



*Iron and Folic Acid Supplementation
for Pregnant Women: The Kenya
Program Experiences*

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Micronutrient
Initiative

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MI OVERVIEW

- Micronutrient Initiative is a not-for-profit organization whose mission is to create effective and sustainable solutions for hidden hunger
- MI reaches over 500 million people in over 70 countries each year
- MI partners with governments, health agencies, multilateral organizations, NGOs and the private sector to deliver essential vitamins and minerals to vulnerable communities around the globe.
- MI programs include: supplementation, food fortification, maternal and newborn health, salt iodization, evidence generation and policy; and infant and young child nutrition

Overview of the presentation

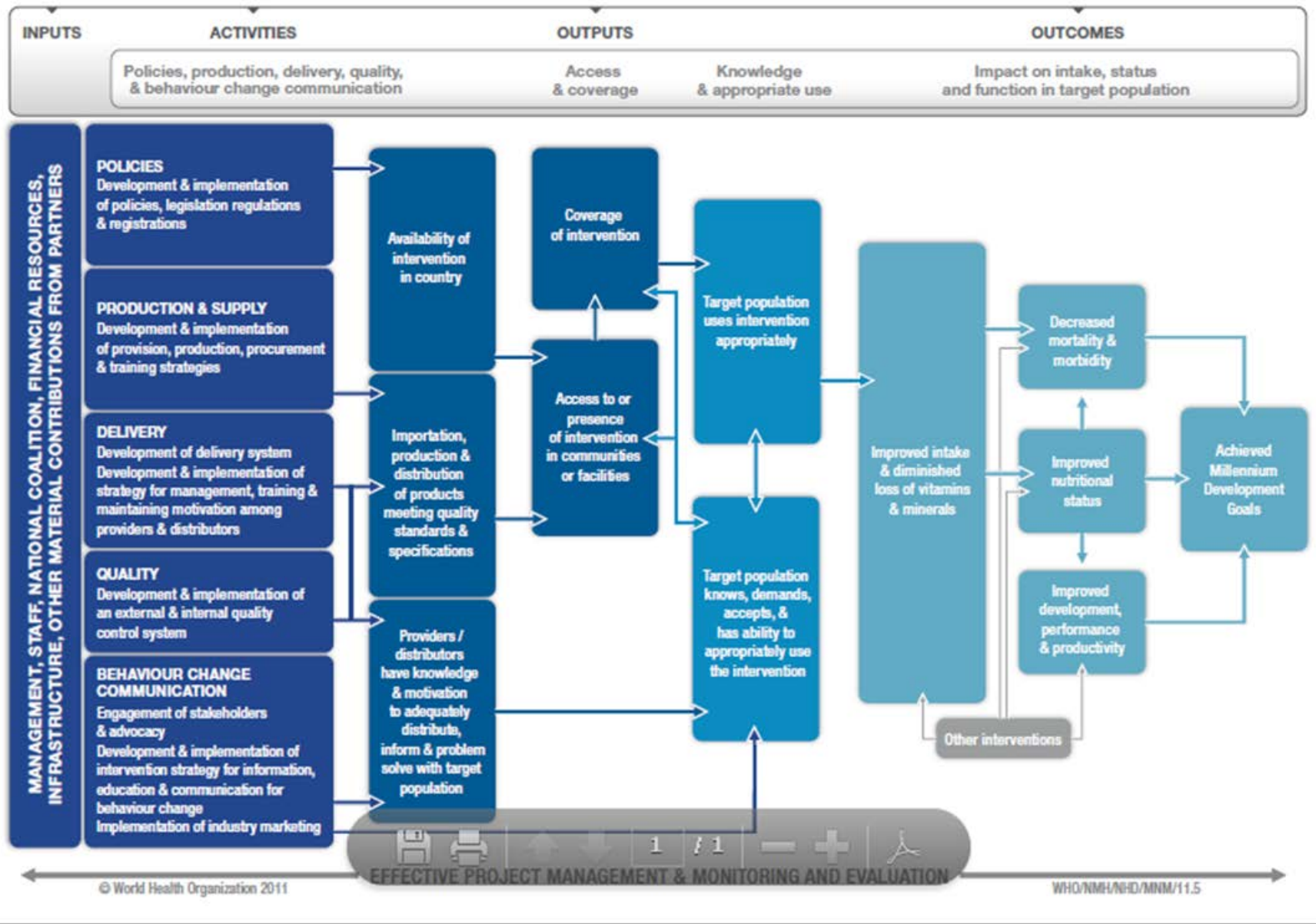
- Kenya's targets in anemia control and prevention
- MI's approach/support to the prevention and control of anaemia during pregnancy
- Background on Kenya's Iron and Folic Acid Supplementation (IFAS) Program
- Revitalization of IFAS Program in Kenya
- Achievements
- Success Factors

