



Context

Prior to the onset of COVID-19, anaemia had been a point of major public health concern in India, with 26.6% of adolescents between 10-19 years being classified as anaemic (1). Disruption in health services such as WIFS due to the pandemic meant that prevalence of anaemia in India, and Maharashtra in particular, increased. The National Family Health Survey-5 reported that 56.4% of women and 19% of men in Urban Maharashtra were anaemic in the 2019-20 phase (2).

In the post-pandemic phase, as adolescents got back to school and health services were restored, SNEHA's implementation activities worked strongly with public health systems to achieve a reduction in the number of anaemic adolescents.

Method of Implementation

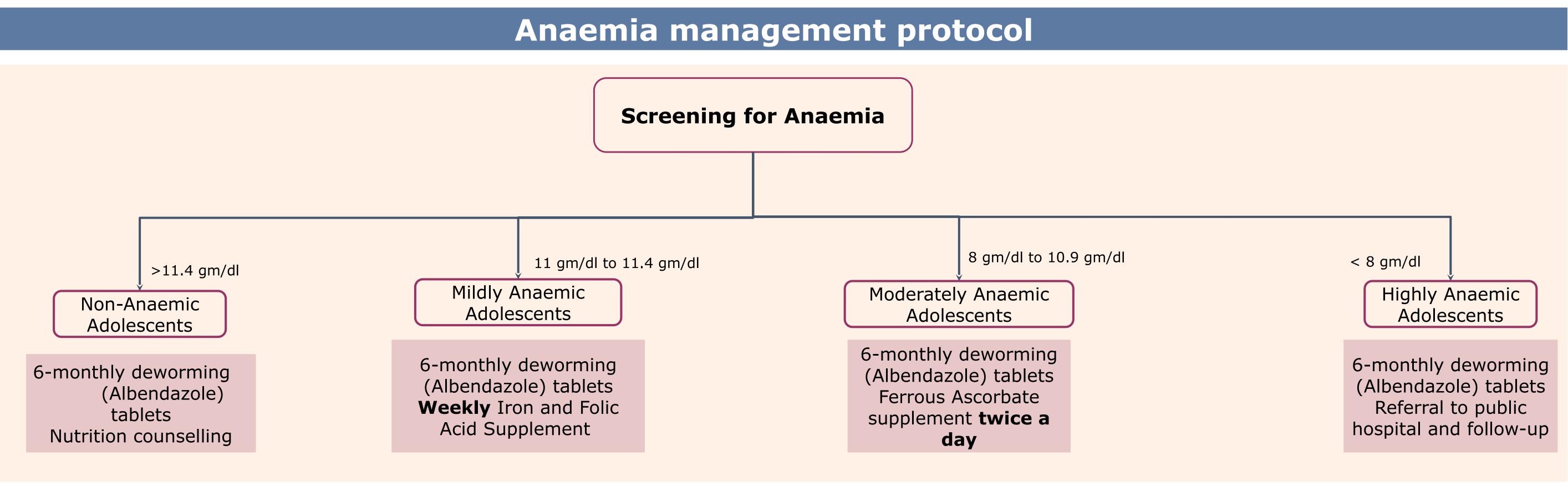
Screening by accredited laboratories and treatment based on protocol developed with public health system

Facilitation of treatment through building regular accessibility to public health systems

Individual diet audits, nutritional counselling with families of adolescents, treatment adherence and social protection facilitation

