

Focused Communication Strategy to Generate Demand for Anemia Mukta Bharat (AMB) Program in Uttar Pradesh

The Anemia Mukta Bharat (AMB) strategy has been designed with the objective to reduce the prevalence of anemia by three percentage points per year among children, adolescents and women in the reproductive age group (15–49 years) between the year 2018 and 2022. Learning from the past experiences and coverage of the programs, one of the interventions outlined in the AMB strategy is around – Intensified year-round Behaviour Change Communication Campaign (Smart Body, Smart Mind) to maximise the coverage of the program.

Overview

The Government of Uttar Pradesh (GoUP) is committed to complying with the objectives set out under the AMB strategy of the POSHAN Abhiyaan. The AMB strategy aims to strengthen the existing programs and platforms and foster new strategies for tackling the prevalence of anemia. After several rounds of discussions, the state decided to employ this intervention for amplifying demand and address the concerns of the implementors and stakeholders.

Over the years, anemia has been a critical public health issue in the State, and despite best efforts in this direction, progress has been slow. An analysis of the situation in UP pointed to the following gaps in the existing programs to reduce anemia (Figure 1):



Figure 1: Issues identified by the state in anemia programs

These programmatic constraints have been accentuated by sub-optimal nutrition practices among families and communities, which affect the dietary intake and practices of vulnerable age groups like children, adolescents, pregnant and lactating women. There are challenges related to perception, awareness, intention, skills and actual practice. In adherence to the national AMB operational guidelines, which advocates for an intensified year-round Behaviour Change Communication (BCC) Campaign (Smart Body, Smart Mind), GoUP adopted an AMB Communication Strategy to build demand for IFA supplements.

Key Methodology, Objectives, and Approaches of the Communications Strategy

A synergistic collaborative method by key implementation departments and networks – *Department of Health and Family Welfare, Department of Women and Child Development (ICDS), Department of Panchayati Raj, Department of Education, Department of Rural Development (Uttar Pradesh State Rural Livelihood Mission - UPSRLM), Youth networks (Bharat Scouts and Guides or BSG, National Service Scheme or NSS and the National Cadet Corps or NCC)* has been followed to achieve the desired results for anemia reduction. The Strategy was rolled out in two phases (Figure 2).

- 1 PHASE 1 (November'19 - March'20) focused on:**
 - One-month intensive campaign to intensify nutrition programs (IFA consumption, diet, deworming) for school going children and adolescent girls and boys in schools, (5-19 years)
 - Fortnight campaign to intensify nutrition program targeted for pregnant women
 - Strengthen services and supplies for all age-groups
 - Establish convergence and coordination mechanisms at the state and district levels primarily for unified interventions by Health, ICDS, Education, PRI and civil society organization.
- 2 PHASE 2 (March 2020 onwards)** of the campaign was planned as a full-fledged program with optimum supplies, demand generation and partnerships. However, it could not get implemented due to COVID led disruptions.

Figure 2: Phases for roll out of demand generation strategy

Training and orientation programs have been planned for block, district and state level officials in phase 2.

The objectives of the communication strategy included:

- a. To create enabling environment and demand generation using 360-degree communication approach
- b. To improve coverage and compliance to IFA tablets using focused campaigns for following target groups
 - School going children and adolescents through teachers
 - Home visits for non-school going children
 - Pregnant women using community mobilization approach using platforms such as PMSMA days, VHND and CBEs
- c. To engage influencers to mobilize community and support in creating enabling environment
- d. To focus on messaging on other interventions like biannual deworming, dietary diversity, test and treat anemia.

