

Webinar: Weekly Iron and Folic Acid Supplementation of Adolescents in India

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Presenter: Dr. Sushma Dureja, Ministry of Health and Family Welfare, Government of India

Following are responses to some of the questions that Dr. Dureja did not have time to address during the lively webinar. The questions are grouped by topics.

WHO RECOMMENDATIONS

Q: Earlier this year, WHO released a guideline recommending that menstruating adult women and adolescent girls receive 30-60 mg of elemental iron daily for 3 consecutive months in a year where the prevalence of anaemia is 40% or higher. What are your views on this recommendation, and how, if at all, will this recommendation influence this weekly supplementation programme?

A: Weekly Iron and Folic Acid Supplementation is one of four interventions within a larger programme aimed at reducing the prevalence and severity of nutritional anaemia in adolescents. The programme targets both adolescent girls and boys. As large scale public health programme, the priority is to reach adolescents with a comprehensive service package that provides long term as well as short term solutions. Moderate or severely anaemic adolescents are identified and referred to health facility. Weekly supplementation with IFA coupled with bi-annual deworming and Nutrition and Health Education is found to be the approach best-suited to the Indian public health scenario.

TARGETING

Q: Under this program, India is providing weekly iron folate supplements to adolescents (10-19 years of age). But the wider "National Iron Plus Initiative" covers children 6 months and over, as well as all women of reproductive age via other mechanisms, so how do you reach the children 6 months to 10 years?

A: Children between 6 months to 5 years are being reached through Accredited Social Health Activists (ASHAs), community level health workers. School-going children between 5-10 years are covered through primary schools.

Q: How do you reach the women over age 19? People so often assume gender means reaching girls and women (when it really means being fair to both sexes). Throughout the pilot you had only included girls. What was the rationale, as you scaled up, for providing IFA to the boys as well?

A: WIFS aims to reduce the prevalence and severity of nutritional anaemia amongst adolescents. There are currently 253 million adolescents, 22% of the total population. Anaemia impedes physical as well as cognitive development. As per National Family Health Survey 3 (2005-06), the prevalence of anaemia amongst adolescent boys was found to be high at approximately 30%. Therefore, it was deemed necessary to extend the programme to adolescent boys.

Q: Related to that, why are boys not included in the out-of-school outreach?

WIFS programme reaches adolescents using the available platforms and contact opportunities like Schools and Anganwadi Centres (AWCs). Currently, AWCs provide contact opportunity with out of school adolescent girls. As most out-of-school boys have entered the workforce, they are difficult to reach.

THE SUPPLEMENTS

Q: We recently had a member write to the AREA Community of Practice to ask colleagues about adolescent IFA in India. He wanted to know about enteric coating versus sugar coating of IFA tablets and if there would be a difference in absorption between the two. Has this been discussed and if so, what has been the outcome? How are we ensuring the single dose is bio-available and absorbed at optimal levels? What is the significance of the blue color?

A: WIFS programme was launched in 2012, after formalizing the programme's Implementation Guidelines in consultation with experts. Blue enteric coated tablets were selected, because though the literature suggests lower iron absorption for enteric coated tablets, the evidence is weak and side effects are far less than the sugar coated tablets, so enteric coated tablets were selected for better compliance. Blue was chosen to increase uptake, given the common notion that red tablets are meant for consumption by pregnant women.

BEYOND THE SUPPLEMENTS--ANAEMIA IN INDIA

Q: In your opinion, why is India so affected by anaemia?

A: It is a combination of poor dietary practices and lack of awareness. Worm infestations & chronic infections are also contributory factors.

INVESTMENT VERSUS IMPACT

Q: IFA supplementation has been a component of ICDS for decades, although not necessarily for adolescent girls, and yet India has not been able to make a dent in anaemia. Considering this, what convinced policy makers to invest such a large sum of resources into the WIFS program?

A: India is committed to the health of its adolescents. The programme combines a number of interventions (supplementation, deworming, health and nutrition education, identification of moderately or severely anaemic adolescents) to address this important public health problem in this population. The programme uses not only community workers but also schools as platforms for delivery of services.

Q: Is the government funding fairly well accepted or does it require renegotiation every year?

A: The funding for the programme is provided under National Health Mission. The process is very flexible and has room for State specific activities and initiatives.

Q: With recent health budget cuts in India, what steps are being taken to ensure that this WIFS programme will deliver results?

A: There has been no cut in budgetary allocations for WIFS programme.

Q: Is the government of India prepared to sustain its investment in this program indefinitely or is there a strategy to transfer costs of the program to households?

A: The present policy is to sustain investment in the program.

COORDINATION

Q: Are there regular combined review meetings including all the three dept. officials, to have good response from all the concerned dept. involved at state level? If not, is that possible?

A: Yes, regular combined review meetings of three stakeholder departments are held at National, State, & District levels

Q: For this program, what (if any) has been the government/private sector partnership with any of India's famous pharmaceutical companies?

A: None.

Q: Nowadays, multi-sectoral collaboration seems to be more and more a focus of nutrition. How is the cross-ministerial collaboration working? What mechanisms have you used to foster that collaboration? Do you have any tips?

A: The following steps are being taken to improve cross-ministerial collaboration:

- 1. Formation of an inter-ministerial group at the National level.***
- 2. Inter-ministerial meetings hosted by MoHFW leading to identification and endorsement of activities for further action.***
- 3. Facilitating State level convergence through nomination of State focal officers from stakeholder departments.***
- 4. Focus on improved WIFS coverage through joint reviews and regular State and District level meetings.***

Q: You mention partnerships with academic/training institutes. Would you please provide an example of how you have collaborated?

A: Senior members from academic and training institutes often conduct orientation workshops and contribute to research work.