



Policy brief on Test, Treat and Talk (T3) Camp for Anemia

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Anemia Mukht Bharat (AMB) program has laid an ambitious target of a 15 percent reduction in the burden of anemia by 2022 compared with 2018. Test, Treat, and Talk (T3) camp for anemia is a strategy aimed to improve visibility of anemia, create awareness about anemia among the general public and generate demand for anemia control efforts. Political commitment, engagement with implementation partners, selection of appropriate platforms for conducting the camps and provision of quality services are the mainstay for the success of T3 camp and needs to be considered during the scale-up of this strategy.

Background:

The National program for control of anemia implemented in 1970 is one of the oldest health programs in India.¹ However, anemia remains as a serious public health problem with more than half of 6-59 months children (58.4%), adolescent girls of 15-19 years (54%), women of reproductive age (53.1%), pregnant women (50.3%) and lactating women (58%) being anemic in India.² The Comprehensive National Nutrition Survey (CNNS) conducted in 2016-2018 estimated 41% of pre-school children, 24% of school-going children aged 5-9 years, and 28% of adolescents in 10-19 years to be anemic.³ To accelerate the reduction in the burden of anemia, the Ministry of Health and Family Welfare (MoHFW), Government of India (GoI) launched Anemia Mukht Bharat (AMB) program in September 2018, in mission mode with a multipronged approach.⁴ The ambitious targets of the AMB programme can be achieved through demand generation for anemia control among the general public. However, several gaps exist for such demand generation and a few are highlighted below,

- ❖ Less focus on awareness generation activities and visibility of program among various stakeholders

AMB aims for 15 % reduction in the burden of anemia among children 6-59 months, 5-9 years adolescents of 10-19 years, women of reproductive age group 20-45 years, pregnant and lactating women by 2022

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- ❖ Anemia prevention services, diagnosis and treatment is largely restricted to individuals attending the health care facilities
- ❖ Poor accuracy and procedural complexity of the existing point of care testing methods limits the testing and care provision at community settings.⁵⁻⁷
- ❖ Lack of platforms for educating general public on nutritious diet and importance of iron folic acid (IFA) supplementation.

T3 – Test, Treat and Talk Anemia Camp – an innovative strategy:

Innovation, demand generation, active community participation, and partnerships are a few of the critical elements for the success of a health program.^{8,9} The AMB program explores innovative ideas to tackle the high burden of anemia in the country. Test, Treat, and Talk Anemia camp (T3 anemia camps) is one such innovative strategy focusing on the above elements and calls for active engagement of various stakeholders towards anemia control efforts.

What is T3 - Test, Treat and Talk Anemia Camp strategy?

As the name implies, the T3 camp strategy is a campaign conducted at the platforms with a high potential of reaching a wide range of beneficiaries. The beneficiaries attending the camp will be,

- ❖ **tested** for anemia using digital hemoglobinometers
- ❖ **treated** with iron-folic acid (IFA) tablets for those found to be anemic and
- ❖ delivered a **talk** on a diet rich in iron and vitamin C

T3 camp strategy aims to increase the visibility and awareness of anemia among the politicians, policymakers, program managers, and the general population.

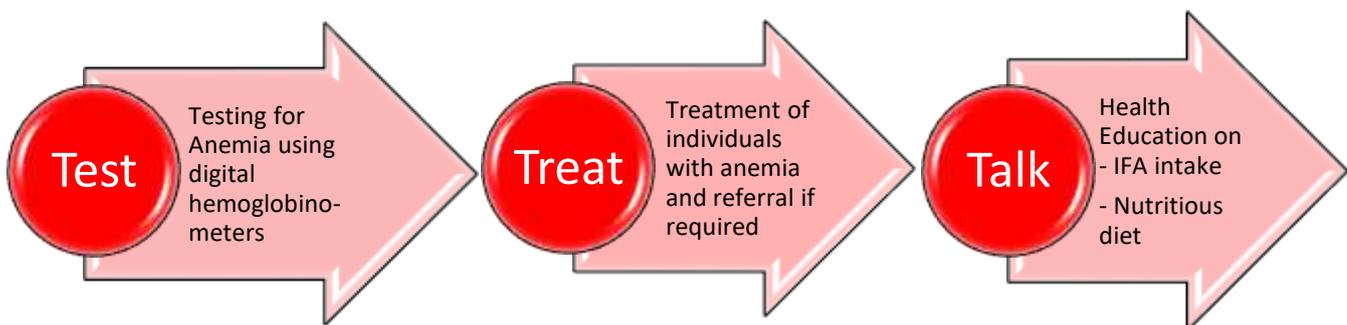


Figure 1. Components of T3 Anemia Camp Strategy

Test for anemia: The point-of-care test (POCT) is performed using digital hemoglobinometers in the T3 camps. The digital hemoglobinometers are the recommended POCT for the estimation of hemoglobin under the AMB program. Various studies have reported that digital hemoglobinometers have acceptable sensitivity and specificity as compared to auto analyzers.^{5,10,11}

Treatment for anemia: The anemia is diagnosed based on WHO hemoglobin cut-off for anemia and AMB guidelines are followed for the management of anemia. Those individuals identified with anemia are given IFA tablets for ten days and referred to their nearest public health facility with a referral slip for further management. In camps where IFA tablets are not available, individuals with anemia are referred to public health facilities for further management or are provided with prescription slip for oral IFA tablets.

