

Title of Summary: **Strengthening IFA Supplementation in Lebak and Purwakarta**  
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## **Introduction**

- Many studies have shown the benefits of iron/folic acid (IFA) supplements in pregnancy. The provision of iron/folic acid supplement (IFA) has been recommended to prevent iron-deficiency anemia during pregnancy. While the recommendation has existed in Indonesia since 1970, the prevalence of anemia among reproductive age women decreased from 40% (SKRT, 2001) to 25% (2007). National Basic Health Research showed that the coverage of iron/folic acid supplements (57%) and utilization (18%) in 2010. Supported by Micronutrient Initiative (MI), this study was designed to formulate communication strategy to improve the awareness and compliance towards IFA supplements among women during pregnancy and identify the barriers and recommendation to increase IFA supplementation coverage, supply chain and to increase compliance using effective method.

## **Method**

- Qualitative research was carried out mainly with pregnant women in second trimester onward and post partum women within 42 days after delivery and conducted in the purposively selected districts of Lebak and Purwakarta. In each district, two Puskesmas areas (sub-districts) were selected based on the distribution of iron/folic acid supplements (the highest and lowest coverage of IFA supplements). In addition number of key informants from various occupation and role in community were also invited to participate in this study.
- The data collection was undertaken around 10 days (3-13 March 2012) parallel in West Java province in Purwakarta District and Banten Province in Lebak District. Data was collected using in-depth interview and Focus Group Discussion. In total there were 55 in-depth interviews and 4 FGDs in Lebak, 57 in-depth interviews and 8 FGDs in Purwakarta, with total of 183 informants. In addition, 24 observations were conducted in both locations.
- Important and valuable findings were summarized based on seven main themes: policy issues, supply chain, delivery strategy, monitoring system, human resources and training, perception towards IFA supplementation, and communication strategy.

## **Results**

### **Policy Issues**

- IFA supplementation has been declared at national level as an essential program since 1970. After decentralization in 2003, district levels also provide IFA supplementation besides from the central government (Special Allocation Funding/*Dana Alokasi Khusus*). Both districts have local budget allocation to cover IFA supplementation. However in both district this program was not as prioritized as under nutrition children intervention.
- There was no local policy in monitoring and evaluation of IFA supplementation program in improving anemia such as surveillance system.
- Although at central and provincial level IFA program was only for pregnant mothers, however at both districts level, IFA supplementation was also for post partum mother.

### **Conclusion**

- Although budget allocation for IFA supplementation is always available, nevertheless the program only focuses on monitoring the coverage and not on the compliance, so the effect of IFA supplementation in reducing anemia was still not maximized.

### **Recommendation**

- Each district should have anemia surveillance to monitor mother's compliance for IFA supplementation and also the impact of IFA tablets in reducing anemia.

### **Supply Chain**

- There were different methods between Banten and West Java Province from central level. Banten received IFA tablets, while West Java received special budget allocation. In other words, West Java can conduct auction for IFA suppliers. This will take times for

administrative process and team member skill of auction in choosing for the winner of the bidders.

- All IFA tablets required by all Health Centers were delivered by auction winner to district level only once a year.
- In Banten Province, the Pharmacy storage was not in one place so it is difficult to be monitored.
- In Lebak District, IFA distribution from District Health Office to Health Center was recently conducted each year, however in Purwakarta the distribution was once a month or at least once in three months.
- There is unmatched estimation from nutrition, mother and child health and pharmacy unit in planning IFA tablets request in each level.
- In Banten Province, the request from district was almost always unfulfilled due to the limitation of IFA tablets. However in West Java province this is not a problem.

### **Conclusions**

- The procurement process is important in Banten Province to be standardized since it can make stock piling which might risk the quality of IFA supplementation.
- Un-match data between estimation and actual can create inaccurate Health Center data on coverage. If the estimation was too high, then the Health Center cannot reach 100 percent coverage although all of the targets have been covered. Visa versa, if the estimation was too low, then the coverage can reach more than 100 percent.

### **Recommendations**

- Especially for Banten province which has insufficient storage, it is important to develop regulation with the auction winner to distribute IFA tablets twice a year in order to reduce stock piling.
- Staff of health center should pick IFA tablets up once a month or at least once in three months for remote health center supporting by BOK.
- Making routine coordination meeting to match the data of IFA tablets request and IFA stock in the storage at any level.
- Training for the IFA supplementation team (Nutrition, MCH and Pharmacy unit) about how to estimate accurately the number of IFA tablets and how to improve quality assurance.

### **Distribution Strategy**

- IFA supplementation was distributed without information of Hb level.
- Village midwives and cadres keep IFA tablets as stock if the pregnant mothers need it. However village midwives did not always gave 30 tablets to the mothers. Instead the standardized package was opened and repacked into smaller number of tablets without considering standardized packaging.