Nutrition awareness sessions, video messages and campaigns

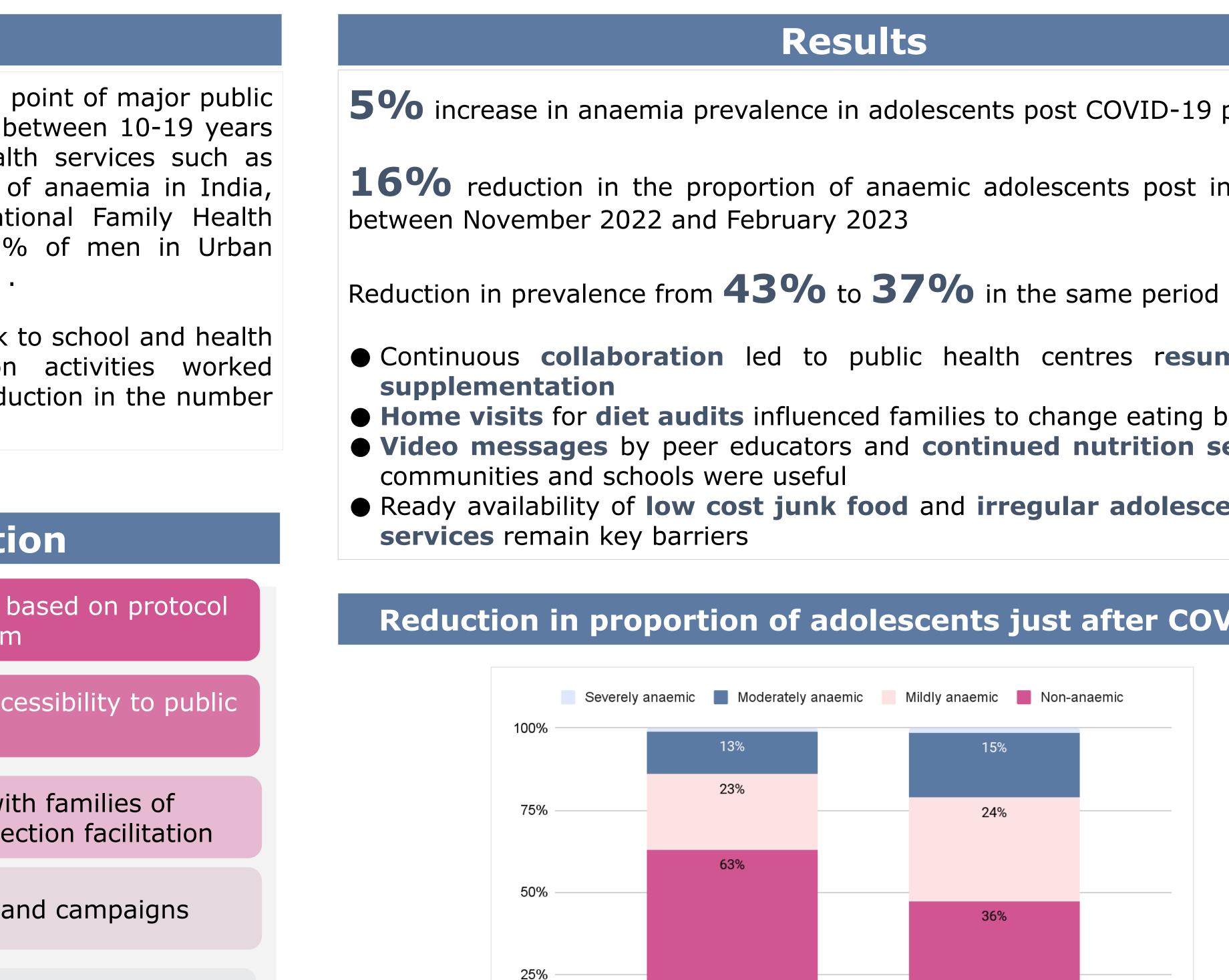
Maintenance of monthly monitoring data



Contact

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Overcoming a pandemic: putting adolescent anaemia management back on track in urban slums in the Mumbai Metropolitan region in Maharashtra, India



Pre-test (Sept '21)

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Results

5% increase in anaemia prevalence in adolescents post COVID-19 pandemic

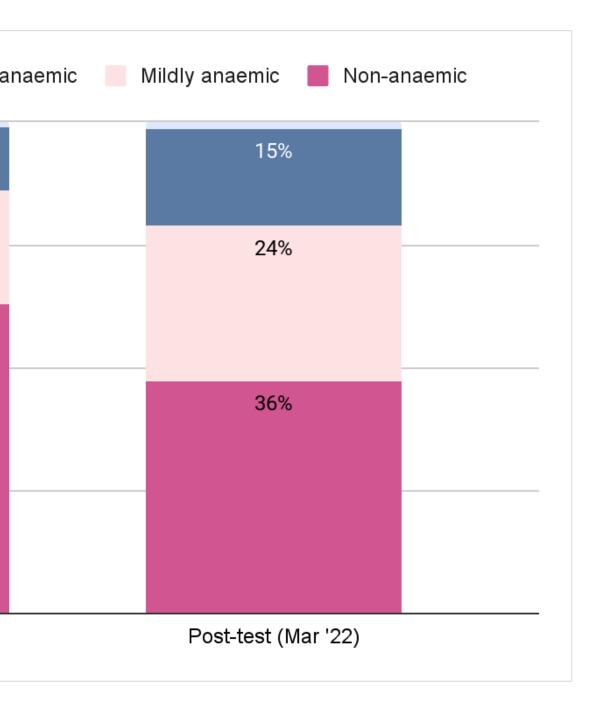
16% reduction in the proportion of anaemic adolescents post intervention

Continuous collaboration led to public health centres resuming iron

• Home visits for diet audits influenced families to change eating behaviour • Video messages by peer educators and continued nutrition sessions in

