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IRCON INTERNATIONAL LIMITED
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PEOPLE TO PEOPLE HEALTH FOUNDATION



Community Based Anaemia Prevention and Control Program for Women

in Bissamcuttack Block of Rayagada District, Odisha

Phase I - Project Report
November 2022 – July 2023



Introduction

Project Background

Anemia is a significant public health problem in India. More than half of women of reproductive age in India are anemic. Anemia is associated with increased risk of preterm delivery, higher maternal mortality and contributes to fatigue, which affects women work productivity.¹ The Government of India has implemented several programs to tackle anemia. However, anemia continues to be a major public health challenge as over 50% of pregnant women and lactating mothers and children are anemic.

Odisha has a population of over 42 million, has high levels of poverty, and poor maternal and child health is concentrated in its Southern districts and among Scheduled Tribe and Scheduled Caste communities. The southern regions have 10 districts, and 8 districts are among the 50 most backward districts in the country. Rural poverty is 68% in KBK+ districts compared to the state average of 46.9%.² In these districts, tribal form around 50 % of the population. Malnourished tribal communities especially women and children in these districts have not benefited from decades-old government schemes aimed at improving health outcomes.³

Rayagada district is one of the 8 districts of Odisha identified by the NITI Aayog as aspirational district. 85% of the population in the district lives in rural areas of village. About 56% of the population are belongs to the tribal community. The above problem is also associated with low literacy among women which is reflected in the NFHS 5 report as only 42% of the women are literate which results to low ANC coverage, low intake of IFA, high prevalence of anemia among women and children etc.⁴

Odisha is one of the states in India with a high prevalence of Iron Deficiency Anaemia (IDA). According to the National Family Health Survey (NFHS)-5, 57% of women in Odisha aged 15-49 years are anaemic. The prevalence of IDA is even higher in Rayagada district, where 63% of women aged 15-49 years are anaemic.

There are a number of factors that contribute to the high prevalence of iron-deficiency anaemia in Bissamcuttack block of Rayagada district. These include:

- **Poor dietary intake of iron and other essential nutrients:** The staple diet is rice, which is a poor source of iron. Other foods that are commonly consumed in the district, such as pulses and leafy vegetables, are also not good sources of iron.
- **High rates of malaria, worm infestation and other infections:** Malaria, worm infestation and other infections often lead to iron deficiency, as the body uses up iron to fight off the infection.

¹ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5906750/pdf/gatesopenres-2-13894.pdf>

² <https://www.sciencedirect.com/science/article/pii/S0277953615003421?via%3DIhub>

³ <https://www.sciencedirect.com/science/article/pii/S0277953615003421?via%3DIhub>

⁴ NFHS-5 Factsheet

- **Inadequate access to health care:** Many people in Rayagada district have limited access to regular health care, which means that there are limited opportunities to be diagnosed with IDA or receive treatment

The Community Based Anaemia Prevention and Control Program for Women in Bissamcuttack Block of Rayagada District was designed to address these challenges. The project was implemented by People to People Health Foundation (PPHF) with CSR support from IRCON International Ltd. The project period was for 8 months, from 11 November 2022 to 10 July 2023. The project was implemented with the assistance of Health and Family Welfare Department and National Health Mission, Odisha.

The project was introduced in response to the high prevalence of anaemia among women and children in the area. Anaemia is a condition in which the body does not have enough healthy red blood cells. This can lead to fatigue, shortness of breath, and other health problems.

Project Goal

To contribute to existing government efforts to prevent and control anaemia with a special focus on iron deficiency anaemia.

Project Objectives

1. To increase the level of awareness on nutrition among pregnant women, lactating mothers and women in the reproductive age group of (15-49) on prevention and control of anaemia.
2. To strengthen community actions for reducing anaemia among women and children by sensitisation of the local Self-help Groups and PRIs to address the challenges of anaemia among women and children.
3. Promotion of kitchen garden for Supplementary nutrition of women and children.

Project Target

Primary Beneficiaries: 2000 women in the reproductive age group of (15-49) and children (0-5 years)

Secondary Beneficiaries: family members and community

Project Location

The project was implemented in the Sahada Health Sector of Bissamcuttack block, starting from Sahada Sub-centre, Dukum Subcentre and later extended to Judo Subcentre, Jhigidi Subcentre and Thuapadi Subcentre.





Methodology

- **Design Behaviour Change Communication (BCC) interventions to influence household behaviours.**

The first step in the program was to design BCC interventions to influence household behaviours. This involved understanding the existing knowledge and practices around anaemia prevention and control, and developing messages and materials that would be effective in changing these behaviours.

The BCC interventions were designed to be culturally appropriate and relevant to the target audience. They used a variety of communication tools, including posters, leaflets, radio spots, and community theatre.

- **Awareness generation and behavioral change activities through regular education session using communication tools, other resource materials.**

The second step in the program was to conduct awareness generation and behavioral change activities through regular education sessions. These sessions were conducted with in the reproductive age group of (15-49). They covered topics such as the causes of anaemia, the importance of nutrition, and how to prevent and control anaemia.

The education sessions were also used to demonstrate the subjects through video materials and to answer questions from the participants.

- **Orientation of nutrition service providers**

The third step in the program was to orient nutrition service providers. This included health workers, ASHAs, and other community-based workers. The orientation covered topics such as the identification of anaemia, the management of anaemia, and the promotion of nutrition and follow-up the women who has been a part of the education sessions. The orientation was designed to ensure that nutrition service providers were able to provide accurate and up-to-date information to the people they served.

- **Promote kitchen gardens to address nutrition deficiencies and control anaemia at household level.**

The fourth step in the program was to promote kitchen gardens. Kitchen gardens are a way to provide households with access to fresh, nutritious food. They can also be a source of income for women.

The program promoted kitchen gardens through education sessions, demonstrations, and the provision of seeds and seedlings. For demonstration purposes four model kitchen gardens were established in the project area.

The methodology of the program was designed to be comprehensive and effective. It used a variety of approaches to reach the target audience and to change behaviours. The program was also designed to be sustainable, so that the benefits would continue after the project ended.

Implementation

• Recruitment of Project Staff

The formation of a project team and the provision of technical support are essential elements in ensuring the successful execution of any project. The purpose of forming a project team is to bring together individuals with diverse expertise and skill sets, who collectively contribute to the project's planning, implementation, and evaluation. The team members collaborate to define project objectives, develop strategies, allocate resources, and establish clear roles and responsibilities. By pooling their knowledge and experiences, the team is able to generate innovative ideas, overcome challenges, and make informed decisions throughout the project lifecycle.

Additionally, technical support plays a crucial role in providing specialised knowledge and guidance to the project team. Technical support ensures that the project team is equipped with the necessary tools, information, and skills to effectively carry out their assigned tasks, while also facilitating problem-solving and continuous improvement.

A senior technical advisor of PPHF has been assigned the task of providing technical assistance to the project and a full-time Project Manager has been deployed at Bissamcuttack block. Two Community Volunteers has been identified to facilitate interaction with the mothers and families.

• District and Block level meetings

The Project Manager had meetings with the District Program Manager, Block Medical Officer, Block Program Manager and Block PHEO to finalise the project area. It was suggested that PPHF will start the intervention in the Sahada Health Sector of Bissamcuttack. Further, it was decided that PPHF will start the activities from Sahada Sub-centre and Dukum Sub-centre area, and further expand the intervention to other sub-centres.