### **Conclusions**

- 90 IFA tablets were only enough for maintaining the Hb level. Without knowing the Hb before test it is difficult to improve Hb level of the mothers, since it is need more than 90 tablets to increase Hb level.
- Unstandardized package of IFA tablets can reduce the quality and effectiveness of iron.

### **Recommendation**

- To increase the compliance of health provider in measuring the Hb level before giving IFA tablets, so the pregnant mothers can receive appropriate dozes for increasing her Hb level.
- To improve the accuracy of LPLPO at Health Center and village midwives level through stock checking of IFA tablets regularly.
- To improve the packaging of IFA tablets by using single use blister with alluminium foil or at least changing the package with sealable plastic.

### **Monitoring System**

- Monitoring system was conducted by filling in the available monitoring form, however it is not link at each level so it is difficult to give feedback or the monitor the over stock or limited stock.

- Monitoring compliance was incidentally conducted in informal activity and cadres was asked by the village midwives to monitor the compliance of the mothers
- Monitoring system for private health sector was not well functioning.

**Conclusion**

- Monitoring system that must be conducted regularly was not applied in the field, besides using manual form will take other effort to recap and check all of the data form the field.

### **Recommendations**

- To use software or spreadsheet template in monitoring system instead of manual form bench marking the Lebak district.
- To validate monthly recapitulation including for private sectors.

### **Human Resource and Training**

- Human resource was enough, however village midwives having other tasks besides MCH including financial report and other form.
- Although village midwives were enough but the distribution was not equal in remote area, due to transportation and housing problem.
- There was no training for IFA supplementation only, but training for general MCH matters. The most frequent activity is refreshing training for half or one day.

### **Conclusion**

- There was no training for IFA supplementation to remind the health providers about important of the program.

### **Recommendations**

- Conducting refreshing training for health providers only for IFA supplementation emphasizing on: side effect, how to drink, how to keep it and the contra-indication of IFA tablets.
- Training for measuring Hb level using available measurement in the field.

### **Perception regarding use of IFA supplement**

- There was misconception about IFA supplementation among mothers and the community. IFA tablet was perceived as medicine to increase blood pressure. So if the blood pressure is normal or high the pregnant mothers were not allowed to drink IFA tablets.
- Effect of IFA tablets and how to drink it was rarely mentioned by the village midwives to the mothers. This made them not well prepared with the side effect and it decreased the compliance.
- Generic IFA tablets was perceived by the mothers as making nausea.

### **Conclusions**

- There was misconception in the community about IFA tablets among pregnant mothers and also the cadres caused by uninform message by the village midwives.
- Compliance was low because the side effect of IFA tablet was not explained by the midwives.

## **Recommendations**

- Health education about how to deal with side effect and contra indication, how to drink and keep IFA tablets are very important to increase compliance and decrease misconception in the community about IFA supplementation.

## **Communication Strategy**

- IFA supplementation was essential program that has been declared since 1970, there was no booster action for this program. So this program has been conducted as it is.
- There is no special IEC material for IFA supplementation even in MCH recording book the explanation of IFA supplementation was very limited.
- Village midwives is the most credible source for disseminating the important of IFA supplementation for pregnant mothers.
- Cadres were the most efficient channel for persuading and monitoring the compliance of pregnant mothers for IFA supplementation.
- To some extent family members particularly husband might encourage women to comply with IFA tablets. However, the key influencers of IFA supplements use found in this study include health personnel (village midwives) and cadres.
- In both districts there was pregnant mother class. It consisted of 10 pregnant mothers with village midwives as facilitator. In this class they discussed about MCH matters. However this program was discontinued due to the budget limitation.
- Counseling in Health Center or in Posyandu was not effective due to large number of patients.

## **Conclusions**

- IFA supplementation is an essential program in MCH. However the budget was only for procurement and not including for health promotion. Without any IEC and health education activities and compliance survey, the success of this program was questionable.
- IFA supplementation was only one from other ten activities that should be conducted by pregnant mothers. There was no booster program for IFA supplementation.

## **Recommendations**

- Developing IEC material for village midwives and cadres to educate pregnant mothers such as flipchart, poster or leaflet.
- Making a booster intervention through village midwives and cadres and also involving the traditional birth attendance to promote IFA supplementation.
- Continuing the pregnant mother class and train the village midwives to be good facilitators.
- Developing partnership with private sectors using local district regulation.
- Increase awareness by using social advertisement and talk show in local radio or local TV spot.
- Specific messages for village midwives:
  - How to deal with contraindications of IFA tablet use (message for midwives)

- How to store IFA tablets
- Specific message for mothers and caregivers
  - Fixing the misconception between hypotension and Anemia (message for mothers)
  - Correct way to have IFA supplements (message for mothers)
  - How to deal with side effects of IFA supplements (message for mothers)
  - Benefit of IFA tablets to mothers and children
  - How to store IFA tablets at home