Thus, the strategy adopted a three-pronged approach (Fig 3)

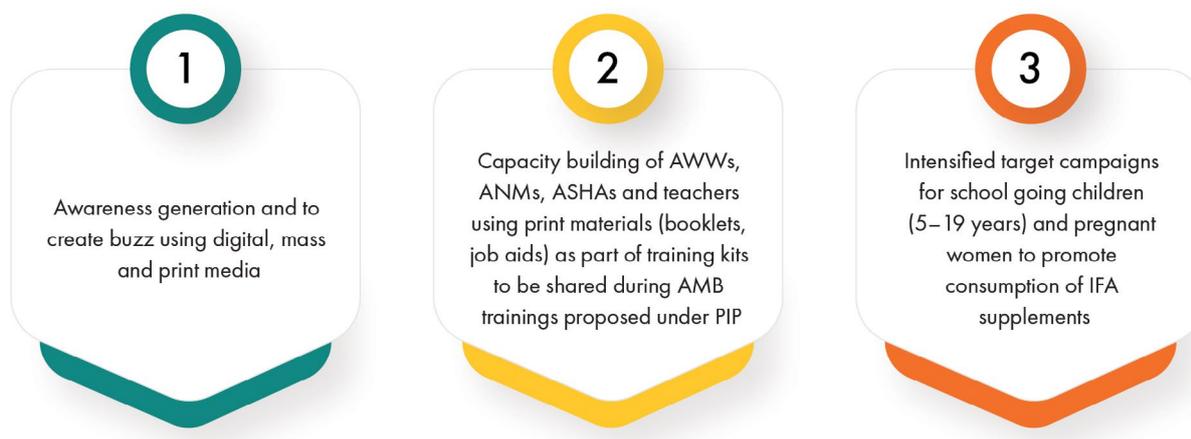


Figure 3: Approach adopted for the communication strategy

Key Initiatives - Processes and Activities

I State-level Pre-Roll Out Activities

The roll-out/implementation of the AMB communication strategy was planned at five levels, namely at state, district and block levels, and schools and community. The roles and responsibilities were meticulously designated to each department in alignment with their larger departmental mandate.

The Department of Health and Family Welfare (DHFV) led the implementation of the Strategy. It was supported by the Department of Women and Child Development (ICDS), Departments of Basic and Secondary Education, Department of Panchayati Raj and Department of Rural Development (UPSRLM). Rashtriya Kishore Swasthya Karyakram (RKSK) and youth networks such as NSS and the BSG have played an active role in implementing the Communication Strategy.

- STEP 1** A state-level Communication Action Plan was developed, which served as the guideline for implementing the AMB Communication Strategy at the State, district and block/community level.
- STEP 2** The guidelines for implementing the said plan were issued by the Mission Director, National Health Mission (NHM) to all line departments that included Medical Health and Family Welfare, ICDS, Basic Education, Secondary Education and Panchayati Raj, along with youth networks like the NCC, NSS and BSG, the cadre of Chief Medical Officers (CMO) and the different District Health Societies (DHSs).
- STEP 3** Followed by this, the line departments issued letters and guidance notes to implement activities at the district level.

State-level implementation of the proposed Communication Action Plan¹

Initially, the State accessed and adapted the national level AMB related content from the Gol portal as per the state requirement. An AMB dashboard was developed to monitor activities and progress as per the action plan. The key actions taken by the State are as follows:

Social Mobilization and Community Engagement	Media	IEC Material
A state-level partner sensitisation workshop was undertaken to garner support from them to implement the campaign at the district level.	NHM UP and the Information Department developed a comprehensive media plan for television (TV) and radio for state and district level dissemination.	IEC materials were developed and designed at the state level and printed by districts. AMB nodal teachers and schools were provided with the Posters, a Teacher's Handbook and a Four Mantras Booklet during their training.
State-level sensitisation and orientation of religious leaders were undertaken to educate them on anemia and its ill effects, the urgent need to address the issue, and the steps to tackle the issue.	Five quarter-page print media advertisements for five specific target groups were designed and published by the NHM UP and the Information department.	Flipbooks, calendars and pamphlets were designed for AWWs to counsel out-of-school adolescent girls, mothers of small children, and pregnant and lactating women.
Themes were developed for folk shows and submitted to NHM. Based on these themes, districts like Balrampur organised training of folk troupes to conduct folk shows.	State-level media sensitisation workshops were organised for editors and correspondents to orient and enthruse them to cover human interest stories during the AMB campaign. Further, these workshops cascaded to the district level with the support of Partners.	Systematic distribution of IEC materials was planned prior to training and orientation of health functionaries and school teachers. Ensured it was widely used during the training of teachers and FLWs, and later with school children and community members.

