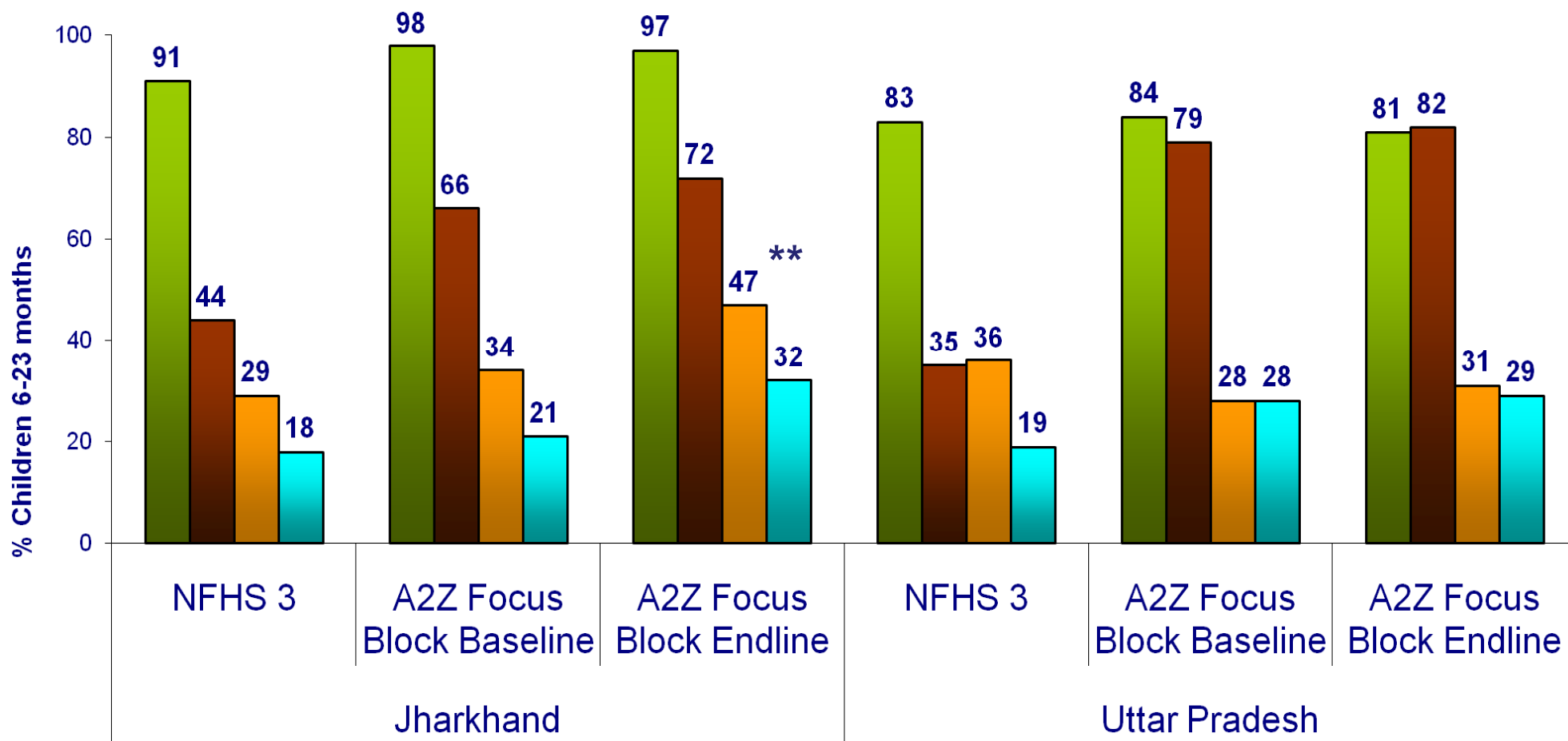
CARP: Increased Consumption of Iron Syrup and Decreased Consumption of Deworming in Jharkhand