• Obtaining administrative communication

Obtaining administrative communication is of utmost importance when it comes to implementing project activities. Administrative communication

serves as a validation and endorsement of the project, lending it credibility and legitimacy. It signifies the recognition and support of the relevant authorities, at all level. By securing administrative approval, project activities gain access to essential resources, such as administrative support, logistical support, and necessary permits. It also helps in navigating potential bureaucratic hurdles and ensures compliance. Moreover, administrative communication fosters collaboration and coordination with other stakeholders, as it facilitates the involvement and engagement of government agencies, community leaders, and relevant organisations. Ultimately, obtaining administrative communication provides a solid foundation for successful project implementation, strengthening partnerships, and maximising the potential for positive impact on the target community or beneficiaries.

An official communication from the Chief District Medical and Public Health Officer (CDMPHO), Rayagada has been circulated regarding the initiation of the project to PPHF as well as the block health administration of Bissamcuttack vide letter No. 8586/NHM/Rayagada dt. 09 December 2022.

• Micro-planning Workshop

A workshop to conduct micro-planning for community meetings, kitchen garden sites and other project deliverables has been organised at Sahada HWC on 14th January 2023. This workshop served as a crucial platform for strategic discussions and collaborative efforts towards combating anaemia within the community. This meeting brought together stakeholders such as health administration, community volunteers, local PHC representatives, and project team to devise comprehensive plans tailored to the specific needs and challenges of the community. The participants analysed data related to anaemia prevalence, nutritional status, and healthcare accessibility to identify area of implementation and target interventions effectively. During the meeting, strategies were developed to raise awareness about anaemia, promote iron-rich diets, kitchen garden, and encourage the utilisation of iron supplementation and fortification programs.



This workshop also served as an opportunity to identify and address any logistical, financial, or cultural barriers that may hinder the implementation of the project.

Designing and developing IEC and capacity building material

Video-based IEC (Information, Education, and Communication) materials have emerged as a powerful tool for community engagement and counseling on various health topics, including anaemia. Videos provide a dynamic and interactive medium to deliver information, capture attention, and evoke emotions, making them an effective choice for reaching diverse audiences.

The development of video IEC materials for this project begins with thorough research in the field area and planning, including the identification of key messages, target audience analysis, and understanding the cultural and linguistic context. The content is then scripted, ensuring it is concise, clear, and culturally appropriate. Visual elements such as real-life scenarios are incorporated to enhance understanding and engagement. These videos features personal stories, and demonstrations of preventive measures to combat anaemia and related issues.

After due consultation with the stakeholders 3 video IEC materials have been developed by the project team on three important aspects of Anaemia.



- 01 **Anaemia**
Interaction between mother and ASHA about Iron-deficiency Anaemia
- 02 **Kitchen Garden**
Interaction between two mothers and an ASHA in a kitchen Garden
- 03 **Hand Hygiene**
Interaction between mother and daughter on hand hygiene

Additionally, these video IEC materials are designed to be emotional, allowing viewers to relate the situations to their own life and get the messages using real life scenarios for a more immersive learning experience. These IEC materials are distributed through various platforms such as community screenings, social media channels, websites, and

user groups, ensuring wide accessibility and reach. Evaluation and feedback from the target audience are obtained for refining and improving video IEC materials, ensuring their effectiveness in conveying information, promoting behavior change, and empowering communities to combat anaemia effectively.

Community Mobilization and Outreach Intervention

Community counselling of tribal mothers in small group meetings is a powerful approach to address multiple health issues, including the prevention of iron deficiency anaemia (IDA), promoting iron-fortified and vitamin-rich nutrition, deworming, prevention of malaria and dengue, and emphasising hand hygiene. These interactive sessions provided a platform for education, engagement, and empowerment of mothers in combating anaemia. During these sessions, mothers are educated about the causes, consequences, and prevention of IDA, emphasising the importance of iron-rich foods and iron supplementation. They are also educated about the benefits of consuming vitamin-rich foods such as fruits and vegetables to enhance overall nutrition.

Additionally, the sessions provide information on the significance of deworming to combat intestinal parasites and reduce anaemia risk. Mothers are educated about the prevention of malaria and dengue, including the use of bed nets, and removal of stagnant water sources. Furthermore, the importance of hand hygiene practices such as proper hand washing with soap (HWWS) techniques and maintaining clean living environments is emphasised to prevent the spread of infections.

By addressing multiple health issues in these small group meetings, community counselling ensures that tribal mothers are equipped with the knowledge and tools to protect the health and well-being of themselves and their families.

By the end of Jun 2023, the project team was able to conduct a total of 115 group meetings and reached to a total of 2117 women.