¹ UNICEF and CFAR supported the adaptation and development of state specific AMB content. CFAR supported NHM and the Information Department in developing a comprehensive media plan for TV and radio. UNICEF provided technical support in developing content for print advertisements. UNICEF and CFAR provided technical support to the Department of Medical Health and Family Welfare to vet content for media sensitisation and organise their orientation at the state and select districts.

II Key actions taken at the district-level

a. Formation of a District Task Force (DTF)

- DTFs were formed under the overall leadership of the District Magistrate (DM).
- The AMB Nodal Officers were mandated to develop the action plan for the district in consonance with the guidelines, protocols and standard operating procedures.
- The activities were rolled out under the guidance of DTFs at the district, block and community level.

b. Building visibility through rallies at the district level

- The Strategy focused on high impact events such as rallies to create visibility and buzz.
- District rallies were allocated INR 40,000, and block-level rallies were assigned INR 5,000.
- Districts ensured the participation of school children, NCC cadets, NSS volunteers and BSG.

c. Sensitisation meetings to build support for AMB campaign

- Religious leaders and media were engaged and made aware of the mandate, objectives and activities through sensitisation workshops.
- The media sensitisation workshop was steered by the CMO of the district and facilitated and supported by CFAR and SMNet.
- Sensitisation workshops for religious leaders were held in some districts. The voices of these religious leaders were gathered and disseminated in the media for broader coverage.

d. Capacity building of FLWs and School Teachers

- District and block-level orientation and capacity building
- Training and orientations were undertaken in cascade mode.

STEP 1 Orientation meeting was organised at the district level to brief the district and block-level officials from key departments, including Health, Education, ICDS, Panchayati Raj and Food Security.

STEP 2 Trainings were taken forward at the tehsil and block levels for the remaining block and sub-block-level functionaries.

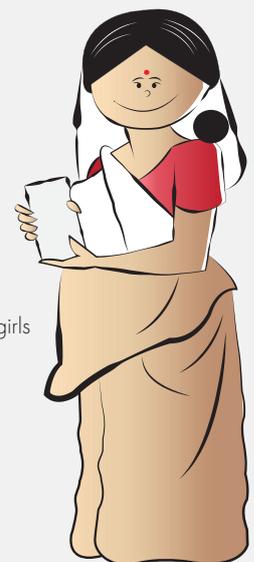
STEP 3 District Programme Manager and ICDS Supervisors held the orientation of AWWs, whereas MoICs and MOs took forward the training and orientation of ANMs and ASHAs at the CHC level in batches.

FLWs were trained on

- 1 Mandate of AMB; Causes, Symptoms, treatment and testing for anemia
- 2 Effects of malnutrition in children
- 3 Identification of malnourished children and anemic adolescents and women
- 4 Need to building awareness among communities on taking care of anemic pregnant women
- 5 At AWC:
 - ▶ Measure haemoglobin (Hb) and weight
 - ▶ Ensuring adequate I FA supplementation
 - ▶ Counselling adolescent girls on personal hygiene
- 6 Evaluate and address nutritional needs of pregnant and lactating women, infants, newborns and adolescent girls
- 7 Correct way of consuming iron tablets
- 8 Role of physical rest and balanced diet for pregnant women and adolescent girls
- 9 Key drive home messages
- 10 Orientation on the guidelines and how to maintain records

Tools used in training the FLWs

- ▶ Mock sessions
- ▶ Videos
- ▶ Playacting
- ▶ Lecture demonstrations
- ▶ IEC materials to explain various concepts and components and
- ▶ How to make optimal use of I EC while working with the community.



