



## FACTORS INFLUENCING WEEKLY IRON AND FOLIC ACID SUPPLEMENTATION PROGRAMME IN AWCs: A QUALITATIVE ASSESSMENT IN DIBRUGARH, ASSAM

Dr. Ripunjy  
Sonowal

Department of Anthropology, North Gauhati College, Guwahati - 781031, Assam

**ABSTRACT** The Weekly Iron and Folic Acid Supplementation (WIFS) Programme aim to reduce the prevalence and severity of nutritional anemia in adolescent population (10-19 years). In Assam, the WIFS coverage remains very low. The present paper is an assessment of the WIFS programme in AWCs for the out-of-school adolescent girls. It attempts to identify the key factors influencing the programme, and to find/suggest suitable measures for the better coverage of the programme. 30 AWCs under Lahowal and Panitola Development blocks, Dibrugarh district were selected; qualitative data was collected through personal interviews and focus group discussions with the AWWs, ICDS supervisors and the CDPOs of the 02 study blocks. Occasional unavailability of IFA tablets, short supply of WIFS related materials, poor awareness regarding anemia and IFA supplementation, etc. are the key factors. Creating awareness, strict programme implementation and regular supply of IFA tablets is must to make the WIFS programme successful.

**KEYWORDS :** Anemia, Applied anthropology, WIFS, AWC.

### INTRODUCTION

The critical examination of various public health problems have become a challenging area of applied anthropological research. Contemporary anthropologists provide crucial understandings of public health problems; and on the basis of such understandings appropriate interventions are developed and implemented to address the particular public health problem. Anthropologists also work as evaluators of public health initiatives and policies; as well as examine the successes and failures of public health programs<sup>1</sup>. Nutritional anemia is a serious public health problem in India. Adolescents, especially girls, are at higher risk of iron deficiency anemia due to accelerated increase in requirements for iron, poor dietary intake of iron, malaria and intestinal worm infestation; which can have serious consequences throughout the reproductive years of life and beyond<sup>2</sup>. Anemia in adolescent girls affects their reproductive physiology as well as their physical work capacity and cognition<sup>3</sup>; it results in impaired physical growth, mental development, weakness, tiredness, menstrual irregularities, and increase susceptibility to infection. The Ministry of Health and Family Welfare, Government of India has launched the Weekly Iron and Folic Acid Supplementation (WIFS) Programme to reduce the prevalence and severity of nutritional anaemia in adolescent population (10-19 years).

In Assam, an estimated 67.8% girls in the age group of 15-19 years are anaemic<sup>4</sup>. Moreover, in the tea estates (TEs) of Assam, anemia is a major contributing factor to maternal mortality and morbidity; and it aggravates an inter-generational cycle of child survival and development issues. To combat anemia in adolescents, the Govt. of Assam in 2013 implemented the WIFS programme through convergent actions of the Departments of Health and Family welfare, Social Welfare and Education. The target groups in both rural and urban areas comprise school-going adolescent girls and boys (Class 6-12) enrolled in government/Government aided/municipal schools and out-of-school adolescent girls (both married and unmarried) in the age group of 10-19 years. For the out-of-school adolescent girls, WIFS is implemented by the Integrated Child Development Services (ICDS) Scheme through the Anganwadi Centers (AWCs). The strategy involves the free administration of IFA tablets (100mg elemental iron + 500µg folic acid) for 52 weeks in a year; biannual de-worming (Albendazole 400mg) tablets, 06 months apart (February and August), for control of worm infestation; and nutrition health education. The WIFS strategy involves a "fixed day" approach for IFA distribution. It is recommended that Monday be the day on which all schools and AWCs distribute weekly IFA tablets<sup>5</sup>.

However, the coverage of the WIFS programme in Assam remains very low. The programme faces several challenges in implementation in terms of supplies, logistics, compliance, reporting and monitoring. In this backdrop, bearing in mind the large percentage of out-of-school adolescent girls' in TEs, the present brief study is an attempt -

1. To explore and identify the key challenges influencing the WIFS programme in AWCs.

2. To find/suggest suitable measures for the smooth execution and better coverage of the WIFS programme.

### MATERIALS AND METHODS

The present study was conducted in Lahowal and Panitola Development Blocks, Dibrugarh East Revenue Circle, Dibrugarh district, Assam. Dibrugarh has the world's largest area covered by tea gardens. A multi-stage sampling design was adopted for selecting the sample AWCs. Lahowal and Panitola blocks were purposively selected for having large TEs; an equal number of AWCs from the 02 blocks i.e. 20+20 = 30 AWCs located in 06 TEs viz. Bokel, Dikom and Thanai (1) TEs under Lahowal block and Sealkotee, Chabua, and Kharjan TEs under Panitola block were selected by simple random sampling using lottery method. Qualitative data was collected through personal interviews and focus group discussions with the key informants' - the *anganwadi* workers (AWWs) of the sample AWCs, ICDS supervisors and the *Child Development Project Officers* (CDPOs) of the 02 study blocks. AWCs were visited on WIFS Day to observe the weekly distribution of IFA tablets. All the collected data were double checked, systematically sorted out and arranged accordingly.