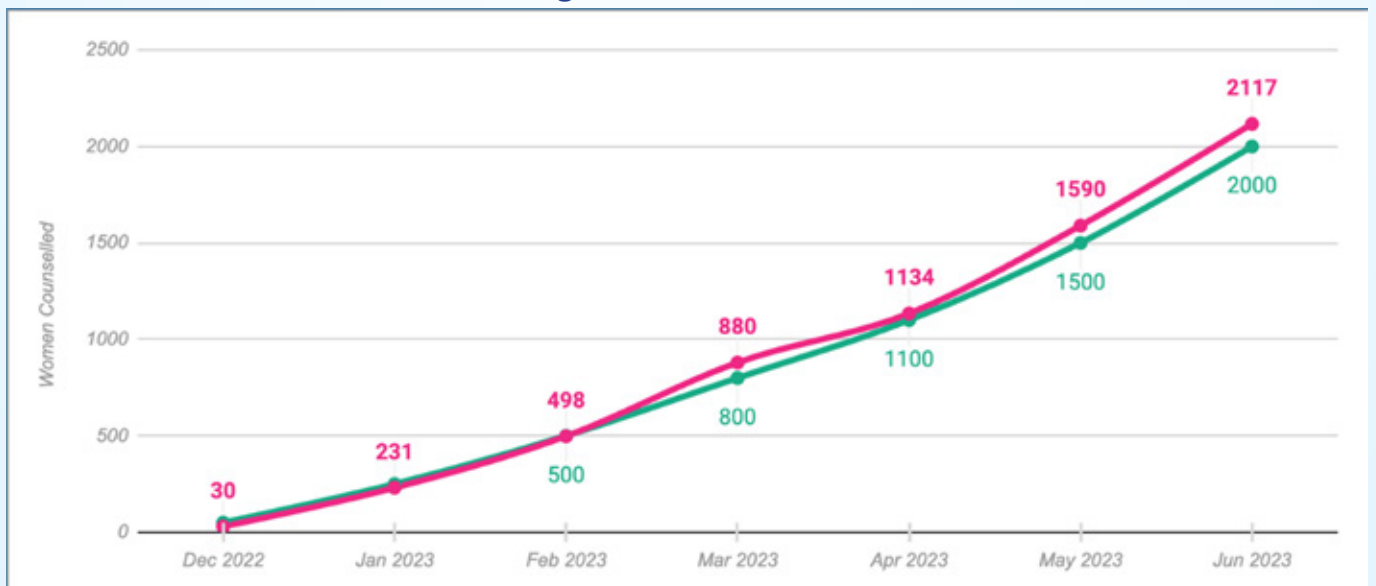




Subcentre-wise total of Participants and Community Meetings

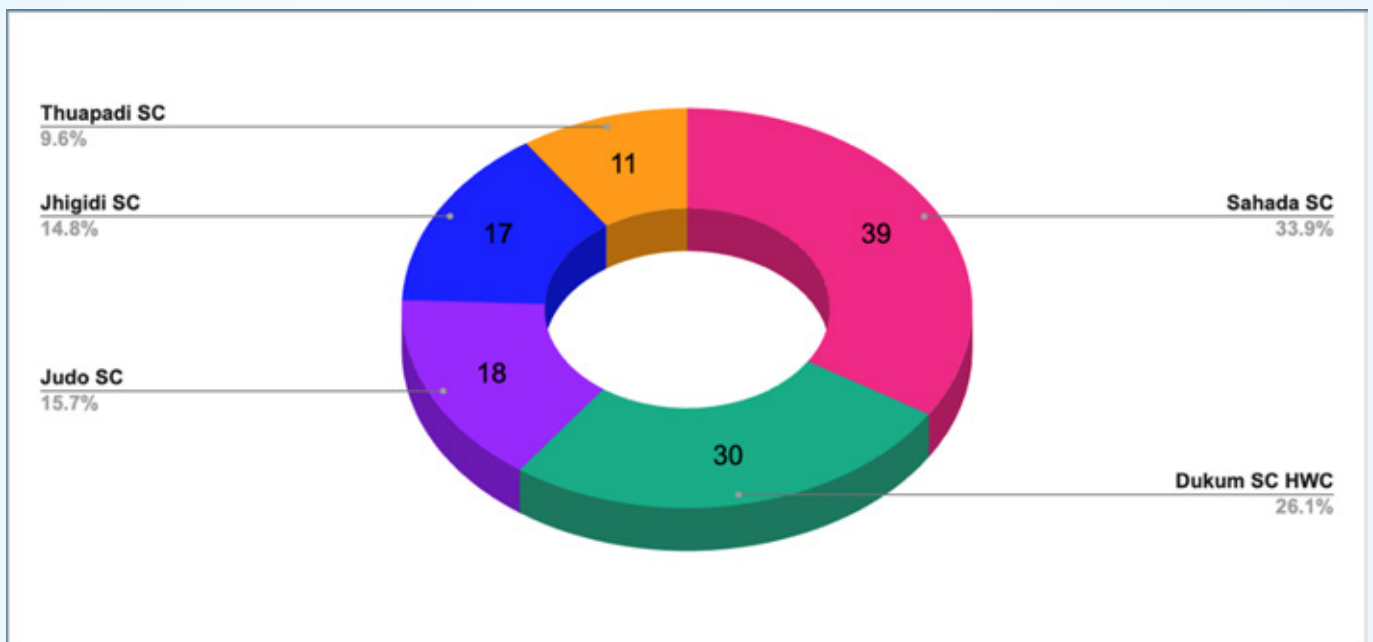
Subcentre	Participants	Meetings
Sahada SC	642	39
Dukum SC	547	30
Judo SC	310	18
Jhigidi SC	367	17
Thuapadi SC	251	11
TOTAL	2117	115

Target vs Achievement



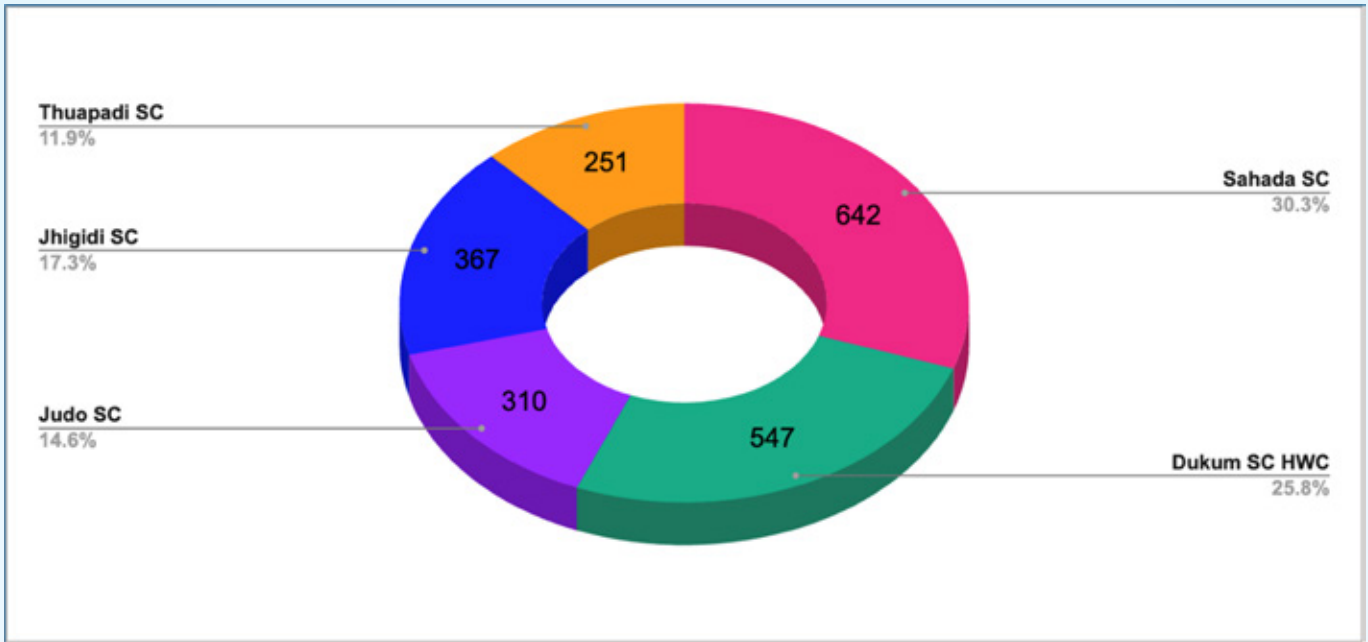
Subcentre-wise Distribution of Community Meetings

Sub-Centre	Dec 2022	Jan 2023	Feb 2023	Mar 2023	Apr 2023	May 2023	Jun 2023	TOTAL	%
Sahada SC	1	13	4	3	9	7	2	39	33.91%
Dukum SC	1	3	9	2	1	8	6	30	26.09%
Judo SC	0	1	4	4	3	3	3	18	15.65%
Jhigidi SC	0	0	0	6	1	2	8	17	14.78%
Thuapadi SC	0	0	0	7	1	0	3	11	9.57%
TOTAL	2	17	17	22	15	20	22	115	



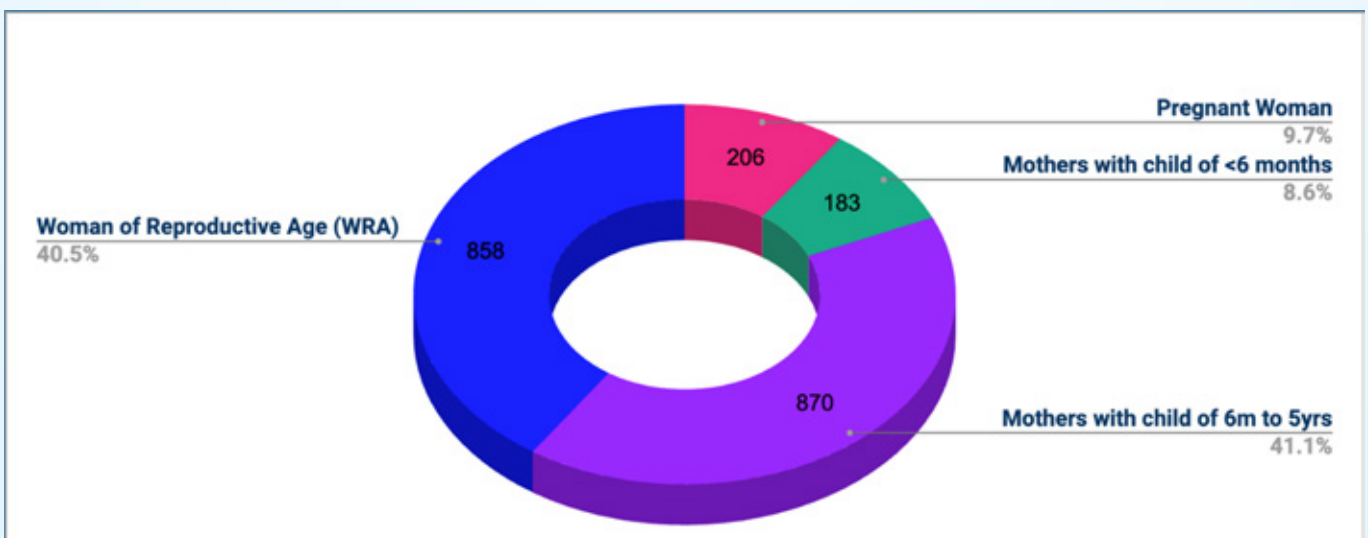
Subcentre-wise Distribution of Participants in Community Meetings

