

GUIDEBOOK FOR TRAINERS:

AIMED AT

FACILITATING TRAINING OF KEY FIELD LEVEL FUNCTIONARIES

AT

STATE/DISTRICT/BLOCK LEVEL VIZ

**SCHOOL TEACHERS, ANGANWADI WORKERS, ASHAS AND
SAHYOGINI**

FOR THE WEEKLY IRON AND FOLIC ACID PROGRAMME

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Background

The foundation of adequate growth and development is laid before birth and during childhood, and during the adolescence period. Adolescent growth spurt determines final adult size and poor nutrition during the adolescent period ascertained by low body mass index and anemia determines work capacity, ease of childbirth, decreased obstetric risk to mother and decreased incidence of low birth weight. The next generation also gets affected when malnourished girls become mothers during adolescence or later in adulthood. Survival itself, for both mother and child is affected by maternal body size.

Anaemia is a critical public health problem in India that affects women and children throughout their lifecycle. Anemia in both boys and girls results in limits their growth, learning ability, diminishes the concentration in daily tasks, increases their vulnerability to dropping out of school, reduces physical fitness and work productivity; while anaemia in girls especially during pregnancy is associated with premature births, low birth weight, and peri-natal and maternal mortality.

Adolescence is an opportune time for interventions to address anaemia, as it is an important time of growth and development. Missing out on nutrition education and IFA supplementation at this time may push young boys and girls further into the cycle of iron deficiency and anaemia. Iron deficiency in adolescent girls influences the entire life cycle since anemic girls have lower pre-pregnancy stores of iron and pregnancy is too short a period to build iron stores to meet the requirements of the growing fetus. Iron deficient adolescent girls have a higher risk of preterm delivery and having babies with low birth weight (LBW).

Since adolescents do not have access to information on anaemia it is important to reach out to them through school teachers, school principals, Auxiliary nurse midwives, ASHA-Sahyogini or Anganwadi workers in the community.

This module is intended to equip the frontline functionaries from Department of Health, Education and Women and Child Development to implement the Weekly iron and folic acid supplementation programme. The training is also to equip the frontline functionaries with skills to educate adolescents (aged 10 - 19 years) about anaemia prevention and control, encourage them to regularly take weekly Iron Folic Acid (IFA) tablets and consume iron rich foods.

Who will use this manual?

The training manual will be used by Master Trainers at all levels (State, District, Block and Sector level) to facilitate training for School teachers, AWWs, ANM and ASHA-Sahyoginis for WIFS programme

Training Duration: One day

Objectives

At the end of the training participants should be able to:

1. Implement and supervise the approach of Weekly Iron and Folic Acid Supplementation Programme (weekly IFA supplementation and nutrition counseling) through the Schools or Anganwadi Centers (AWCs).
2. Use information, Education and Communication (IEC) materials for awareness generation through IPC and Mass Communication.

3. Educate on nutrition, iron rich diet, anaemia, and its means of prevention through supplementation , through Inter Personal Communication (IPC) and Mass Communication.
4. advise adolescent girls and their caregivers on the importance of IFA supplements and consumption of iron rich foods.
5. Maintain accurate records of IFA compliance and report it to the next level.

The module will address issues from the perspective of adolescent groups both girls and boys , with health and ICDS functionaries using village health and nutrition days and other opportunities in the community to ensure the consistency of the key message of anaemia prevention and control.

Content

1. What is Iron?
2. What is Anaemia?
3. Why is it important to address adolescents anaemia(life cycle approach)?
4. What are the causes and effects of anaemia in adolescents?
5. How can we prevent and control anaemia?
6. Counselling for anaemia prevention and control (includes nutritional education and using peer-education)
7. Monitoring (registering of girls, keeping stock registers, and monitoring intake using the prepared formats)

About the Manual

The training module for Health, Education and ICDS functionaries covers the topics, provides the methodology to conduct the sessions and also provides technical information. Each session in the module includes a list of topics covered in the session, its objectives, materials required, time needed and instructions on how to conduct the session(s). The facilitator will use the module and the session methodology wherever possible. The technical information given in the module gives the possible answers or points that may be raised by the participants. An additional session contained in this module is focused on counseling. This is a key session and should be given due weight by the facilitator, as it will help the participants understand and effectively communicate the messages to the adolescents girls and their families.

