

Governance Initiatives for Improved AMB Implementation in Madhya Pradesh

A strong well-defined policy at the national level is the foundation for effective governance. However, policy adoption and implementation require structured program development, accountability and committed actions at the sub-national level. This practice insight captures learnings from governance measures adopted by Madhya Pradesh in the context of Anemia Mukht Bharat (AMB) Program that has helped the state in improving implementation.

Overview

Anemia is a major public health challenge in Madhya Pradesh despite continued efforts to address the condition. While the prevalence of anemia has decreased for some of the age groups since the third National Family Health Survey (NFHS-3) and NFHS-4 shows improvements, yet more than half of the women and adolescent girls in the state are anemic. The roll out of AMB program provided an opportunity to the state to build on existing interventions and re-calibrate systems for improved implementation and service delivery.

Key Interventions and Processes Undertaken

Reducing the prevalence of anemia was already a 'stated intent' in Madhya Pradesh before the launch of AMB program.

Operationalising the strategy and new guidelines under AMB program in the state entailed development of an overarching framework by National Health Mission (NHM), Madhya Pradesh with focus on the key aspects delineated in this section.

Framing a clear policy adoption strategy

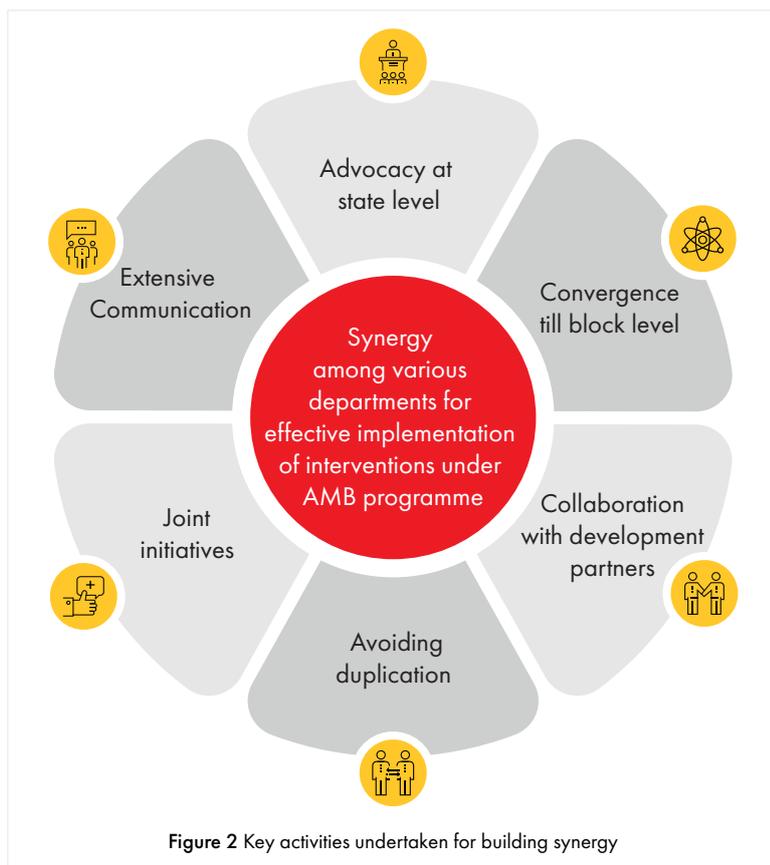
NHM adopted the strategy of developing extensive policy guidance at all levels- state, districts and blocks, with support from development partners. The guidelines existing under National Iron Plus Initiative (NIPI) were revised and directives were issued to all public health officials, including the Chief Medical and Health Officer (CMHO), to begin with. Specific measures undertaken are illustrated in Figure 1.



Figure 1: Setting the Stage

Enabling Collaborative Actions

a Building synergy among concerned government departments



- » Advocacy with the respective senior bureaucrats at the state level to develop shared priorities
- » Insistence on convergence at district and block levels by enabling regular communication between BPM, BCM BDOs, CDPOs, and school education officers, initiating joint development plans and monitoring meetings
- » Leveraging the existing action plan of DWCD for maternal and child nutrition to avoid duplication of efforts
- » Joining hands with all concerned departments to organise community outreach (e.g.-T3 camps for treating anemia, National Deworming Day)

b Building Linkages and collaborations with development partners

The NHM initiatives involved a policy for building sustained and continued collaborations with development partners already working in the state and leveraging their areas of expertise for system strengthening. Key partners supporting NHM in AMB implementation in Madhya Pradesh include UNICEF, Nutrition International, Clinton Health Access Initiative (CHAI) and Evidence Action.