CARP: Increased Consumption of Iron Syrup in Uttar Pradesh



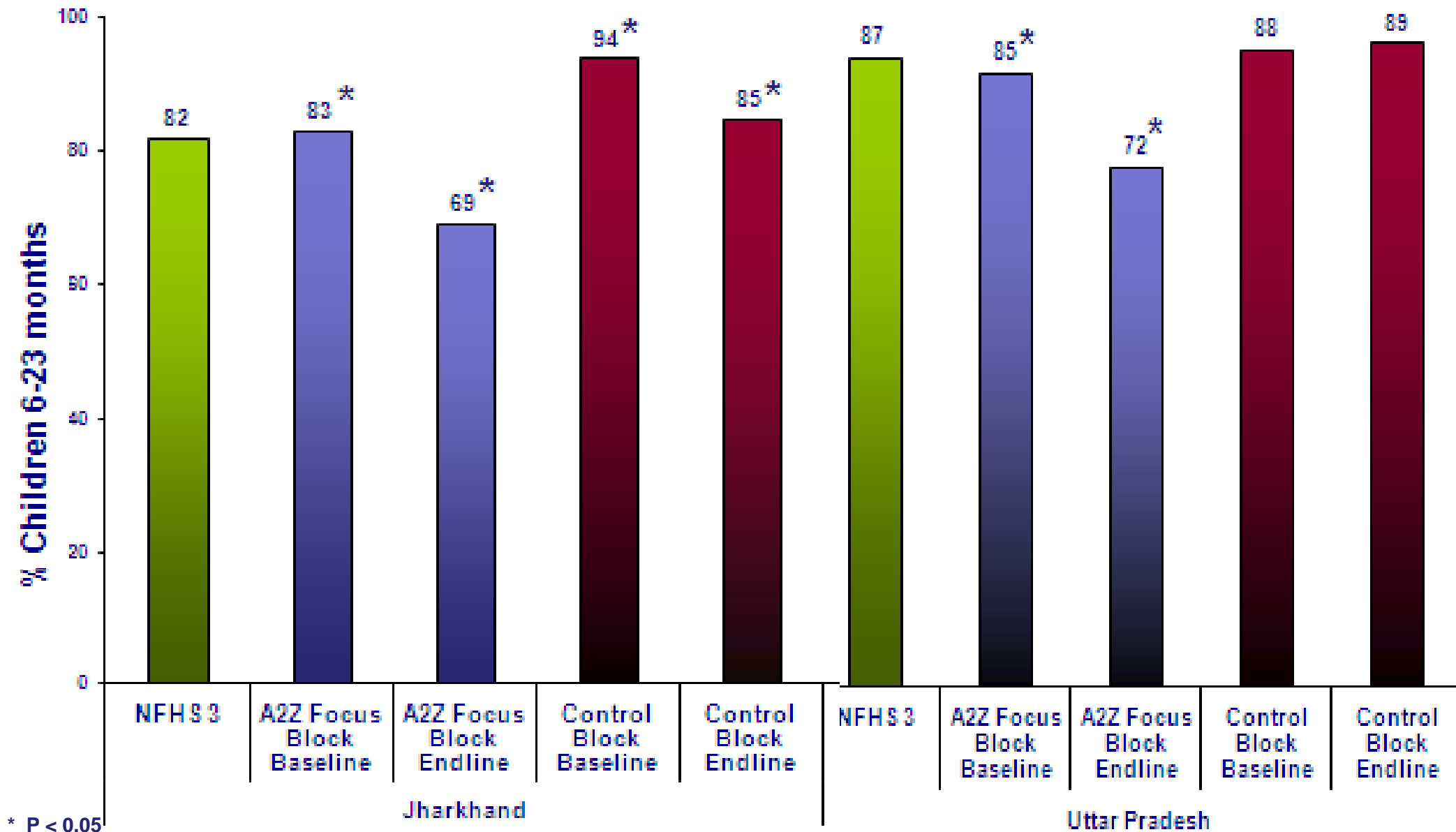
CARP: Improved Young Child Feeding Practices In Jharkhand



** P < 0.10

- Child still breastfed
- Child received at least the minimum number of semi/solid food
- Child received at least the minimum number of food group
- Child received a minimum acceptable diet

CARP: Reduction of Anemia Prevalence in A2Z Focus Blocks



CARP: Conclusions

- 1) CARP is a promising first step that can make real contribution in tackling what's been a largely neglected health issue in India**
- 2) Larger reductions in anemia could be expected if all of the recommended interventions had higher coverage**
- 3) Monitoring and Evaluation data are useful to change and strengthen policy**
- 4) Policy implementation at block and community require time and rigorous follow up (e.g. deworming policy)**
- 5) Supply management system is key component to improve access and adherence to deworming and IFA syrup**
- 6) Effort to prevent maternal anemia, and its integration into CARP would make difference**