Sub-Centre	Dec 2022	Jan 2023	Feb 2023	Mar 2023	Apr 2023	May 2023	Jun 2023	TOTAL	%
Sahada SC	15	150	68	54	162	146	47	642	30.33%
Dukum SC	15	41	140	25	17	180	129	547	25.84%
Judo SC	0	10	59	60	45	73	63	310	14.64%
Jhigidi SC	0	0	0	106	15	57	189	367	17.34%
Thuapadi SC	0	0	0	137	15	0	99	251	11.86%
TOTAL	30	201	267	382	254	456	527	2117	



Category-wise Distribution of Participants in Community Meetings

Sub-Centre	Dec 2022	Jan 2023	Feb 2023	Mar 2023	Apr 2023	May 2023	Jun 2023	TOTAL	%
Pregnant Woman	6	40	47	53	13	24	23	206	9.73%
Mothers with child of <6 months	5	32	36	61	12	28	9	183	8.64%
Mothers with child of 6m to 5yrs	19	109	162	243	124	162	51	870	41.10%
Woman of Reproductive Age (WRA)	0	20	22	25	105	242	444	858	40.53%
TOTAL	30	201	267	382	254	456	527	2117	



Stakeholders' Meeting

• First Stakeholders' Meeting – 29th December 2022

During the first stakeholders' meeting, ASHAs, ANMs and other project stakeholders has been oriented on the project goals, objectives, target and activities at the Sahada HWC. A total of 43 participants attended the workshop. This workshop played a vital role in providing a comprehensive understanding of the project's objectives, strategies, and target population. During the workshop, healthcare providers were oriented on PPHF's method of providing appropriate counselling and treatment to individuals identified as anaemic. They are also introduced to the concept of community mobilization, empowering them to engage with community members, raise awareness about anaemia prevention, and promote behaviour change towards adopting iron-rich diets and utilizing iron supplementation programs. The workshop also emphasizes the importance of collaboration with local stakeholders, such as community leaders and government authorities, to ensure a coordinated and sustainable approach to anaemia prevention. By enhancing the capacity of grassroots healthcare providers, the meeting paved the way for successful implementation and long-term impact of the project.

• Second Stakeholders' Meeting – 25th February 2023

A total of 70 stakeholders attended the first project stakeholder meeting on 25th February 2023. This meeting brought together a diverse group of participants, including healthcare administrators, field-level workers, healthcare providers, and the project team. This meeting served as a platform for collaboration, exchange of ideas, and coordination of efforts towards the successful implementation of the project. Each stakeholder contributes their unique expertise and perspective to address the complex challenges associated with anaemia prevention. Healthcare administrators provided guidance and strategic direction, ensuring that the

project aligns with the broader healthcare goals and policies. Field-level workers shared valuable insights from their interactions with the community, helping to identify specific needs and barriers to implementation. Healthcare providers brought their clinical expertise, ensuring the delivery of quality counselling, and treatment services. The project team provided updates on progress, shares data and findings, and facilitates discussions on key project components. Through this stakeholder meeting, a cohesive and collaborative approach is fostered, enabling the pooling of resources, leveraging of strengths, and alignment of efforts towards a common goal of combating iron deficiency anaemia at the community level.

• Third Stakeholders' Meeting – 27th March 2023

The second stakeholder meeting was organised on 27th March 2023. A total of 64 participants attended the meeting. One of the key highlights of the second stakeholder meeting is the emphasis on counselling of mothers and targeted tracking of iron and folic acid (IFA) supplementation of mothers in 10 villages. Recognising the pivotal role of mothers in promoting healthy practices, the meeting emphasised the need for effective counselling strategies to empower them with knowledge about the importance of iron-rich diets, proper nutrition during pregnancy, the benefits of IFA supplementation, prevention from malaria and deworming, and practice hand hygiene. Healthcare providers play a crucial role in delivering personalised counselling sessions to mothers, addressing their concerns, and motivating them to adhere to recommended guidelines. Additionally, the meeting focuses on establishing a robust tracking system to monitor IFA intake of 50 mothers in 10 villages among the target population. By implementing strategies such as regular follow-up visits, reminders, and tracking tools, the project aims to ensure consistent and adequate IFA supplementation, thus significantly reducing the risk of iron deficiency anaemia. This meeting was the platform for sharing best practices, discussing challenges, and identifying innovative approaches

to enhance counselling effectiveness and improve IFA tracking, ultimately leading to better health outcomes for both mothers and their children. The activities of the project has been discussed and suggestions taken from all stakeholders for future improvement.

- **Fourth Stakeholders' Meeting – 27th May 2023**

A total of 75 stakeholders attended the fourth project stakeholders' meeting on 27th May 2023. This meeting brought together a diverse group of participants, including healthcare administrators, field-level workers, healthcare providers, and the project team. This meeting served as a platform for collaboration, exchange of ideas, and coordination of efforts towards the successful implementation of the project. The stakeholder contributed their perspective to address the complex challenges associated with anaemia prevention. Healthcare administrators viz. The Block Programme Manager and his team provided guidance and strategic

direction, ensuring that the project aligns with the broader healthcare goals and policies. Field-level workers shared valuable insights from their interactions with the community, helping to identify specific needs and barriers to implementation.

Healthcare providers brought their clinical expertise, ensuring the delivery of quality counselling, and treatment services. The PPHF project team provided updates on progress, shares data and findings, and facilitates discussions on key project components.

Through this stakeholder meeting, a cohesive and collaborative approach is fostered, enabling the pooling of resources, leveraging of strengths, and alignment of efforts towards a common goal of combating iron deficiency anaemia at the community level. Overall, the 4th stakeholders' meeting proved to be a fruitful endeavour, fostering collaboration, shared knowledge, and a collective commitment to combating anaemia and improving the health and well-being of the community.



Model Kitchen Gardens

Model kitchen gardens in promoting iron-fortified and vitamin-rich food in tribal areas has emerged as a powerful tool in addressing nutritional deficiencies among indigenous communities. These gardens enable the cultivation of a diverse range of fruits, vegetables, and herbs that are rich in iron and essential vitamins. By incorporating iron-fortified crops such as leafy greens, legumes, and iron-rich grains, the model kitchen gardens offer a sustainable solution to combat anaemia and other iron-related deficiencies prevalent in tribal populations. Additionally, the cultivation of vitamin-rich crops like citrus fruits, tomatoes, and dark leafy greens provides a natural and accessible source of essential vitamins such as vitamin C, vitamin A, and folate. The integration of these nutrient-dense crops into

the tribal diet through model kitchen gardens not only improves overall health but also contributes to the growth and development of children, enhances immunity, and reduces the risk of various diseases. Through education and awareness programs, the communities are empowered to make informed choices about their dietary practices, thereby ensuring a more balanced and nutritious lifestyle.