Instilling Accountability

a Joint Directives

NHM in collaboration with other departments developed a clear framework of accountability for all the stakeholders pertinent to the program till the community level. Joint directives were issued from all the concerned government departments including Department of Women and Child Development (DWCD), Department of Education, Department of Tribal Welfare to ensure that AMB guidelines were being followed till the last mile. All the officials at block and district levels were entrusted with responsibilities through directives to collate data on coverage of IFA supplements and activities pertinent to AMB program and submit reports at regular periodicity.

b Reporting and Review Mechanisms at block and district levels

A crucial step undertaken in MP was overhauling the reporting systems, with a focus on reporting of IFA coverage. As per decision taken at the state level, programme is monitored every month under the chairmanship of respective District Collectors (DCs) along with key officials and representatives from respective departments through meetings, followed by corrective steps. All along regular inputs to the districts have been provided from the state through divisional review meetings on biannual basis.

Modifications were made in these directives in the wake of the pandemic to ensure continuation of service delivery and its review and reporting. Tele-calling was used to ensure continuance of monitoring during the pandemic.

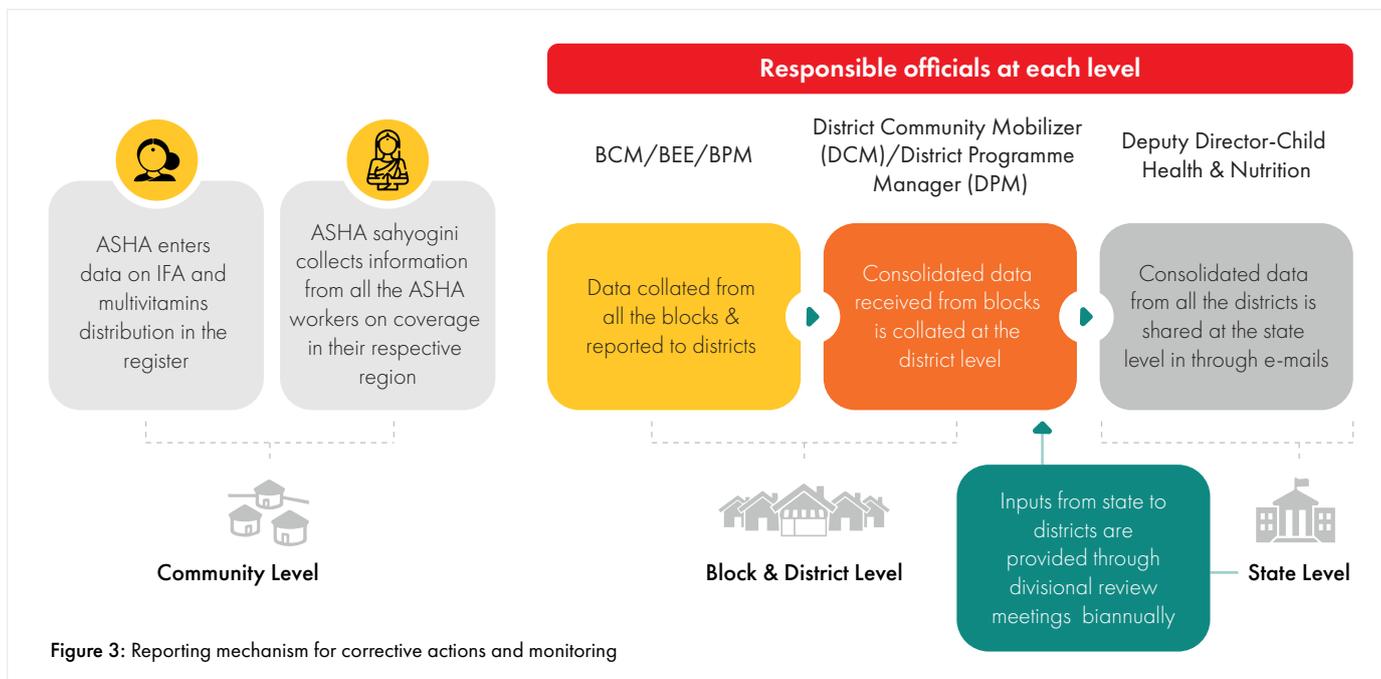


Figure 3: Reporting mechanism for corrective actions and monitoring

Capacity Building

NHM laid emphasis on two major components to build capacity for implementation of AMB program based on the operational guidelines: **technical support, joint trainings and orientation.**

- a Techno Managerial Support:** The technical support unit was established at AIIMS, Bhopal with the support of development partners. NHM, Madhya Pradesh issued directives to all the Chief Medical & Health Officers of all the districts to support the field monitoring officers appointed by AIIMS to map program implementation in the districts.