Talk for anemia: All beneficiaries attending the T3 camp are counselled on diet rich in iron and vitamin C. Iron rich recipes, importance of IFA supplementation and dos and don'ts of IFA tablets consumption are discussed in detail. Also, information pamphlet on iron-rich food and recipes are provided.

Development of T3 camp strategy - Convergence and Key-stake

Holder Involvement:

The T3 camp strategy was formulated in September 2018, at National Centre of Excellence and Advanced Research on Anemia Control, Centre for Community Medicine, All India Institute of Medical Sciences, New Delhi with inputs from MoHFW, UNICEF, AIIMS – Bhopal, Bhubaneswar, Jodhpur, Patna, Raipur and Rishikesh along with other partner organizations.

Implementation of T3 Anemia Camp Strategy:

Digital hemoglobinometers require less than one drop of capillary blood for hemoglobin estimation, and the hemoglobin values are displayed in less than a minute, which is ideal for the estimation of hemoglobin in community settings and also in camps.

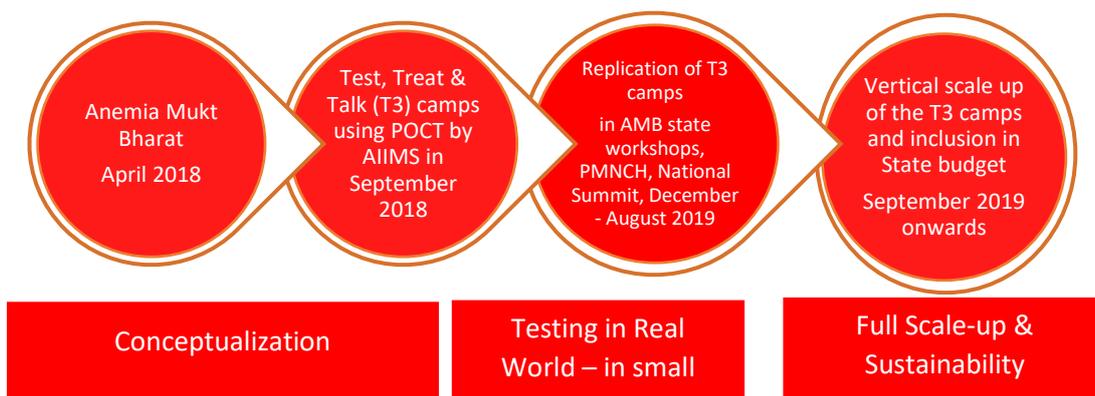


Figure 2. Framework for development and scaling up of T3 Camp Strategy

Standard operating procedures were finalized and initial T3 camps were conducted as part of POSHAN Maah (National Nutrition Month -September 2018) under POSHAN Abhiyaan. National Centre of Excellence and Advanced Research

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on Diets (NCEAR-D) supported as partner in providing dietary counselling (Talk) at T3 camps.

Replication and Scale-up of T3 camps:

From November 2018 onwards, sequential scale-up of T3 camps happened in various events at different parts of India. In March 2019 (POSHAN Pakhwada) and September 2019 (POSHAN Maah - National Nutrition Month), T3 camps were held in many parts of India primarily focusing on community settings such as schools, village health and sanitation days as part of State Health Mission activities under POSHAN Abhiyaan and AMB. The details of T3 camp activity were uploaded in Jan Andolan website.¹² The map (Figure 4) depicts the sites T3 camps conducted by under the AMB program with participation of NCEAR-A, NCEAR-D, medical colleges, academic institutions and development partners in 2018 and 2019.

The participants of the camp can be general population or selected vulnerable group of participants such as pregnant women, school children or employees of a workplace.