-: SESSION-1:- Welcome and introduction

A. Welcome and introduction

Objectives: By the end of this session, participants and facilitators will be able to:

- Know each other
- Establish rapport among themselves
- Develop an understanding of the role in the WIFS programme after being trained

Duration: 35 minutes

Material: Cards (4 cm x 5 cm) One card for each participant; 30 cards for pair game, depending number of participants; Bold Markers

Conducting the session

1. Welcome the participants to the Weekly Iron and Folic Acid Control Programme training.
2. Before starting the programme, spend a few minutes on general introductions
3. Request the participants to play a pair game: At the beginning of the session, each participant is given a single card comprising of the name of a state or a state capital. Request all participants to go around and search for their pair (participant containing card with name of a state searches for his partner by finding the person carrying card in which name of the state capital is mentioned). Reward the first pair with a clap from all participants. Then request the participants to sit with their pair during the entire training.
4. Then, ask each pair to interview each other for 5 minutes and introduce their partner to the entire group sharing their **Name, Designation, Place of work and hobbies.**
5. Request both participants to stand up for the introduction (or you can ask each pair to come forward and introduce each other to the entire group). Please mention that the introductions should be short and brief. Let the participants know that the introduction of each partner should take a maximum of 1 minute each.

B. Explaining the objectives of the training

Objectives: By the end of this session, participants will be able to:

- Share their expectations from the training programme.
- Develop understanding about the objectives of the training programme.
- Have an overview of the one day training.

By the end of this session, facilitators will be able to:

- Assess the participants' level of current knowledge regarding adolescent health and anaemia.

Duration: 45 minutes

Material: Marker and a flip chart

Conducting the session

1. Put up Flipchart and ask the participants to brainstorm and share the expectations they have from this orientation programme; encourage the participants to share their views/ideas.
2. Note down their responses on a blank flipchart. Put up the flipchart on a wall and let it remain there throughout till the end of the training.
3. Sum up the expectations shared by the participants.
4. Tell the group that at the end of the training, the group will together see to what extent the expectations have been met with.

TIPS FOR FACILITATOR

One of the easiest and most enjoyable ways to quickly generate a lot of ideas is to brainstorm. A successful brainstorm helps to (i) Encourage creativity (ii) Engage all the participants in the group (iii) Enhance interaction between participants (iv) keeps sessions interesting

Key to successful brainstorming: is to make sure everyone understands the issues

- Start by reviewing the topic, or by posing a question;
- Give people a minute or two of thinking time;
- When ideas start to flow, encourage the participants and welcome all ideas;
- Write all ideas on a flipchart so everyone can see them.
- At the end, wrap up the discussion highlighting the important points.

Box 1: Objectives of the training programme

Training will focus on:

- Anemia and its causes
- Need to address anemia among adolescents
- Interventions and actions to prevent and control Anemia
- Weekly Iron and Folic Acid programme (WIFS)
- Implementing the WIFS programme in all the districts in the state
- Monitoring, supervision and reporting modalities under WIFS Programme

TIPS FOR FACILITATOR

In any group, some individuals will be less inclined to speak up. Watch out for signs that people are not involved. Be aware of any participant keeping their head down, doodling, or showing similar lack of engagement. Some people may be so quietly spoken that they are susceptible to interruptions by others. To engage and encourage these people, ask them for their opinions and comments.

Section A:

TECHNICAL GUIDELINES

-: SESSION-2:-

UNDERSTANDING THE ADOLESCENT PERIOD

Objectives: By the end of this session, participants will be able to:

- Develop an understanding on adolescence and changes during adolescence
- Identify important health related issues of adolescents,
- Understand why there is a need address anemia among adolescents

Duration: 60 minutes

Material: Cards (4 cm x 5 cm) One card for each participant (White) and Soft board to put up the cards or a brown sheet of paper to stick a card; White chart paper/ flip chart; Marker; LCD and projector etc.

