AREA Webinar Series | Webinar 1

IFA in Kenya: Innovative Program Experiences & Recent Safety Findings

December 17, 2014

Additional questions from webinar participants and answers from the panel are below:

Q-Ahmdwali Aminee: Since for coverage of IFA supplementation the number of ANC visits are used as proxy indicators , what strategies are you using to track the women receiving 90 + tablets of IFA? (related to the question about the drop from 78% to 21% coverage of 'any iron' to '90+' IFA).
Esther: Though the Mother Child Health Booklet has provision for recording whether women have received 90+ tablets, they are are not being used for this purpose – this is a missed opportunity, as we see it. There is need to sensitize health workers on the importance of this booklet which a mother receives during her first visit to the ANC and which monitors her health throughout pregnancy and that of her child until 5 years of age. The presentation highlighted the fact that the routine recording tool for IFAS, that is, the ANC register did not have adequate provision for the analysis of 90+ intake. Therefore, since routine data has not supported the capturing of this information, in the interim, as the routine system is being strengthened, this information is sought through periodic surveys. The 21% which is LC-LQAS 2014 data (which may not be comparable to KDHS due to different methodology) was a drop indeed from the 78% reached with IFAS. The data also showed that those receiving 90+ tablets are approximately 25%. Again, the assumption of women taking as much as they are given is evident here too. Health workers may give IFAS (at least one tablet), but they don't give the expected 90+ doses sufficient to shift anemia status. The challenge of quality of care presents itself again in this intervention. We followed 6 facilities closely throughout the duration of the program improvement, and it was interesting to note that in all of them, even when they were fully stocked with IFAS, still gave minimal doses at contact points – until they were exposed to capacity strengthening through multiple channels.
Q-Paul Chipopa: For us in Zambia the challenge is making sure that the women take the tablets, what is the most effective way of ensuring that women take the drug? Supply is not a big problem.

Esther: A well thought out National BCC strategy specifically on IFAS is required. The strategy should respond to socio-cultural issues brought out by a formative study so that the approaches used are evidence-based and responsive to community-contexts. We knew that we needed a mass media campaign to raise awareness on key IFAS messages. But to realize a change in IFAS uptake and compliance, the approaches need to be more community based and IPCs (Inter Personal Communication) Strategies – those that emphasize one-one-one dialogue, for example, strengthening counseling efforts by health workers during contact points with pregnant women, playing an IFAS video during a health facility based mother to mother support group; working with community health workers to share simple messages during home visits to pregnant women's homes, etc. Those personalized approaches take time but bear more fruit. Patience and phased scale up is required as they may be slightly expensive at the start, but the results saves lives ultimately – one by one

Q-Terrie Wefwafwa: A pity that counties are not prioritizing IFAS and also that it is not prioritized by national government for purchase using the already negotiated funds. This scenario may lead to collapse of the very good efforts. What is M.I doing to support the government to avert this situation?

Esther: Greetings Terry! What a privilege to have you on the webinar. You were responsible for the decisions made regarding the IFAS programme, and your efforts as you led the Nutrition Division at the start of the Revitalization Program cannot be forgotten or taken lightly. We hope the efforts will be sustained even with the challenges posed by Devolved health systems. MI recognizes the need to engage Counties more rigorously and are at the fore-front with other partners like UNICEF in doing this. MI aims to be more involved in the SUN scale up at County level – with the focus on rigorous advocacy efforts targeted at County Executive Committees and the leaders to ensure they prioritize and budget for nutrition. MI is part of the SUN CSA at national level and all its efforts.

Q-Yves-Laurent Regis: In Haiti, access to iron and supply of micronutrients remain a challenge. The study offers an opportunity to advocate for more efforts on MOH and implementing agencies. What have we learned from engaging influential family members and community volunteers?

Esther: We have learnt a lot! They are serious influencers for positive nutrition and health behaviors. Engaging them does not even take much. We only focused on giving a few key IFAS and ANC messages around benefits, daily intake, dosage (duration of intake), managing side effects and where to source – using any available channel or contact point – vernacular radio stations to run the IFAS spots, one day training of CHWs, provision of counseling aids (translated to Kiswahili) to assist in home visits; facilitated their dialogue sessions with male opinion leaders and mother to mother support groups – and the feedback was amazing! What is missing is rigorous studies to show linkage of these efforts with improved ANC attendance (frequency and timing) and IFAS utilization.

Q-Lina Mahy: Has there been private sector involvement in IFAS? If yes, who and how?

Esther: Private sector only in as far as the Pharmaceutical Manufacturing Companies are concerned – those dealing with the Kenya Medical Supply Agency (KEMSA) who until Devolution were the only ones procuring and distributing essential medicines to health facilities. Presently, Counties/Regions through devolved health systems have the authority to procure their pharmaceutical commodities from any drug company beyond KEMSA, so other companies are coming into play like MEDS (Mission for Essential Drugs and Supplies), among others. This of course presents a problem in terms of quality of IFAS currently being procured, and there have been instances of wrong formulation, etc. The Private sector is now being actively engaged through the SUN Business Network, that brings together private companies to hold them accountable to nutrition outcomes. Currently the players are largely linked to large scale fortification (wheat and maize flour manufacturers, etc), but there is a move to increase membership to other players. Exciting times are ahead through SUN for sure.