STEP 4

In schools, one teacher was made the AMB nodal teacher in every school. Training of nodal teachers was held under the overall supervision of the Block Education Officers (BEOs), with support from the Health Department.

Teachers were trained on

- 1 Guidelines and IEC materials
- 2 Orientation on various facets of anemia
- 3 Importance of IFA supplementation among children and its benefits, correct dosage and administering of tablets to children of different age groups having varied symptoms
- 4 Concepts of hygiene and cleanliness
- 5 Guidelines on when to administer the tablets accompanied by activities
- 6 Use of these IEC materials

**Tools used in training the Teachers**

- 1 IEC material such as poster, Four Mantras Booklet and the Teacher's Handbook
- 2 Messages related to malnutrition and anemia were weaved into the school curriculum, using morning assemblies, parent-teacher meetings, school management committee meetings
- 3 Usage of art, craft, theatre, folklore and competitions was encouraged to engage with students
- 4 Posters on display for children and teachers to see, so that anemia related key messaging could be reinstated

Rallies at the block level to create visibility

School level activities to ensure effective IFA supplementation through RBSK Program

Engaging with CSR initiatives to ensure last mile coverage for improved awareness

Nuturing kitchen gardens in schools

Strengthening existing structures and platforms in the village to leverage the AMB program

Drawing attention to Anemia by observing special days such as Ladli Divas, Kishor Divas, God Bharai, Mamta Divas, Fathers Day and POSHAN Pakhwada

Garnering support from religious leaders and other community gatekeepers by actively involving them in public meeting and one to one interactions

Outreach activities for community mobilization

Monitoring, review and feedback mechanism

A rigorous monitoring and review mechanism has been established to closely monitor the roll-out of the demand generation strategy for the program and timely review to identify the gaps.

1. District level monthly review meetings of the District Health Society (DHS) was held along with Health, Education, ICDS and Panchayati Raj departments.
2. Block-level monitoring of activities was done through a block-level committee.
3. Field visits were undertaken to monitor the implementation of the strategy in collaboration with CDPO and RBSK team.
4. AWCs were closely monitored for supplies of tablets and on the usage and display of IEC materials. The Strategy was rolled out under the guidance and supervision of BEOs in schools. The school-level activities were monitored at several stages:
5. Community feedback meetings were held in the janpad to seek community members' views on the importance of the program, its benefits, challenges, and suggestions.

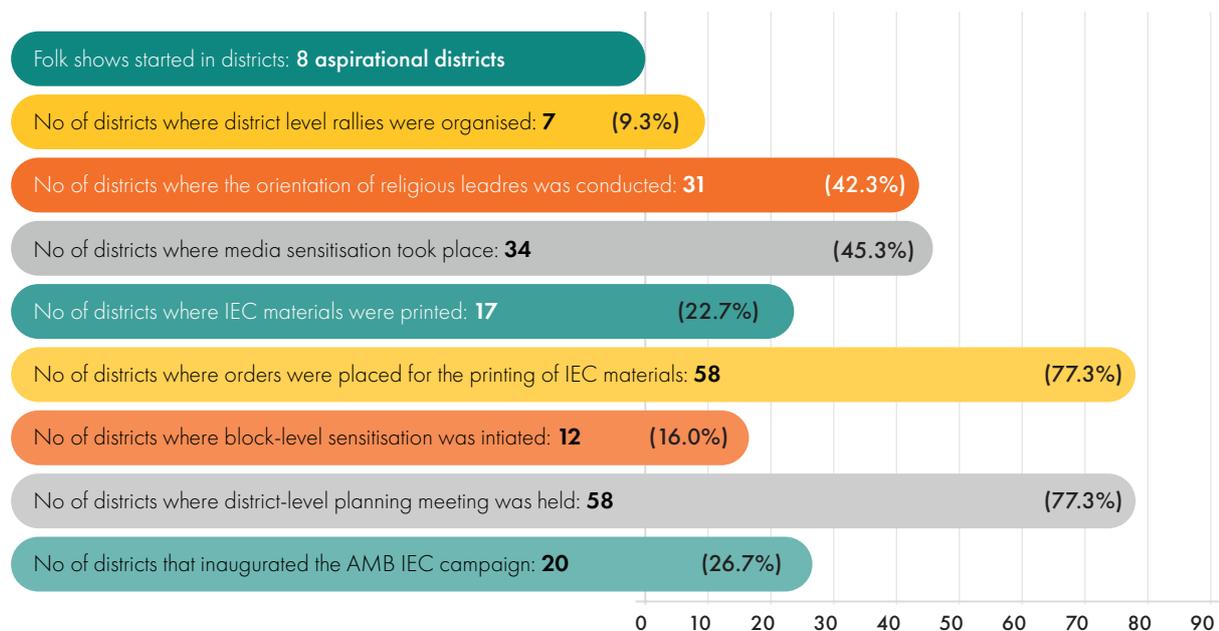
Program Monitoring was carried out by RBSK team