### RESULTS AND DISCUSSION

#### Key Challenges

Gaps in the supply chain of IFA tablets, monthly reporting formats, registers for recording IFA coverage, individual compliance cards, and IEC materials (anemia, WIFS, nutrition posters). They are supplied at random and not adequately available in all AWCs. The biannual de-worming (Albendazole) tablet administration is a key concern as it is not carried out on a regular basis. Gaps in the training and capacity building of AWWs; most of them do not have a clear concept about anemia, nutrition education and the WIFS programme. The AWWs are not trained in the correct method of using the individual compliance cards, in proper record keeping of IFA coverage, as well as in the use of the monthly reporting formats. The indenting process by AWCs for IFA tablet procurement is very poor. The process is not on a regular basis, primarily due to lack of interest and awareness among the AWWs. Similarly, the monthly IFA coverage reports are not submitted in time. The AWWs face the problem of excessive record maintenance. On WIFS Day, all the adolescent girls cannot manage to come to the AWCs due to tea garden work, harvesting work in agricultural fields (as most of the girls engage themselves as daily wage labours), family reasons, etc. As such, sometimes the AWWs give the IFA tablets for the whole month to the girls to take home; and most of the times the tablets are not consumed at all. Closure of AWCs due to heavy rain and flood in the months of August and September, and due to setting of flood relief camps in the AWCs also hampers the WIFS programme. The AWWs and the ICDS supervisors are engaged in the ongoing National Register of Citizens (NRC) work in Assam. They are also engaged in election related works from time-to-time. Excess work-load and very less monthly honorarium of the AWWs are key factors hampering the WIFS programme. Problems of AWWs – inadequate honorarium, work overload, excessive record maintenance, etc. are also reported by

Thakar *et al.*<sup>6</sup>.

Although nutrition-health education is compulsory, information about correct dietary practices for increasing iron intake, taking preventive actions for intestinal worm infestation and adoption of correct hygiene practices are almost not provided to the adolescent girls. It was observed that the contact details of the emergency response teams of National Health Mission are not available with the AWWs for any immediate action required. Above all, there are many misconceptions and a serious lack of awareness among the adolescent girls and their parents about anemia, its effects, IFA supplementation, etc.

### Suggestions and Way Forward

- Creating mass awareness among the out-of-school adolescent girls and their parents about anemia, its effects, IFA supplementation, etc. Community mobilization and participation is must to make sure the success of any public health programme; hence, stress needs to be put for creating more public awareness regarding the WIFS programme.
- To increase the coverage, it is suggested that the AWCs provide IFA tablets 2/3 days per week (however, consider it as one day). This would facilitate the adolescent girls who missed the first day of IFA administration to come on the second/third day.
- Consumption of IFA tablets on the spot, in front of the AWWs to be strictly ensured. Supervised ingestion is necessary to ensure correct method of IFA tablet consumption i.e. not taken in an empty stomach and always administered with a glass of water.
- The biannual de-worming (Albendazole) tablet administration to be ensured.
- Assessment needs to be done at regular intervals to find the AWCs which need IFA tablets, reporting formats, WIFS record registers, individual compliance cards, anemia and WIFS information posters, etc.
- The indenting process and the supply chain of IFA tablets and all other WIFS related materials to the AWCs must be streamlined and strengthened to ensure uninterrupted supply. Regular monitoring of the same is must for better coverage and genuine results.
- Training and capacity building of AWWs, ICDS supervisors as well as CDPOs must be done essentially on the indenting process, IFA tablet administration, monthly reporting and on detail information on WIFS and anemia.
- Well planned IEC activities must be conducted regularly in AWCs; it must not be limited to a onetime event. It should be able to create a demand for IFA tablets and generate willingness among the adolescent beneficiaries to take them. Counseling and motivational programmes for the beneficiaries are critical for increasing acceptability and compliance.
- Screening for moderate to severe anemia and referral to nearest health facility to be done. As such, all AWCs need to have contact numbers of the Emergency Response Teams of their area, numbers to be displayed on the walls for immediate visibility.
- Since dietary diversification and food fortification increases iron content in the body, regular nutrition education activities for influencing the dietary habits and to encourage consumption of locally available iron-rich foods is to be done by the AWWs as well as by the accredited social health activists (ASHA) and *auxiliary nurse midwife's* (ANMs).
- On WIFS days, the presence of ASHA needs to be made mandatory in the AWCs in order to built-up confidence among the out of school adolescent girls.
- Holding regular joint convergence meetings at the block level among the partner departments i.e. health and social welfare for improved planning, implementation, monitoring and reporting. Periodic impact evaluation of the WIFS programme is very important as it will facilitate programme adjustment and check whether the desired outcomes are being achieved or not.

### CONCLUSION

WIFS programme is an evidence based response to the prevailing anemia situation amongst adolescents' through supervised weekly ingestion of IFA supplementation. It is a more efficacious and effective preventive approach, is cost effective, results in no or fewer side effects and is operationally easier to manage at the community level. Hence, a sincere effort by all concerned will definitely streamline the process, increase the IFA consumption coverage among the out-of-school adolescent girl population and make them a healthy human capital.

### ACKNOWLEDGEMENT

The author is thankful to all the AWWs, ICDS supervisors and the

CDPOs of Lahowal and Panitola blocks for participating in the study and extending all possible support.

### REFERENCES

1. Hahn RA, Inhorn MC (2008). Anthropology and public health: Bridging differences in culture and society. New York: Oxford University Press.
2. Seshadri S (1997). Nutritional anemia in South Asia: A Regional profile. ROSA Publication, UNICEF Regional Office for South Asia. p. 75-124.
3. Sen A, Kanani SJ (2006). Deleterious functional impact of anemia on young adolescent school girls. *Indian Pediatrics*, 43: 219-26.
4. NFHS - 3 (2007). National Family Health Survey - 3 (2005-06), India, Vol. I.
5. <https://nhm.assam.gov.in/schemes/weekly-iron-folic-acid-supplementation-wifs>
6. Thakare MM, Kuril BM, Doibale MK, Goel NK (2011). Knowledge of anganwadi workers and their problems in an urban ICDS block. *Journal of Medical College Chandigarh*, 1(1): 15-19.