Four model kitchen gardens are operational in the project area in the following locations:

1. Sahada HWC
2. Judo AWC
3. Dukum Village
4. Jhigidi Village



Intensifying Activities: Tracking of Pregnant Women and New Mothers

The tracking of anaemia of 50 pregnant women and mothers in 10 villages served as a vital tool to assess the impact of the project. Through this tracking process, the program evaluated the effectiveness of its interventions and strategies in reducing the prevalence of IDA within the target population. By periodical monitoring haemoglobin levels, iron supplementation adherence, dietary practices, deworming, prevention of malaria, and practicing hand hygiene the activity gathered valuable data on the progress and outcomes of the project. This data enabled the program team to identify areas of success, such as improved haemoglobin levels and increased knowledge of iron-rich diets, as well as

areas that required further attention or modification. Tracking also helped to understand any barriers or challenges faced by the tribal women in accessing and utilising the program's services. The findings from this tracking process provided insights into the program's overall impact, highlighting its strengths and areas for improvement, ultimately guiding future program planning and implementation to better serve tribal women in preventing and controlling anaemia.

The duration of this activity was 10 weeks starting from 10th April 2023 till 30th June 2023. The sub-activities under this intervention is as follows:



Week	Activity	Tools Used
Week 1	Oriention of Community Volunteers Development of Monitoring and Tracking Formats Identification of villages	Activity Plan Counselling Plan
Week 2-3	Identification of PW and mother Awareness and Education Monitoring and Tracking Supply Chain Monitoring	Form 1 & Form 2
Week 4-9	Follow-up Visit Behaviour Change Communication Collaboration and Partnership Continuous Monitoring, tracking and Evaluation	Form 3
Week 10	Final Evaluation Celebration and Recognition Sustainability Plan	Form 4 Activity Report

Week 1-2:

Orientation of Community Volunteers: An orientation session was conducted for the community volunteers to provide an overview of the intervention and their roles.

Development of Monitoring and Tracking Formats: A tracking system was established to monitor IFA consumption, iron and vitamin-rich food intake, worm infestation prevention, and adherence to hand hygiene and general cleanliness practices.

Week 3-4:

Awareness and Education: Interactive sessions were held at group meetings and household level to provide detailed information on the benefits of IFA consumption, iron and vitamin-rich food, worm infestation prevention, and malaria control. The team utilised visual aids, demonstrations, and videos to engage and educate pregnant women and mothers effectively.

Monitoring and Tracking: The community volunteers used Form 1 and Form 2 during these visits to record information of mothers, their level of understanding after first counselling session and addressed any concerns/questions. The Project Manager, PPHF maintained a database to track individual progress and identify areas for improvement.

Supply Chain Management: The Project Manager, PPHF along with the health administration of Sahada Health and Wellness Centre, ensured

haemoglobin tests (as and when needed) and a consistent supply of IFA supplements of pregnant women and mothers in the selected villages after due consultation with Block and District Health Administration.

Week 5-9:

Follow-up Visit Sessions: Community volunteers accompanied by the healthcare workers (ASHA/AWW) conducted follow-up visit sessions to the households of the pregnant women and mothers in the community to assess their understanding, record their progress and address any concerns/questions.

Behaviour Change Communication: The team implemented behaviour change communication strategies to address cultural and social factors that may influence the adoption of desired practices.

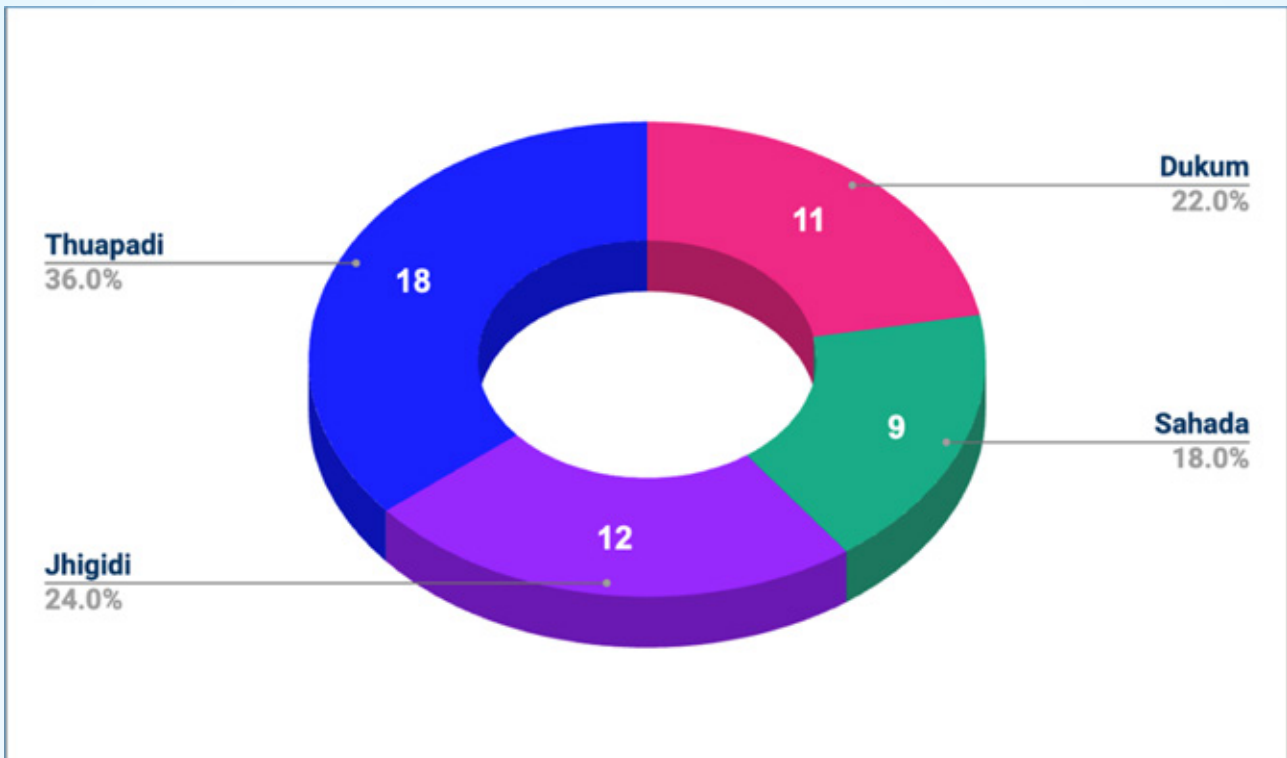
Collaboration and Partnerships: The project team collaborated with local health facilities, community leaders, and PRIs to strengthen the intervention's impact. The project team engaged ASHAs, AWWs and other village level service providers to assist in awareness generation.

Week 10:

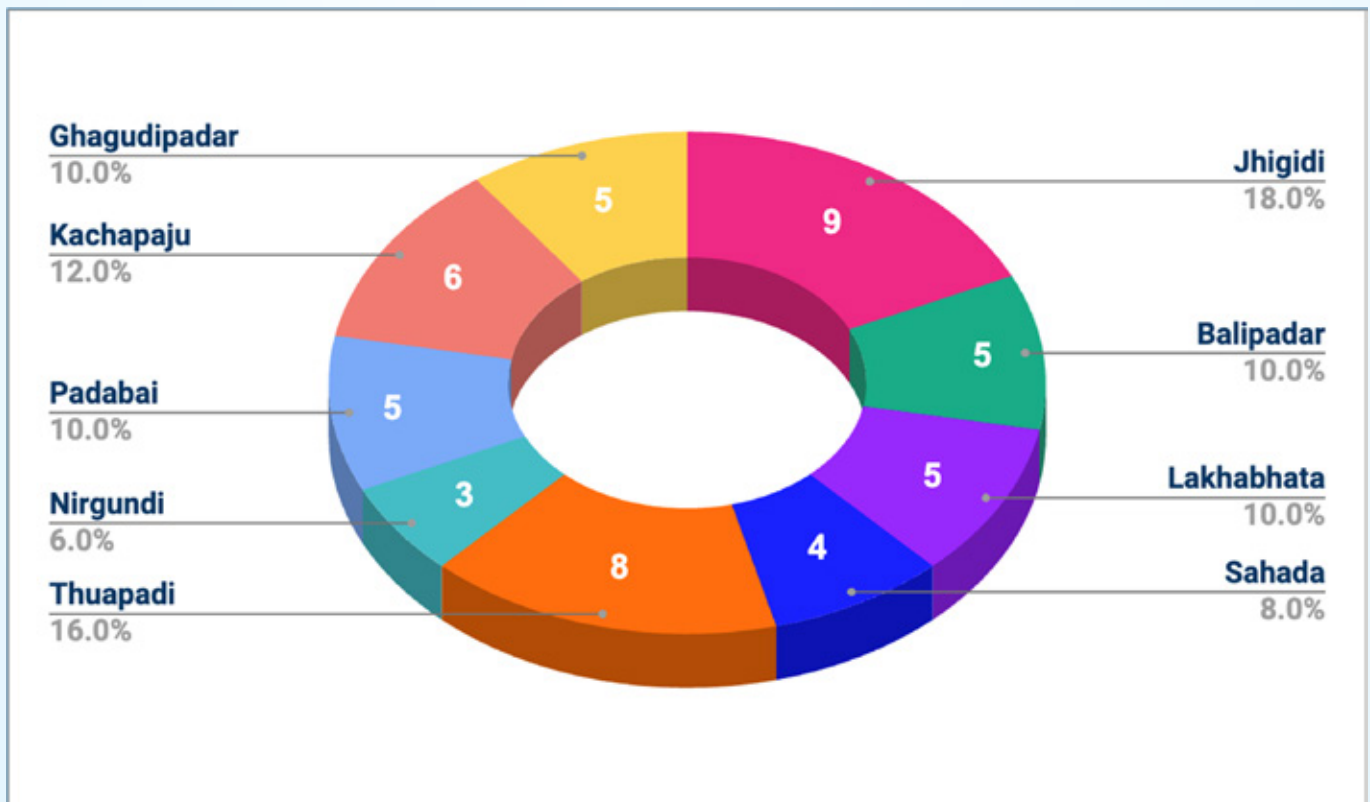
Evaluation: The project team conducted a comprehensive evaluation at the end of the intervention to assess the effectiveness of the program in achieving its goals using Form 4. The team prepare an evaluation summarising the collected data, to assess the impact of this project.