Monthly feedback meetings were organized by Education department. The meetings were supported by photos taken by the teachers during the school event for the ease of monitoring

Nodal principals attended the AMB review meetings at the block level and the monthly review meetings at the district level.

I Outcomes²

As of 28 December 2019, the progress of the AMB Communication Campaign in the 75 districts of UP was as follows:



² Implementation of the AMB Communication Strategy was initiated in most of the districts between October and November 2019. The Strategy had envisaged completion of Phase 1, which was the campaign mode, by March 2020. The T3 camps could not be organised due to challenges and systemic delays. The onset of COVID-19 and the resultant nationwide lockdown has been a setback for the campaign, having disrupted its implementation. In the limited period that the campaign was implemented, it showed encouraging results and evidence of change. Alongside, it also drew attention to challenges related to the community's mindset and its perceptions of IFA supplementation. At the programme level, it provided for scheduling of activities and addressing issues related to supplies and human resources. [file:///ipe-fsm01/Home\\$/noveenas/Documents/Practice%20Insight/AMB/AMB_Communication%20Strategy%20in%20Uttar%20Pradesh_PD_28%20January%202021.pdf](file:///ipe-fsm01/Home$/noveenas/Documents/Practice%20Insight/AMB/AMB_Communication%20Strategy%20in%20Uttar%20Pradesh_PD_28%20January%202021.pdf)

II Key Challenges

At the community level

- » **Poor levels of education and awareness among adolescent girls:** Many adolescent girls who did not go to school are ignorant about health and nutrition. Hence, they threw or discontinued the IFA tablets due to loss of appetite and nausea.
- » Not enough support from sarpanch: It was challenging to convince the menfolk especially ward members, sarpanches, and others to prioritise anemia.

At the healthcare level

- » **Increased workload of ICDS supervisors and ANMs:** It was challenging to roll out the campaign on a mission mode for the FLWs. The ICDS Supervisors found it difficult to allocate time for supervision and handholding of AWWs.
- » **Fear amongst different cadres of staff:** Negative perception of IFA supplementation led to a fear among teachers and FLWs that they would get admonished by parents if there were any side effects.

At the programme level

- » **Timely receipt of IEC materials in districts and AWCs:** In some districts, there were instances of not receiving the materials on time, while in others, materials could not be printed due to delay in finalising the design and content.
- » **Spread of kitchen garden concept hampered due** to a lack of space in urban areas. The schools ran short on staff or locking the school after school hours made it difficult to develop a kitchen garden.
- » **Coordination and convergence among the departments:** The inter-departmental coordination, convergent actions, and meetings were becoming a challenge with varying and multiple levels of commitment.

III Key Learnings

Preparedness at the State Level: It is imperative to have a state-level orientation and an intensive communication campaign before launching a large-scale programme. It helps develop a shared understanding and enhance the commitment of the partners and stakeholders.