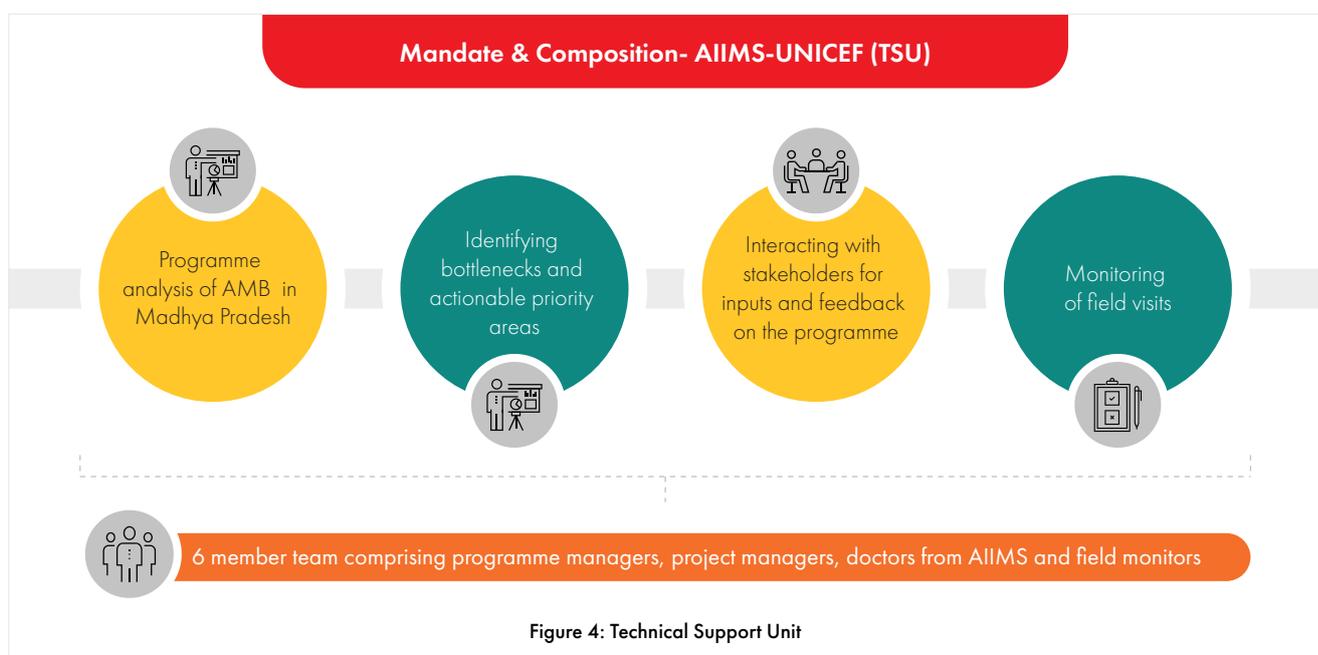


Figure 4: Technical Support Unit

- b Training & Orientation:** Joint training programmes were initiated at the district level for block officials from education, health and ICDS departments. At the block level, orientation and training programs were made mandatory for all the field level workers including ASHA, ASHA Sahyogini, Anganwadi workers and school teachers.

Budgetary Allocation and Utilization

NHM, Madhya Pradesh leveraged e-Vittapravaha the web-based application for management of NHM-Performance Implementation Plan (PIP), budget and fund flow for ensuring timely disbursement of funds for activities under the AMB programme and tracking fund utilisation for corrective measures. Disbursement of funds and utilization was tracked at the block level activity-wise. Systematic monitoring helped to ensure timely flow of funds and expenditure.

With the support of UNICEF Delhi NHM-MP has also worked on budget analysis and addressing the budgetary gaps in planning and further allocation, utilization and expenditure.