Conducting the session

1. Distribute the cards to all participants and tell them to participants to write on the white card what they understand by the term 'adolescence'. Encourage them to state words that come to their mind when they think of adolescence.
2. Place the cards on a soft board and explain to the participants that **adolescence is a phase of life characterized by acceleration of physical, psychological and behavioral change thus bringing about transformation from childhood to adulthood.**
3. Now, divide the participants into 2 groups. You can ask the participants to say loudly 1 and 2 alternatively, all members who have called 1 can be requested to assemble to form group one and those who have called 2 number form group two.
4. Ask **Group 1** to list some changes that occur during adolescence; and ask **Group 2:** List effects of malnutrition in adolescence
5. After formation of group and assigning task- Give participants 10 minutes for group work to discuss amongst them and come up with their respective list. Provide blank chart paper/ flip chart and markers to each group. Ask groups to come up with their own way of letting you know they have finished (e.g. hum a song, put up their hands, clap etc.) This can add a lot fun to the exercise.
6. After the two groups complete their lists, make the entire group sit together and have one person from each group to present the group work. Ask all the group members to come forward while their representative is presenting their response. After each group's presentation, ask the other group if they want to add more points to the list or need any clarification.
7. Finally, sum up the session by recapping points on (i) changes during adolescent and health problems and (ii) the need to address the health issues in the adolescent period. For details on the discussion points see technical brief 1.

- Adolescence is a phase of life characterized by acceleration of physical, psychological and behavioral change thus bringing about transformation from childhood to adulthood.
- Adolescents are 10 – 19 years old
- Why is adolescence an important period?

Mainly because during this stage of life an adolescent undergoes many physical, emotional and social changes like

- Growth spurt occurs (Height and weight increases) : both boys and girls
- Maturation of the sexual organs
- Changes in shape of the body
- Confusion, moodiness, irritation, anger
- Undue anxiety and tension
- Urge to experiment
- Rapid changes in mood
- Behavior to attract people of opposite sex
- Greater confidence on capability of self
- Curiosity about everything happening around them
- Do not like interference from any one
- Insistence on taking independent decisions
- Greater dependence on the advice of peers
- Moving around with peers
- Want to become famous and popular

Males	Females
Increase in height	Increase in height
The voice becomes heavy	The voice becomes soft
Muscles develop	The body changes its shape an fat is deposited in certain parts of the body
Shoulders and chest become broader	Pelvis becomes broader
Appearance of hair on the body-moustache and beard, appearance of pubic hair and in axilla	Appearance of hair on pubic area and in the axilla
Enlargement of sex organs testicles, and penis	Enlargement of breasts Enlargement of ovaries and uterus
Beginning of ejaculation	Beginning of menstrual periods

- Common problems in adolescence
 - Under nutrition and anemia due to poor dietary intake, desire to be thin and have a good figure
 - Anemia in girls due to menstruation
 - Smoking and alcohol use leading to ill health
 - Stress and depression
 - Pimples on the face, neck upper part of the back
 - Blemishes on the face

- Hair fall
- Irregular menstrual periods in females, less bleeding or excessive bleeding during periods or delay in the onset of menstrual periods
- White discharge from the vagina
- Excessive appetite or decreased appetite
- Excessive hair on the face or on the body in females or lack of hair in males
- Appears too fat or too thin
- Too tall or too short compared to other adolescents of similar age

Consequences of Anaemia and undernutrition among Adolescents

Short term effects

- Breathlessness, Weakness and Tiredness
- Lack of concentration, Poor school performance, Impaired work capacity and poor work productivity