Kenya's Targets in anaemia prevention and control

- Kenya National Micronutrient Survey (KNMS) 1999: pregnant and non-pregnant anemia rates at 55% & 46% respectively
- KNMS 2011 results currently under external review
- Kenya has multiple strategies on anemia prevention and control indicated in key health and nutrition country policies and plans
- **The National Nutrition Action Plan (2012-2017)** has 4 strategies: dietary diversification & modification, food fortification and bio-fortification, iron and folic acid supplementation, & public health measures including malaria control and helminths control.
- **Global Nutrition Report 2015** : Kenya is only one of 2 Countries currently on target in achieving WHA anaemia target of 15%

MI's approach/support to the prevention and control of anaemia during pregnancy

- MI supports countries such as Kenya to strengthen iron and folic acid supplementation within integrated and evidence based programs
- MI has adapted the 2011 WHO CDC logic model for program management of key micronutrient interventions
- The approach emphasises the need to prioritize strengthening health systems structures and ensuring they are functioning optimally to realize improved access/coverage ; improved knowledge on appropriate use; and ultimately program impact
- The *process* is as critical as the result



Background: Kenya Iron and Folic Acid Supplementation (IFAS) Program

- IFAS has been implemented for decades as one of the services within Focused Antenatal Care (ANC)
- Before 2012, there was no documented country policy on IFAS for pregnant women
- Various departments within the Ministry of Health were involved in implementing IFAS program with minimal coordination
- There were frequent stock-outs of the commodity in health facilities. Kenya Service Provision Assessment (KSPA) 2012 observed that 40% and 74% of ANC facilities had iron and folic acid tablets respectively.
- IFAS Coverage rate – 69%; Consumption of ≥ 90 tablets – 2.5% (Kenya Demographic Health Survey 2008/9)

Revitalization of IFAS Program in Kenya



The graphic features a green silhouette of a pregnant woman on the left, set against a light green circular background. To the right of the silhouette, there is a yellow rounded rectangle containing the text 'IFAS Iron & Folic Acid Supplements' and 'Huimarisha afya ya mama na ujauzito wake.' Below this, there is a line of text: 'Tembelea kituo cha afya upate maelezo zaidi juu ya IFAS.' At the bottom center, there is the Kenyan coat of arms and the text 'Ministry of Health'.

Meza tembe za IFAS kila siku kwa muda wote wa ujauzito wako.

IFAS Iron & Folic Acid Supplements
Huimarisha afya ya mama na ujauzito wake.

Tembelea kituo cha afya upate maelezo zaidi juu ya IFAS.