Addressing Supply and Demand Bottlenecks

Some of the key measures taken to improve supply and demand included

- » Inclusion of all the 32 drugs including IFA supplements and multivitamins were included in the drug list to improve procurement and supply
- » Stringent implementation of Policy decision of biannual procurement to improve the access of IFA Commodities up to the last mile and for time bound indent generation from CHC/PHC level.
- » Addressing bottlenecks in supply chain by leveraging existing Vaccine Delivery Mechanism and Gram Arogya Kendra (GAKs) to establish assured delivery mechanism for all types of IFA commodities along with other EDL required at GAKs, AWCs, Schools and HWC facilities respectively.

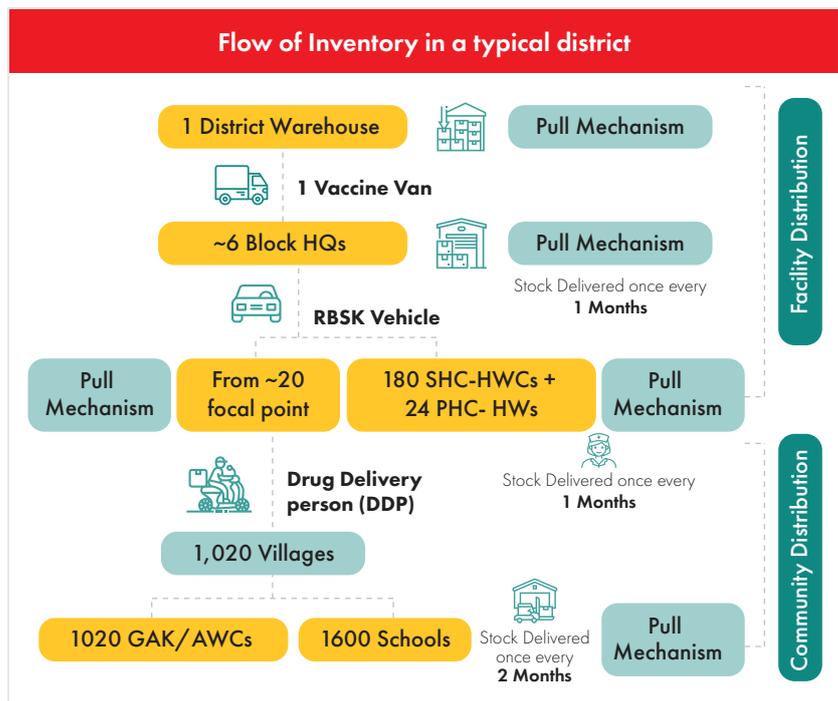


Figure 5



Some IEC materials for AMB Campaign

- » Integrating a multi-dimensional approach into the system using schools, anganwadis and home visits to ensure coverage of IFA among children and adolescents under the program. Home visits and activities at Anganwadi centres are being used by ASHAs to access out of school adolescents.
- » In order to strengthen demand for services under AMB, policies, guidelines, strategies and plan for creating awareness on the AMB program were devised. This included spreading awareness on benefits of IFA supplementation and albendazole administration through social media avenues in addition to inter-personal counselling and other traditional methods of communication. This was further revised as per state needs and for inclusion of other left out areas under AMB.

Additional efforts in the wake of COVID

Guidelines were revised to ensure age specific doorstep delivery of IFA at the community level.

- » NHM joined hands with development partners to set up tele-calling mechanisms, setting up call centres at the state level to track programme implementation and supply distribution.
- » Telephonic surveys were used wherever required by ASHA sahyogini to gather the knowledge levels and accuracy of coverage data.
- » Frequent virtual trainings and handholding support have been provided up to last mile (District- Block- FLWs) to ensure the uninterrupted implementation and access of IFA Commodities.
- » The distribution of supplements has been ensured in buffer and containment zones through mobile medical unit.
- » Revised reporting mechanism has been developed and implemented PAN State to maintain timebound submission and quality of entire coverage data.
- » Social distancing, masks and handwashing practices were made mandatory for all service delivery (including IFA distribution and administration) trainings and contacts.