Long term effects

- Can potentially retard growth so that the adolescent remains short and thin. The full height potential may not be reached and the adolescent may remain stunted.
- The sexual maturation may be delayed with late onset of puberty.
- Poor nutrition during adolescence can impair the work capacity and productivity of both adolescent boys and girls.
- Reproductive health problems:
 - Menstrual problems
 - Miscarriage
 - Low Birth Weight babies (Inter-generational effect)
 - Higher maternal mortality and morbidity (Premature labor, Ante partum/ Postpartum Haemorrhage, Puerperal Sepsis)

-: SESSION-3:- NUTRITIONAL ANEMIA

Objectives: By the end of this session, participants will be able to

- Understand what is anaemia; its symptoms and its causes
- Explain the magnitude of anaemia in adolescents and its consequences
- Describe measures for prevention of anaemia
- Interventions to prevent anemia

Duration: 150 minutes

Material: Booklet/pamphlet on Anemia; Cards (4 cm x 5 cm) Three chart sheets; one flip chart; Marker; LCD and projector

Conducting the session

1. Share with participants that anemia is a major public health problem among the adolescents and it is important to address this.
2. Explain to the participants the need to understand what is anemia; what are the symptoms and causes of anemia, and why it must be addressed.
3. For this session, divide the participants into three groups.
4. Give one chart sheet to each group and ask them to write down the following:
 - Group 1: What do they understand by Anemia?
 - Group 2: What are the symptoms and causes?
 - Group 3: Why it must be addressed
5. Give the groups 15 minutes to discuss and pen down the topic given to them and another 10 minutes to each group to make a presentation.

After all three groups have presented, thank the groups and the presenters (with a clap from the groups) and then take up the discussion further by wrapping up the session. For details on the discussion points see technical brief 2

Technical brief 2: NUTRITIONAL ANEMIA

I. ANAEMIA: CAUSES AND EFFECTS

Anaemia is a critical public health problem in India that affects women and children throughout the lifecycle. Anaemia in boys and girls limits their development, learning ability, reduces concentration in daily tasks, increases their vulnerability to infection, increases school dropout rates, reduces physical fitness and work productivity. Anaemia in girls during pregnancy is associated with premature births, low birth weight, and peri-natal and maternal mortality.

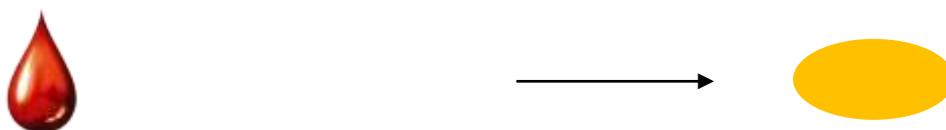
Adolescence is an opportune time for interventions to address anaemia, as it is an important time of growth and development. Missing out on nutrition education and IFA supplementation at this time may push young boys and girls further into the cycle of iron deficiency and anaemia. In adolescent girls, apart from meeting growth needs, sufficient iron intake is also essential before and during pregnancy.

What is iron and why do we need it?

Iron is a mineral needed by our bodies. Iron is a part of all cells and does many things in our bodies. For example, iron (as part of the protein hemoglobin) carries oxygen from our lungs throughout our bodies. Iron also helps our muscles store and use oxygen. When our bodies don't have enough iron, many parts of our bodies are affected.

What is anaemia?

Human blood contains a red pigment called haemoglobin, which is rich in iron. It carries oxygen to different parts of body. Deficiency of iron in diet leads to decreased amount of haemoglobin, making the blood thin and less red in colour which leads to less supply of oxygen to different parts of the body; this state is known as anaemia.



Cut off levels of hemoglobin for diagnosis of Anemia

Age/Sex	Hb Gram/dl
Children 6 months to 6 years	11
Children 6 to 14 years	12
Adolescents 15-19 years	12
Adult male	13
Adult female	12
Adult female pregnant	11

If the level falls below those above, then the person is diagnosed as having anaemia.