Establishing a rigorous monitoring and review mechanism: Rigorous monitoring and timely reviews are essential for sustained demand generation campaigns.

Special focus on IEC activities: IEC campaigns during the pre and post roll-out phase of the program and the timely supply of IEC materials are crucial for the effectiveness of large-scale initiatives. IEC campaigns should be held frequently.

Pivotal role of Community in strengthening the program at the grassroots level

- Community leaders can be mobilised to spread awareness and give accurate information.
- Teachers can play a significant part in spearheading the nutrition debate in schools and create a culture where the subject is discussed and kept alive.
- Religious leaders and influencers can emphasise on addressing negative perceptions and misinformation around key nutrition issues and anemia.
- Communities can be mobilised through greater interactions, especially target groups and parents of children and adolescents.
- FLWs should be supported by the community elders, religious leaders and supervisors to strengthen the confidence of the community around messaging.
- Lastly, continuous engagement with menfolk through appropriate forums such as gram panchayat, ward and gram sabha meetings, with targeted IEC approaches, is crucial in changing mindsets and bringing in nutrition behaviour change in the community.

This document has been adapted from the process document titled, Implementing the Anemia Mukht Bharat Communication Strategy in Uttar Pradesh developed by UNICEF.

The partners that supported the implementation included

- » Centre for Advocacy & Research (CFAR) - supported and organized media workshops in districts
- » Plan International - Supported implementation in their districts.
- » Polio Social Mobilization Network- Supported and organized religious leaders' sensitization in the districts
- » Immunization Technical Support Unit (ITSU) - Supported in planning in 25 districts where they had a presence

About the Document

Anemia is a grave cause of concern and a public health challenge of colossal proportions for the country despite concerted efforts being made by all the stakeholders involved.

The Anemia Mukht Bharat (AMB) program intensified and added to the interventions and endeavours being made under the National Iron Plus Initiative, Weekly Iron Folic Acid Supplementation and other iron supplementation programs. The AMB Compendium of Learnings is anchored in the lessons learnt from efforts made to strengthen the various system pillars for implementation of AMB program in Chhattisgarh, Jharkhand, Madhya Pradesh and Uttar Pradesh. In addition, the compendium also consists of an intervention on Anemia Control implemented in Odisha, that showed promising results. The package consists of a total of seven documents- an introductory synthesis document and six practice insights.

Authors

We Collaborate for Nutrition (WeCan)

WeCan (We Collaborate for Nutrition) is a national level platform to foster cross-learning within the nutrition community, to collaborate and to leverage each other's experiences. WeCan facilitates scaling up of proven interventions for optimal utilization of resources and time to improve nutrition outcomes in India. Our goal is aligned with the overarching mandate of POSHAN Abhiyaan, a multisectoral nutrition flagship program of the Government of India. We work with a special focus on Maternal, Infant and Young Child Nutrition (MIYCN) and its key thematic areas.

UNICEF

UNICEF is the global leader promoting and protecting children's rights in 190 countries, including India. This document has been adapted from the process document titled, Implementing the Anemia Mukht Bharat Communication Strategy in Uttar Pradesh developed by UNICEF.

Contributors

This document is a collaborative effort. It has been developed with inputs from National Center for Excellence for Advanced Research in Anemia (NCEAR-A), National Health Mission (NHM), Chhattisgarh, NHM-Jharkhand, NHM-Madhya Pradesh and contributions and inputs from the following development partners:

National Center for Excellence for Advanced Research in Anemia (NCEAR-A)

NCEAR-A is partner institute of the AMB program. To enable accelerated anemia control in India, under the aegis of Anemia Mukht Bharat – National Health Mission, National Centre of Excellence and Advanced Research in Anemia Control (NCEAR-A) has been established at Centre for Community Medicine, All India Institute of Medical Sciences (AIIMS), New Delhi.



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