Key Outcomes

- » **Policy Coherence:** The initiatives undertaken by NHM has helped in creating policy coherence among various nodes of AMB architecture (WCD, Food & Civil Supply, Health, Tribal Welfare, Education). It helped in progressing the program implementation in the state. Completion status of indicators as per AMB is presented in the table below (Source AMB till December 2019):

Sector	Milestones	Status Y=Yes N=No
Programme roll-out	State Nodal office appointed	Y
	District nodal officer was appointed in All District	Y
	AMB components budgeted in PIP 2019-20, as per financial norms in AMB guidelines	Y
	Intra-department sensitization meeting held on expectations from other divisions	Y
	Inter-ministerial sensitization meeting held on expectations from HRD, MoTA & allied ministries	N
	State-level sensitization meeting(Launching) AMB conducted	Y
	All District sensitization meetings were held	Y
Supplies	AMB supplies as part of EDL	Y
	(IFA SY)	Y
	(IFA Pink)	Y
	(IFA Blue)	Y
	(IFA Red)	Y
Supplies	State review on supply chain management bottlenecks held	Y
	State processes initiated for introducing IFA supplies as per new specifications (sugar coated, 60mg)	Y
Capacity building	Training module developed and contextualised for state	Y
	State Resource pool of master trainers by MOHFW	Y

Sector	Milestones	Status Y=Yes N=No
Capacity building	Training load assessed and training plan in place	Y
	All medical officers, staff nurse, ANM trained test and treat approach	N
	Training package included in training of teachers and Frontline Workers	Y
	All training batch completed for medical officers, staff nurse, ANM trained test and treat approach	N
	AMB included as agenda point in state level review meeting	Y
M&E including dashboard	Systems instituted/enhanced for streamlining AMB monthly HMIS reporting and uploading quarterly basis at state level	Y
	State has reviewed AMB- six KPI quarterly coverage in quarterly based (4 reviews per year)	Y
	All districts reviewed AMB- six KPI quarterly coverage	Y
Demand generation	AMB Communication Package adapted and available in State language	Y
	AMB Communication Package printed and distributed to health facilities and ANM, ASHAs- Y/N (Attach executed distribution list)	Y
	State media plan (electronic, print) approved and implemented for a full year	Y
	District outdoor media plan (wall writing, bus panels, hoardings) approved and implemented for a full year	Y
	District community media plan (community radio station, folk groups) approved and implemented especially for hard to reach villages	Y
Coordination	Anemia Mukht Bharat steering committee constituted	Y
	Anemia Mukht Bharat steering committee 1st meeting held	Y

- » **AIIMS-UNICEF TSU:** Madhya Pradesh is one of the few states that has successfully established a technical support unit to buttress the AMB implementation in the state. Timely measures such as issuing of directives and follow-up with concerned officials played a crucial role in affecting this. So far, the AIIMS TSU has aided the state in conducting rapid assessments and field level monitoring
- » **Shared Responsibilities:** Intra and inter departmental sharing of responsibilities along with bringing relevant development partners based on their expertise and areas of operations into the fold helped the NHM in garnering support for key activities under the AMB programme.
- » **Improvement in Reporting:** Overhauling of reporting mechanism helped in improved access to data. Including ASHA sahyogini in collecting information at community level before sharing it to the block helped in improved reporting at the ground level. While strengthening of reporting is an evolving process, the reporting and feeding of data in manual registers and portal-based HMIS has shown progress.
- » **Improved Coverage:** The state has been able to cover 90% beneficiaries under the deworming programme, an important component of the AMB 6*6*6 strategy. The coverage of IFA supplementation for various beneficiary groups has also improved, especially for children and adolescents. The coverage and sufficiency have seen improvement since the beginning of January 2020. While the improvement has been affected by a mix of factors, effective governance norms have played a crucial part.