Manpower	Materilas for testing of anemia	Treatment and Talk materials
<ul style="list-style-type: none">•Medical Doctor•Laboratory technician•Nutrition Specialist/ Dietician•Volunteers - if available	<ul style="list-style-type: none">•Digital Hemoglobinometers•Microcuvettes/strips•Lancets•Alcohol swab, Cotton•Biomedical waste disposal boxes and bags•Camp booth - tables, chairs, dustbin•Electricity connection and/or Batteries	<ul style="list-style-type: none">•Prescription slips / referral slips•Iron folic acid tablets•Dietary counselling materials•Selfie booths, bookmarks, T - Shirts, caps and badges (Depending on the availability)•T3 Bannner

Figure 3. Manpower and logistics for conducting T3 camp

Observations from the T3 camp conducted till 2019:

The T3 camps were conducted in the outpatient departments, urban and rural health centres; key government institutions like NITI Aayog, Nirman Bhawan, Shastri Bhawan and academic institutions like Lady Irwin College. The camp witnessed a footfall of approximately 6,00,000 and around 2,00,000 of them were screened for Anemia. About 500 participants were screened on a camp day. The participants were enthusiastic and voluntarily waited in long queues even when the atmospheric temperature was more than 40°C. Epicollect5, an open source

mobile based application was used for real-time data capture of hemoglobin level. The collected data was analysed, the burden of anemia was calculated at the end of the camp and the results were disseminated to the various stakeholders involved in conducting the camp. The results of burden of anemia assessed in T3 camps is depicted in Figure-5.



26% men and 52% women were found to be anemic in the T3 camps

Figure 4. Location of T3 camps conducted in 2018-19

Role of media: Social media teams of MoHFW and UNICEF increased the visibility of the camps via respective social media handles. The print and broadcast media were sensitized to create wider visibility and public participation.

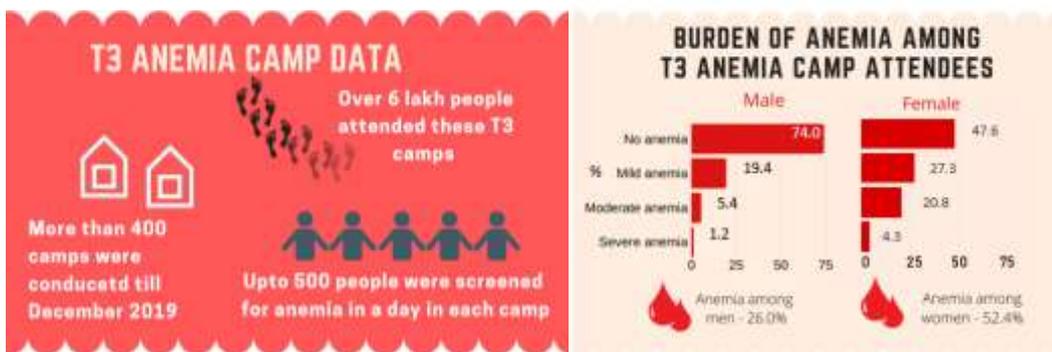


Figure 5. Observations and burden of anemia from the T3 camp conducted in 2018-2019

Enablers of T3 camp scale-up:

1. Well-designed scalable model with defined activities

2. Possibility of budgeting in the NHM-Program Implementation Plan
3. Guidelines, training videos and checklist of logistics are available the AMB website <https://anemiamuktbharat.info/resources/#anemia-test-treat-talk-camp>
4. Supportive supervision and leadership at central level by NCEAR-A (for test and treat component) and NCEARD (for talk component)
5. Immediate availability of results in the digital hemoglobinometers and management/ referral with dietary counselling at the camp site

Challenges:

1. Logistics for T3 camp such as digital hemoglobinometer, microcuvettes and auto-disabling lancets are scarce
2. Difficulty in running the quality control of digital hemoglobinometers due to cost and limited availability of external quality control samples
3. Lack of trained manpower for conducting the T3 camps especially to deliver 'Talk' component in peripheral areas
4. Limited time for counselling due to heavy footfall during the camp

Scale-up in future:

The current T3 camp framework has demonstrated successful operationalization of the strategy. However, further adoptions at various domains can be tried depending on the local needs to optimize the efficiency of these camps. The impact of T3 Anemia camp on the AMB programme targets and the effectiveness of the strategy in the control of anemia have to be explored.

Conclusion:

Test, Treat and Talk (T3) camps can be used as an advocacy tool for creating visibility, awareness and dialogue on anemia. Innovative approaches, involvement of 4Ps (Policy makers, program managers, politicians and partners) and academic institutions, and decentralization of activities with active participation of community health workers/volunteers would help in accelerating the scale-up of the T3 camps. Systematic and meticulous planning and incorporation of lessons learnt during the previous camps could help in negating the teething issues during T3 camp and future scale-up. Empirical research on the effectiveness of T3 camp strategy would aid in evidence-based decision making for future scale-up.

Convergence between academic intuitions and government could help in the successful scale-up of T3 camp strategy for anemia.

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