Ministry of Health

a) Coordination and Leadership

Opportunity

- 2011 entry of Kenya into SUN movement
- IFAS as one of the HINI being scaled up
- Establishment and strengthening of nutrition-MOH coordination mechanisms – Nutrition Inter-Agency Coordination Committee, Micronutrient Technical Working Group & IFAS Task Force
- Available funds from mainly MI, MCSP-USAID & UNICEF specifically for IFAS

Process and Result

- Development of multi-year plan for accelerated reduction of anemia through IFAS for pregnant women (with coverage and utilization targets)
- Inclusion of IFAS as one of the indicators in Permanent Secretary's Performance Contract (2012)

Challenge

- Limited funds committed by government and partners to IFAS plan execution

b) National Policy on combined IFAS for pregnant women

Ministry of Health

**NATIONAL POLICY GUIDELINE ON
COMBINED IRON AND FOLIC ACID (IFA) SUPPLEMENTATION
FOR PREGNANT MOTHERS IN KENYA**

Purpose of IFA supplementation

To reduce maternal anaemia, risks of low birth weight, neural tube defects in pregnancy and improve overall pregnancy outcomes

Supplementation Composition of Combined tablet/capsule	Iron- 60mg Folic acid : 400ug(0.4 mg)
Frequency	One daily
Duration	From conception to delivery
Target Group	All pregnant women
Type of supplements	They are in tablets or capsule form and may appear in different colours
Administration	Should be taken with meals
Possible side effects and recommended action to take should side effects occur	
Possible side effects	Recommended action to take
1. Effect on gastrointestinal tract	
<ul style="list-style-type: none"> Epigastric pain, nausea, diarrhoea or constipation may be experienced. Faeces may turn black due to unabsorbed iron 	<ul style="list-style-type: none"> Avoid taking high dose vitamin C supplements together with IFA tablet. Eat plenty of fruits and vegetables Emphasize that IFA supplement should be taken with meals This is not harmful and IFA supplementation should continue
2. Inhibiting drug absorption	
<ul style="list-style-type: none"> Iron preparations inhibit the absorption of tetracyclines, sulphonamides and trimethoprim. 	<ul style="list-style-type: none"> Withhold IFA supplementation until treatment is completed.

Note: IFA Supplementation should be part of Focused Antenatal Care (FANC) and mothers should be encouraged to visit their nearest health facility every month.

Dr. S.K. Shairif MBS, MBChB, M.Med, DLSM, MSc
DIRECTOR OF PUBLIC HEALTH AND SANITATION

Date: 28th January, 2013

Opportunity

- New WHO guideline
- Kenya entry into SUN

Process & Result

- >1 year Intense lobbying with MOH key decision and policy makers
- Drafted country policy (Micronutrient Technical Working Group - MOH)
- Adopted and disseminated through circular letter to all health facilities & HW trainings

Challenge

- IFAS intake with malaria drugs

c) Production and Supply of IFA supplements



Production and Supply...

Opportunity

- Multi-year World Bank (WB) grant to MOH for procurement of all essential drugs including combined IFAS for pregnant women

Process & Result

- Successful lobbying with the Department of Pharmacy (MOH) to include the combined IFAS in the Kenya Essential Medicines List (KEML) to ensure routine procurement and distribution every quarter to regional depots and health facilities
- Leveraged on WB training of county pharmacists on pull system – to ensure correct quantification and forecasting (Q&F) of IFAS
- MI funded training of front-line health workers on Q&F as an integrated module within the bigger IFAS/ANC 3-day training

Production and Supply...

Challenge

- Ensuring government contribution to purchasing IFAS to ensure sustainability
- Identifying willing manufacturers to supply quality commodities meeting specifications (coated, combined, blister packaging)
- With the current devolved health and procurement of commodities to County Governments, IFAS is not prioritized and hence not procured.
- Current scope of essential drugs being supported by WB does not include IFAS
- Stock-out situation is now being reported again.

d) Service Delivery Improvement

Opportunity

- Two comprehensive IFAS studies: National Knowledge, Attitude and Practices (KAP) and Formative Study (2 districts) gave insights into key reasons for sub-optimal IFAS coverage linked to health workers
- Health workers IFAS practices were mainly weak in: group & individual counseling and provision of appropriate dose.
- Few health workers had received in-service refresher training on ANC services or IFAS

Process & Results

- From 2012, training was done for 228 MOH managers; 693 health facility workers and 387 community health workers.
- 47 costed County IFAS Action Plans were also developed