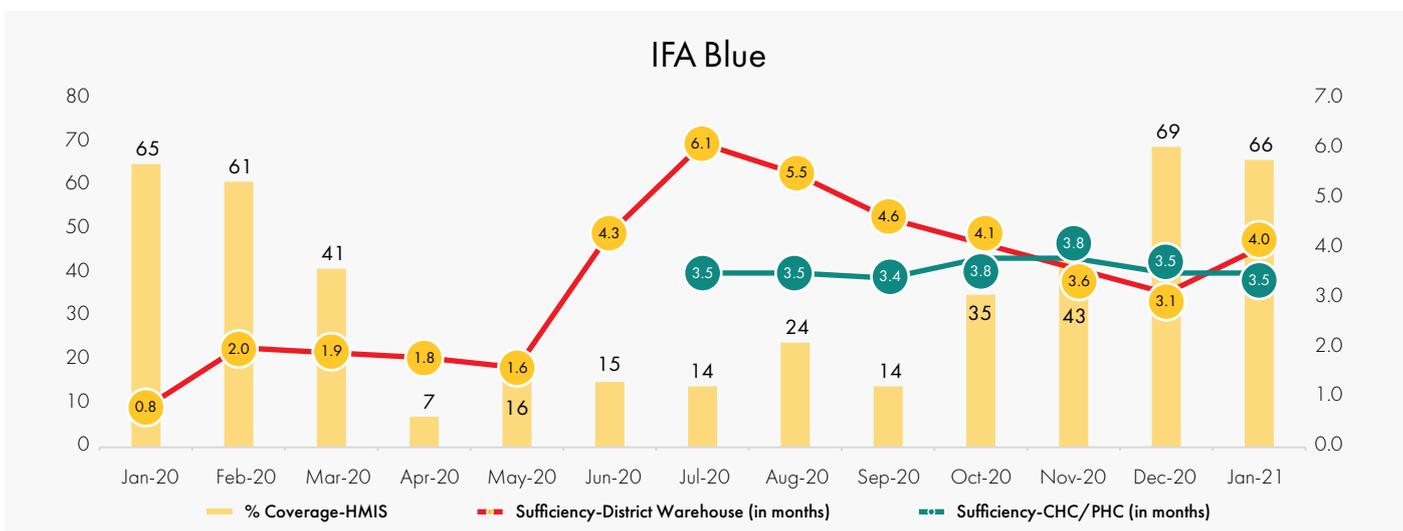
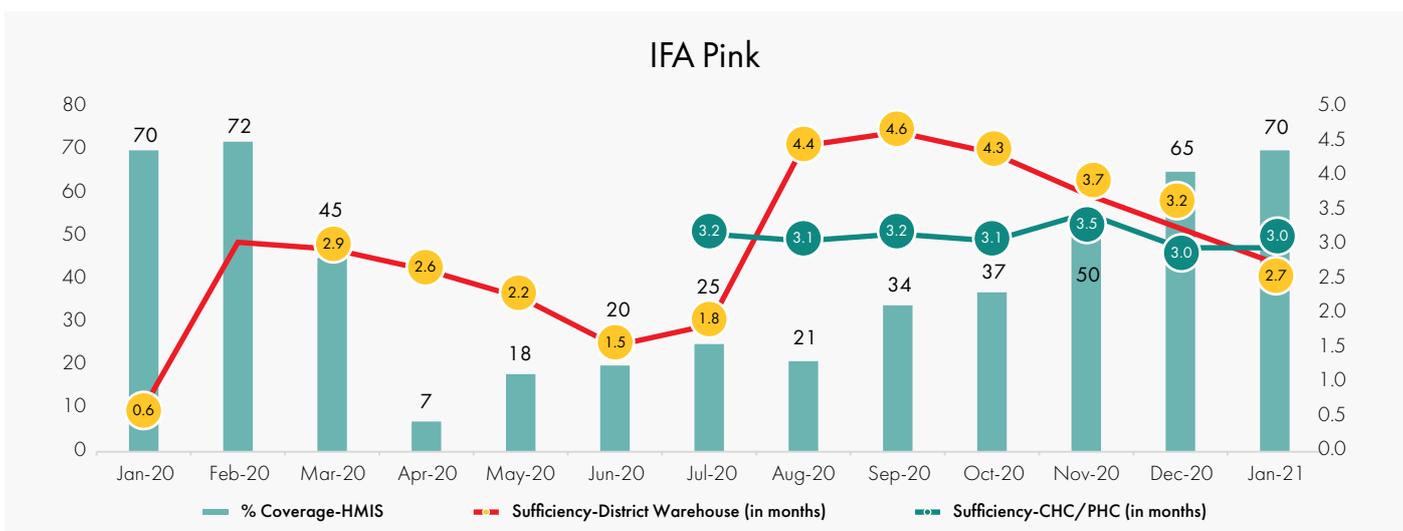
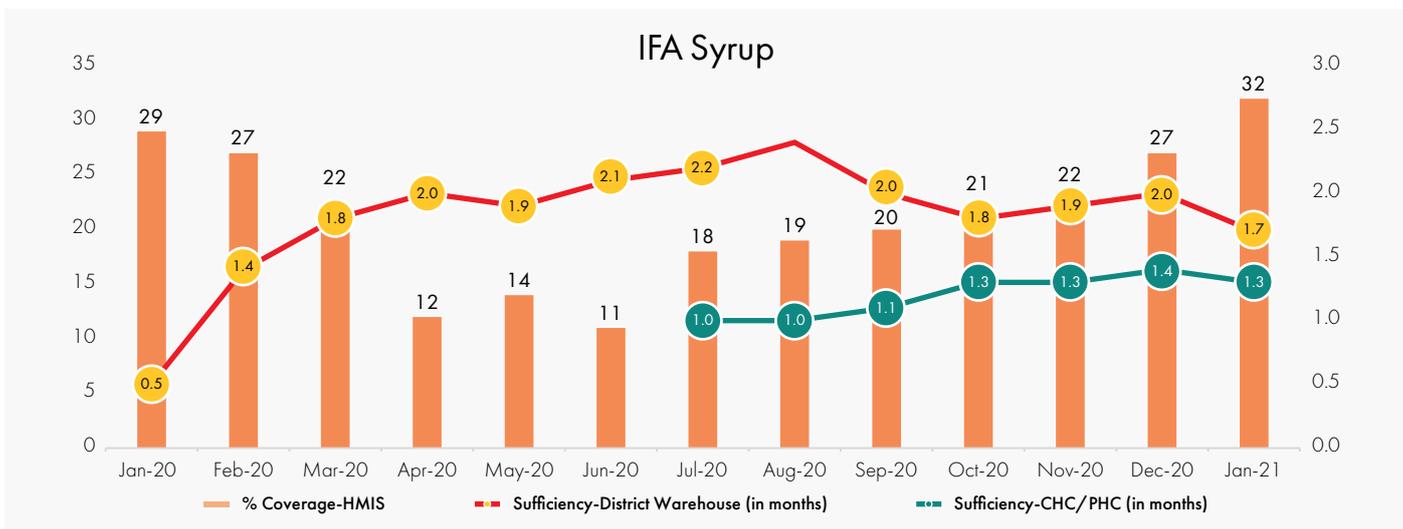