• Ready availability of low cost junk food and irregular adolescent health

Reduction in proportion of adolescents just after COVID-19



20% 10% 0% 2019

50%

40%

30%

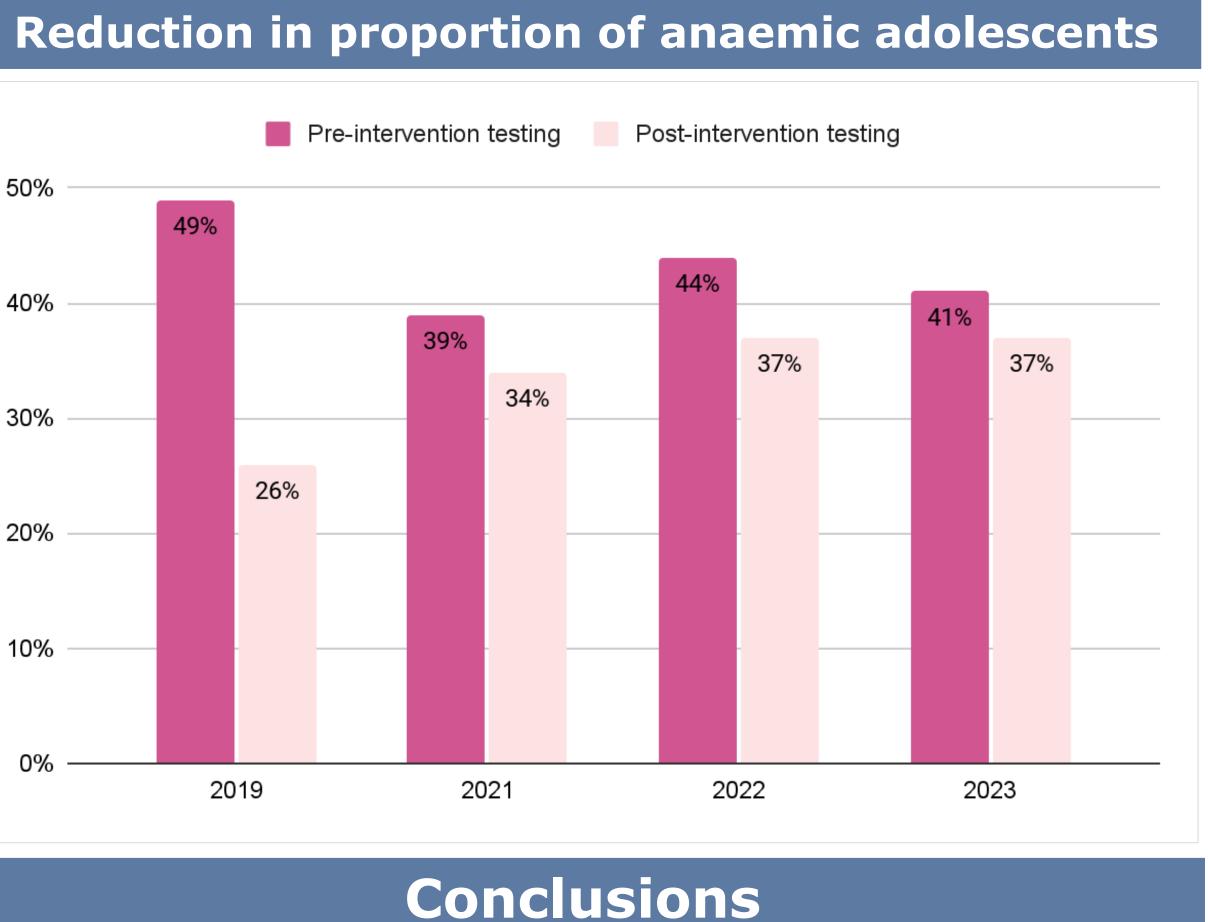
Our experiences highlight the need for a **holistic approach to** address anaemia among adolescents. SNEHA has already initiated Adolescent Friendly Health Clinics as mandated by India's National Adolescent Health programme. Additionally, neighbourhood clinics (Aapla Maharashtra now has Dawakhanas). The implication for the intervention will now be to strengthen these systems to implement anaemia treatment and management.



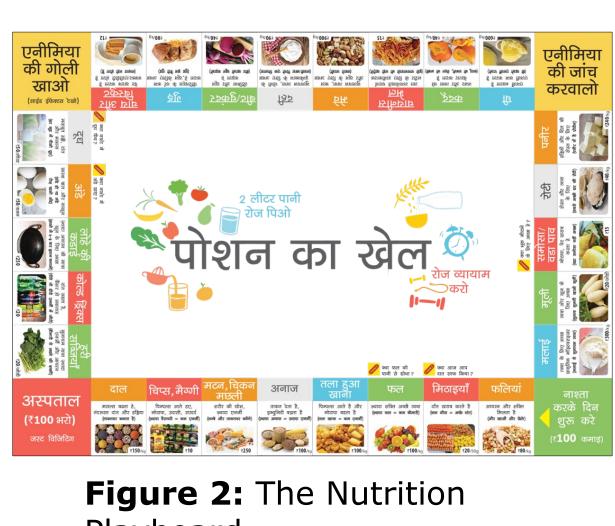
Figure 1: Access Visit to adolescent clinics

References

1. Comprehensive National Nutrition Survey (1026-18), Ministry of Health and Family Welfare (MoHFW), Government of India, UNICEF and Population Council 2. International Institute for Population Sciences (IIPS) and ICF. 2021. National Family Health Survey (NFHS-5), 2019-21: India: Volume II. Mumbai: IIPS.



The increase in the prevalence of anaemia post pandemic has pushed for innovative implementation processes and protocols that are sustainable. By collaborating with public health systems, and providing individualised diet audits and nutritional counselling has seen a 16% reduction in the proportion of anaemic adolescents



Playboard