Tracking of 50 mothers in 9 villages – Analysis of baseline data

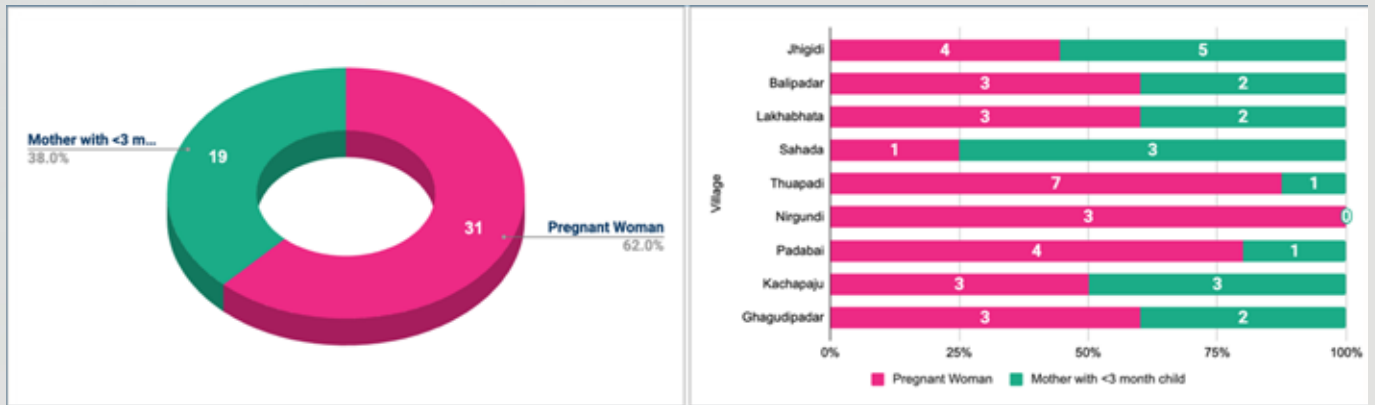
Subcentre Wise Distribution of Mothers



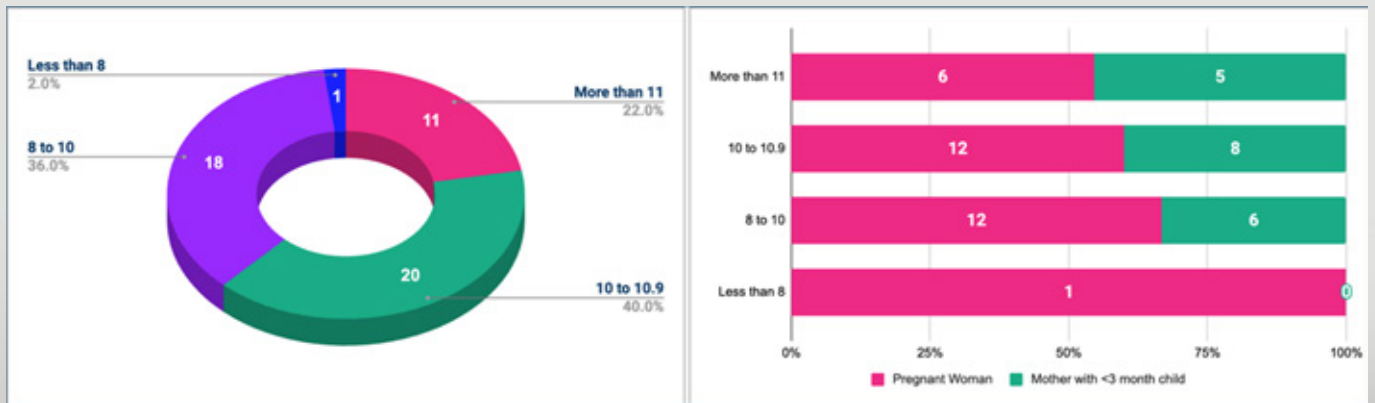
Village Wise Distribution of Mothers



Category-wise and Village-wise Distribution of Mothers



Distribution of Mothers based on their Haemoglobin Level



The findings of this Intervention

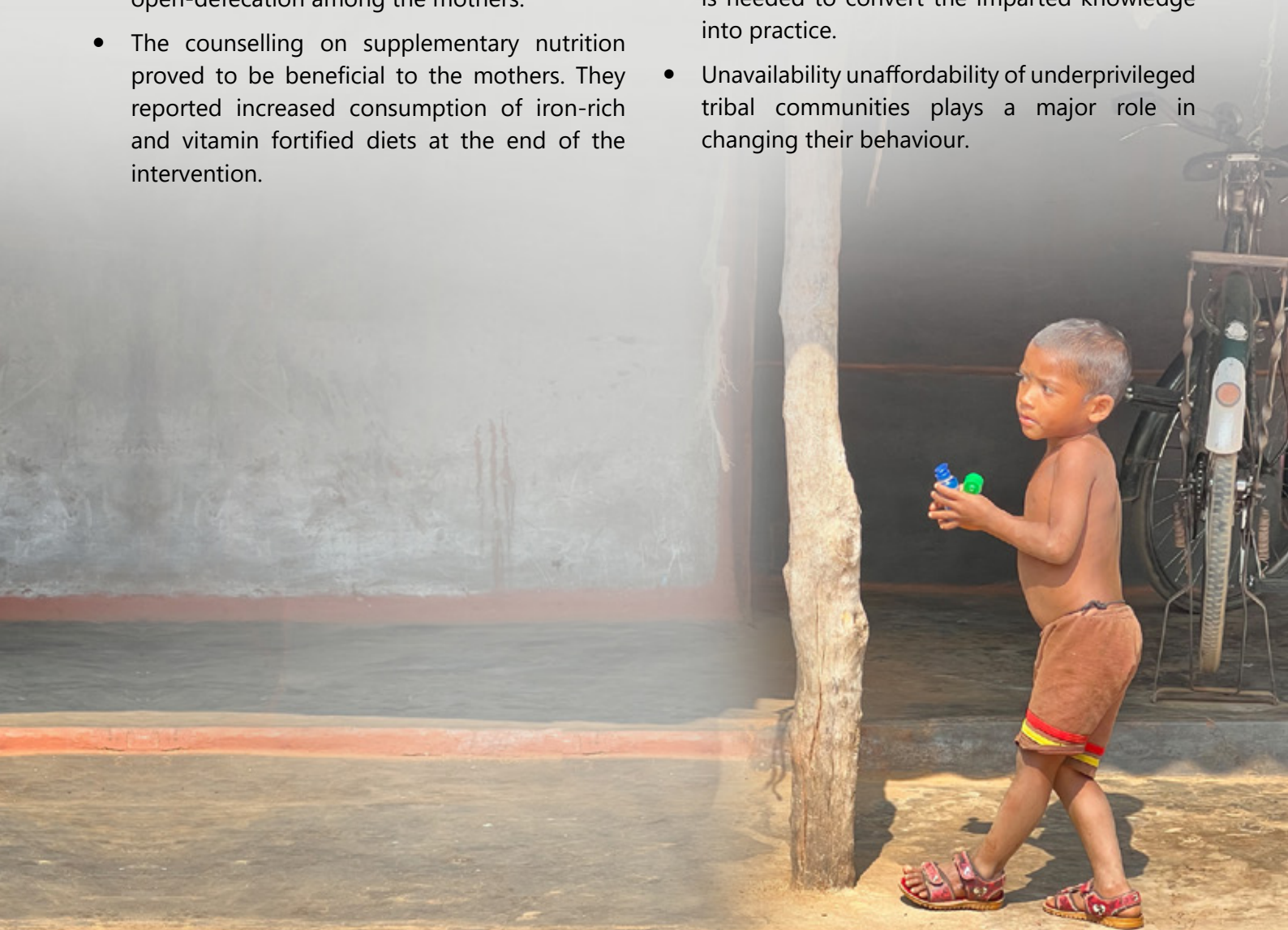
The program team, at the end of this short-term BCC intervention, found that:

- IFA consumption increased after mothers were explained about the risks of anaemia and importance of IFA supplementation for them and their child. More mothers are taking IFA with lemon water for better absorption of iron.
- There is slight increase in the haemoglobin level of mothers who have haemoglobin level <10 g/dl. However due to inadequate availability of haemoglobin test kits, all mothers couldn't be tested by the project team.
- Preventive practices towards malaria and worm infestation has been increased among the targeted mothers. According to the collected data there is increase in awareness and practice of using mosquitoes and use of footwear during open-defecation among the mothers.
- The counselling on supplementary nutrition proved to be beneficial to the mothers. They reported increased consumption of iron-rich and vitamin fortified diets at the end of the intervention.

- Hand hygiene practices improved due to counselling and demonstration through glow-germ tests, pepper water test by the project team. Mothers are now practicing handwashing at key times viz. before food, after defecation, during bath, after cleaning etc.

The limitations of this Intervention

- The intervention is for a short period only, so the changes observed is very small and might not sustain if continuous follow-up is not made by the field level health workers.
- For clinical interventions the project team depended upon the government health system, so availability of test kits, IFA supplementation plays key role in the sustainability of activities.
- The age-old cultural belief and practices in tribal community is too hard to overcome in such short span of time. Continuing counselling is needed to convert the imparted knowledge into practice.
- Unavailability unaffordability of underprivileged tribal communities plays a major role in changing their behaviour.





Upskilling of Stakeholders

The upskilling of healthcare providers and volunteers on follow-up of women participated in the education sessions is important for a number of reasons. First, it ensures that these individuals have the knowledge and skills necessary to provide effective follow-up care. Second, it helps to ensure that the women who participated in the education sessions are able to make lasting changes to their dietary and lifestyle habits. Third, it helps to build the capacity of the community to continue to address anaemia prevention and control in the long term.

An upskilling workshop was conducted on 10th July 2023 to train 65 healthcare providers and volunteers on the identification, management, and prevention of anaemia. The workshop also covered topics on how to conduct follow-up visits, use of IEC videos and interactive methods and tools to educate women on prevention of anaemia, supplementary nutrition, prevention of malaria and worm infestation and hand hygiene.

The workshop was well-received by the participants, who gained a better understanding of the causes, signs, and symptoms of anaemia. They also learned how to conduct follow-up visits with women who have been diagnosed with anaemia, and how to use IEC videos and interactive methods and tools to engage and educate women on the prevention of anaemia, supplementary nutrition, prevention of

malaria and worm infestation and hand hygiene.

The workshop was a success, and the participants gained valuable knowledge and skills that will help them to improve the care of women with anaemia in the community.

Here are some examples of how the knowledge and skills gained from the workshop can be used to improve the care of women with anaemia in the community:

- Healthcare providers can use the knowledge they gained to identify women who are at risk of anaemia and to provide them with preventive care.
- Volunteers can use the skills they gained to educate women about the causes, signs, and symptoms of anaemia, and how to prevent/report it.
- Both healthcare providers and volunteers can use the IEC videos and interactive methods and tools to educate women about the prevention of anaemia, supplementary nutrition, prevention of malaria and worm infestation and hand hygiene.

By using the knowledge and skills gained from the workshop, healthcare providers and volunteers can help to improve the health of women in the community and reduce the prevalence of anaemia.

Dissemination Workshop

The dissemination workshop was held on 7 July 2023 at the Bissamcuttack Community Hall. The workshop was attended by representatives from the government, health care providers, community leaders, PRI representatives and program participants.

The workshop was designed to share the findings of the project and to discuss the next steps for anaemia prevention and control in the area. The workshop covered topics such as the prevalence of anaemia in the area, the effectiveness of the project interventions, and the challenges of anaemia prevention and control.

The workshop was well-received by the participants. They appreciated the opportunity to learn about the project and to discuss the challenges of anaemia prevention and control. The workshop also helped to build consensus on the next steps for anaemia prevention and control in the area.

The dissemination workshop was an important part of the project. It helped to share the findings of the project with the stakeholders and to build consensus on the next steps for anaemia prevention and control in the area.

Here are some of the key outcomes of the dissemination workshop:

- Increased awareness of anaemia and its prevention and control.
- Strengthened commitment to anaemia prevention and control from government, health care providers, community leaders, and program participants.
- Identified next steps for anaemia prevention and control in the area.

The dissemination workshop was fruitful and helped to achieve the project's objectives and to build a foundation for continued progress in anaemia prevention and control in the area.