Figure 5: The three graphs above display IFA sufficiency and coverage from January 2020. In the case of sufficiency, there were irregularities in data availability. To track sufficiency data, NHM, MP supported by partners modified the reporting process (detailed above in figure 3) to collect data from the warehouses using a common checklist.

Key Learnings

What helped?

- Having a clear framework for policy adoption, coupled with communication and advocacy with concerned departments at the state level and its continuity at the district and block level helped in achieving both horizontal and vertical policy coherence. Joint ownership of the AMB program has led to better implementation strategies.

- » Multi-stakeholder and multi-sectoral interventions benefit from setting accountability and responsibility for everyone involved. Apart from health, education and WCD, departments such as tribal welfare can be significant in covering different beneficiary groups belonging to different socio-cultural settings.
- » Clarity in reporting mechanisms and defining roles for officials from all concerned departments helped in improving overall program implementation up to last mile and organizing successful treatment camps and actioning capacity building measures.
- » Avoiding duplication of efforts and using existing programmes, helps in reducing additional responsibilities for the departments and encourages convergence.
- » Regular monitoring, feedback and time to time review of the programme helps in bridging the gaps timely and improving programme implementation.
- » Political will and commitment from senior bureaucrats act as catalyst and motivating factor
- » Use of monitoring findings and data from the field helps in bringing the focus on the weak areas.

Challenges

- » Children between 5-9 years of age are not represented under NFHS-4. Hence, estimation of service delivery (Therapeutic Supplementation) need is a constraint for above age group.
- » Long term prophylactic supplementation is not perceived as a benefit by the community. Hence, the programme requires sustained demand generation to convince the community on its significance and severity.
- » Children's dietary diversity and intake of iron-rich foods is extremely low and measures need to be taken to rectify this
- » Improvement in healthy diets, sanitation and hygiene are still a challenge for state
- » Reporting has improved but accurate and timely reporting from grass root level is one of the major challenges due to large number of service delivery intuitions in state.
- » There is no mechanism to track consumption as currently the coverage tracks drug distribution only
- » At present there is no monitoring framework available for SBCC and demand generation, hence, its impact cannot be assessed.
- » Convergence and coordination with broad network who can help in impacting anemia beyond IFA supplementation is yet to pick up in the state.
- » Motivating departments to use their resources remains a challenge for ensuring last mile convergence.

Anemia Mukht Bharat: Compendium of Learnings

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.

Author: 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.

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.

UNICEF

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Address: B-84, Defence Colony, New Delhi - 110024

Email: wecollaboratefornutrition@ipeglobal.com