Challenge

- Limited funds for training a critical mass of health workers

Facility based Training of Frontline Health Workers



Mbagathi Hospital



Nyamira District Hospital



Emuhaya District Hospital



Muranga, Maragwa rural health centre

Training of Community Health Volunteers



Kwale



Laikipia



Samburu



Vihiga

e) Quality Improvement

Opportunity

- Revision of the District Health Information System (DHIS) hence opportunity for inclusion of key nutrition indicators
- Addition of new reporting nutrition tool within the DHIS – MOH Summary Form 713
- MI support for Large Country – Lot Quality Assurance Sampling (LC-LQAS) Surveys 2013 and 2014

Process & Result

- MOH with support from partners successfully lobbied for inclusion of 2 IFAS indicators (coverage of combined IFAS + separate iron and folic acid)
- Training of health workers on recording and reporting on these new indicators
- Parallel supervision checklist on IFAS – used by trained managers

Challenge

- Recording tool for IFAS (ANC register) remained unchanged until 2015, but printing not yet started

f) Behavior Change Communication (BCC)

Opportunity

- National KAP study and formative assessment identified key socio-cultural factors underlying low IFAS uptake and adherence
- *Key findings:* women took as much IFAS as they were given, spouses and health workers were main influencers and knowledge on dosage & reducing side effects was low

Process & Results

- MOH with partners developed BCC strategy and begun implementing it in phases through various innovative approaches and channels
- IFAS was rebranded using social marketing principles to make it more appealing to pregnant women, service providers and health planners
- The IFAS brand name (pronounced 'I'-FAS) was created and portrayed on print, and audio-visual communication tools and materials.

Behavior Change and Communication...

Process and Results...

- National and regional mass-media campaign – Rebranding of 'IFAS to make it more appealing to primary and secondary audiences
- Capacity building with the teach-back cascade training methodology - the belief that learners retain 90% of what they learn and teach back to others.
- Use of Community Health Volunteers (CHVs) to facilitate community involvement of male opinion leaders and constructive dialogue in mother-to-mother and father-to-father support groups;
- Use of mobile phones - SMS reminders to pregnant women to attend ANC and sustain IFAS;
- Use of social media platforms to engage urban mothers on maternal child health and nutrition issues.



Take one tablet of
IFAS daily during
pregnancy from
conception to birth.

IFAS

Iron & Folic Acid Supplements

Huimarisha afya ya mama na
ujauzito wake.



Ministry of Health

Engaging men through male opinion leaders' dialogue sessions



Behavior Change and Communication...

Process and Results

- 12 million people were reached through mass media: (radio + TV)
- 6000 pregnant women were reached through mobile phone messages
- 362 mothers were sensitized through mother-to-mother support groups
- 503 men were sensitized through structured dialogue
- 25,000 urban women were engaged through social media platforms (face book)

Challenges

- Limited funds limiting implementation of the BCC approaches at scale
- Need to identify model of minimum package of evidence-based BCC interventions that should be scaled up sustainably

Achievements

- **Key LC-LQAS 2014 results:** coverage of any iron was 78%; 50% of women were exposed to IFAS messages mainly through radio, TV and health workers; and the utilization of >90+ supplements (any iron) was 21%
- Renewed discussion and positioning of IFAS program resulting in increased funding for the program by county governments and partners including UNICEF

Success Factors

- Kenya's commitment to global initiatives such as SUN – with IFAS neatly embedded in that agenda
- Government leadership and recognition of the intervention as critical for anemia reduction and ultimate survival of women and children
- Specific IFAS policies, plans and indicators
- Strong partnership and coordination of nutrition stakeholders (multi-sectoral) at national and county level
- Donor support to scale up the specific nutrition intervention
- Community engagement through existing dialogue structures
- Strategic branding and positioning to infuse renewed interest, excitement, and engagement of intended audiences, thus significantly increasing demand for IFAS
- The key elements of the health system need to ALL function optimally for sustained realization of the outcomes/impact

Acknowledgements

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IFAS

Iron & Folic Acid Supplements
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ujauzito wake.



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