Challenges

- **Cultural beliefs and practices:** Tribal communities often have their own cultural beliefs, traditions, and dietary practices that sometimes contribute to anaemia or hinder the adoption of preventive measures. Addressing these cultural barriers requires cultural sensitivity, community engagement, and collaboration with local leaders to promote understanding and acceptance of recommended interventions.
- **Language and communication barriers:** Communication is a challenge in some tribal communities where the local language or dialect may differ from the state official language. The project used trained local volunteers, and maintained clear communication channels to ensure effective dissemination of information.
- **Limited resources and infrastructure:** Tribal communities in hard to reach areas often face resource constraints, including limited health facilities, transportation, and limited comprehensive health care services.
- **Behavioural change and adherence:** The project encourages behaviour change, such as adopting iron-rich diets, regular iron supplementation, and seeking healthcare services, can be challenging in some tribal areas. Overcoming this challenge requires continued intensified counselling, behaviour change communication, and regular follow-up to ensure sustained adherence to recommended practices.

Impact

Phase I of the project has had a significant impact on the target audience. The level of awareness on nutrition has increased among pregnant women, lactating mothers and women in the reproductive age group. The community has been mobilized to take action to reduce anaemia among women

and children. Kitchen gardens have been promoted to provide supplementary nutrition to women and children. The anaemia status and preventive habits of 50 pregnant women and mothers who were tracked by the project team has improved significantly.



Conclusion

Phase I of Community Based Anaemia Prevention and Control Program for Women in Bissamcuttack Block of Rayagada District, Odisha was a success. The project achieved its objectives of increasing awareness of anaemia and its prevention and control, strengthening commitment to anaemia prevention and control from government, health care providers, community leaders, and program participants, and identifying next steps for anaemia prevention and control in the area.

Project Phase I was well-received by the participants and stakeholders. The participants gained valuable knowledge and skills that will help them to improve the care of women with anaemia in the community. The stakeholders were committed to anaemia prevention and control and were willing to work together to achieve the project's goals.

Way Forward

Phase I of the project has been successful in achieving its objectives during a very short span of time. However, there are some areas where the project could intensify its activities in future. For example, the project could focus on reaching out to more remote areas. The project could also work to increase the availability of iron rich and vitamin fortified food or link the beneficiaries with other departments who can provide supplementary nutrition to these women.

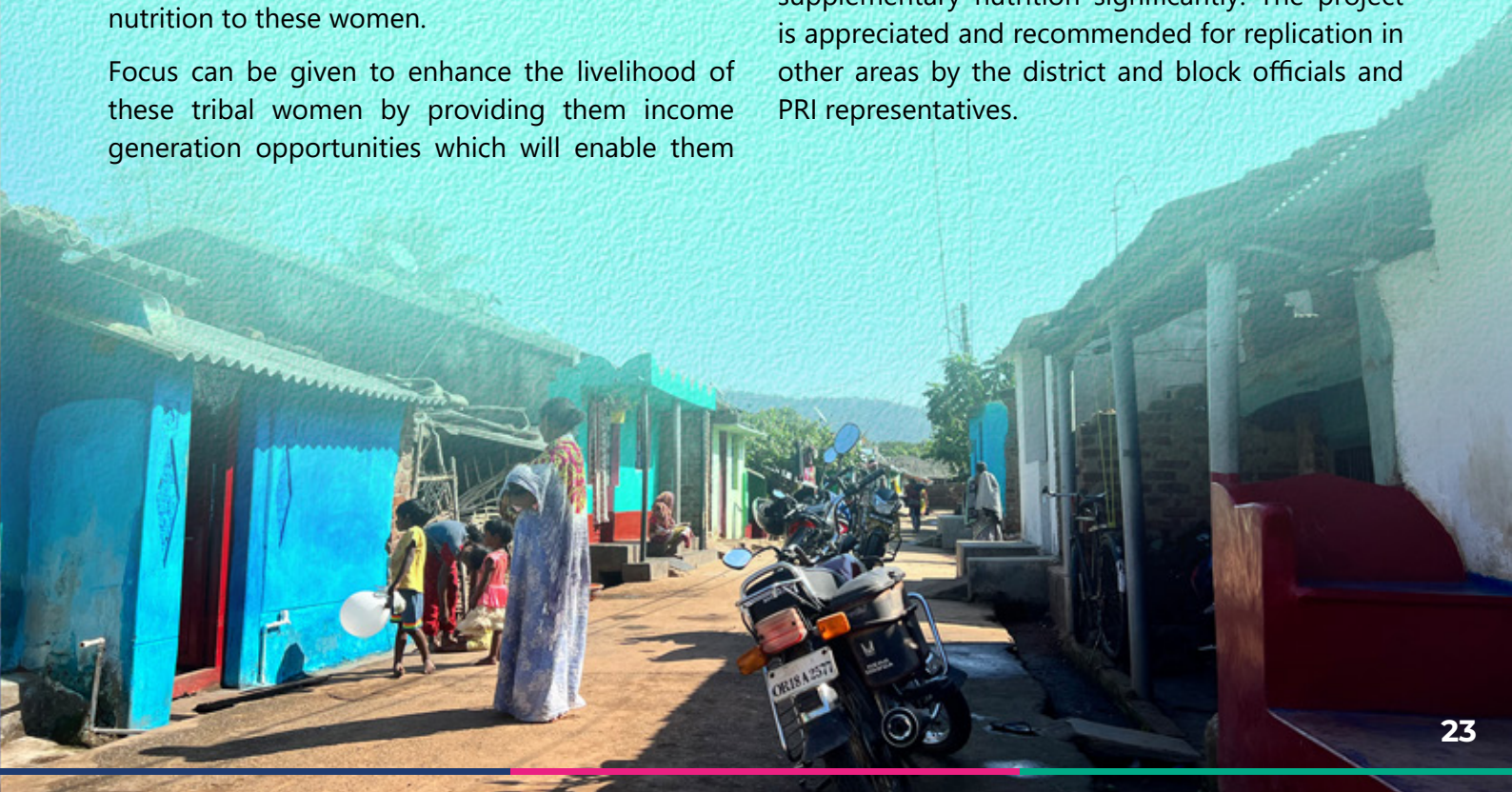
Focus can be given to enhance the livelihood of these tribal women by providing them income generation opportunities which will enable them

Phase I has made a significant contribution to the health of women and children in Bissamcuttack block. It has helped to increase awareness of anaemia and its prevention and control, strengthened commitment to anaemia prevention and control, and identified next steps for anaemia prevention and control in the area. It has also helped to build the capacity of the community to continue to address anaemia prevention and control in the long term.

The need is to intensify the efforts of Phase I. Phase I is a model for other projects that are working to prevent and control anaemia. The project's success is due to the commitment of the participants, stakeholders, and project team. The project's methodology and approach are scalable and can be adapted to different settings.

to afford nutritious, iron-rich and vitamin fortified food as well as treatment for Anaemia.

Overall, the Community Based Anaemia Prevention and Control Program for Women in Bissamcuttack Block of Rayagada District, Odisha has been a success. The project has increased awareness on nutrition, strengthened community actions to reduce anaemia, and promoted kitchen gardens for supplementary nutrition significantly. The project is appreciated and recommended for replication in other areas by the district and block officials and PRI representatives.



ABOUT PPHF

We are a global health non-profit organization working towards transforming lives for improved health and wellbeing through locally-driven solutions. We have worked in more than 20 states of India with an aim to build the skills of health care providers, strengthen management capacity and help create sustainable systems to improve access to quality health services.

We work closely with communities and key actors on sustainable solutions for public health challenges:

- Non-Communicable Diseases
- Women, Adolescent and Child health
- Nutrition
- Infectious diseases
- Environmental Health
- Emergency Health and Disaster Response

We focus on building public health capacity and community actions for better health outcomes. We work collaboratively with stakeholders, leveraging partnerships and influencing policies and practices. Drawing on our experiences and recognizing the unique needs of each region in India, We work in partnership with key stakeholders to design and deliver targeted responses.

Contributor

People to People Health Foundation

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