Classification of anaemia according to WHO

Mild anaemia	11.9 gm to 10 gmHb /100 ml blood
Moderate anaemia	9.9 gm to 7gm Hb /100 ml blood
Severe anaemia	< 7 gmHb/100 ml blood
Anaemia in non-pregnant woman	<12 gmHb/100 ml blood (above 15 years of age)
Anaemia in pregnant women	<11 gmHb/100 ml blood

A) Common causes of anaemia

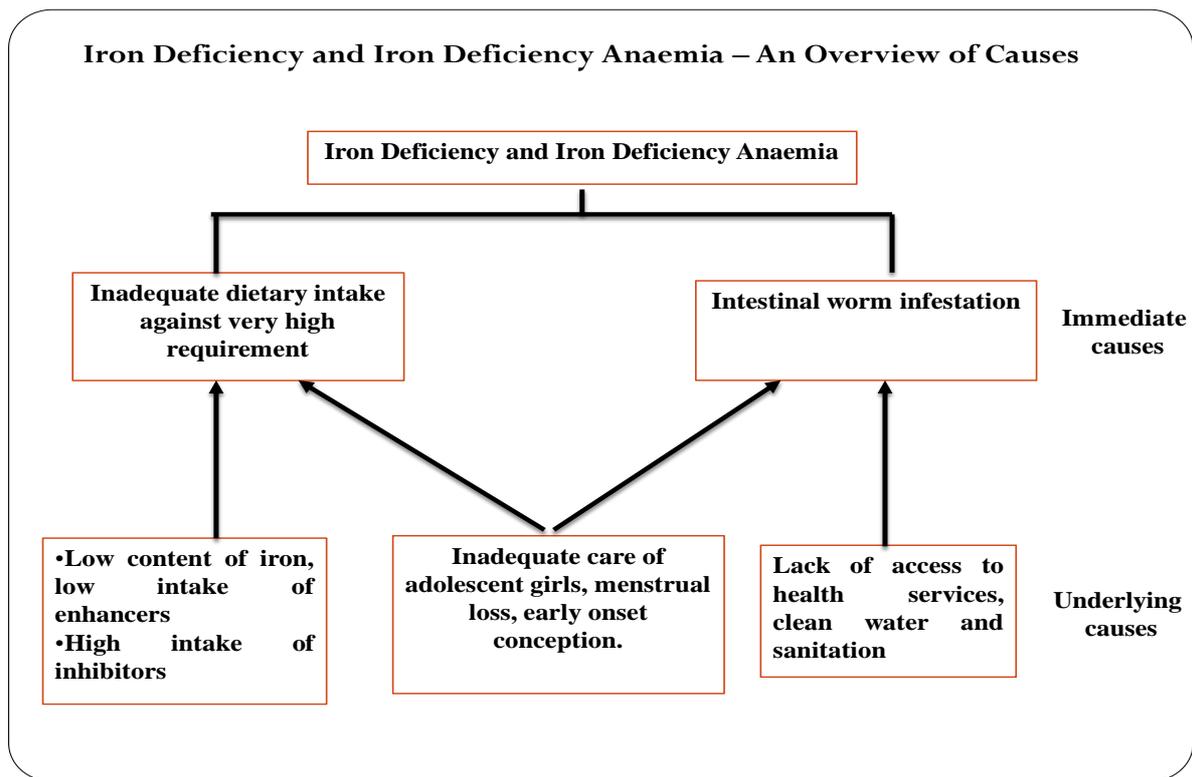
There are many different types of anaemia. They could be nutritional or non -nutritional causes (heavy/chronic bleeding, infections, genetic disorders or cancers). Nutritional anaemia, particularly, is the most widely prevalent form of anaemia in the country.

Causes of **Iron Deficiency Anemia** and nutritional anaemia are:

- Poor Dietary intake of iron resulting in deficiency of iron in the body and thus Iron deficiency anaemia (less intake of iron rich foods; Gender discrimination in food allocation in a family aggravates the situation)
- Low bio-availability of iron- Habitual intake of cereal based diet high in phytate and poor consumption of iron absorption enhancers such as vitamin C result in low availability of iron
- Dietary deficiency of vitamins such as Folic Acid, Vitamin C, Vitamin B₁₂

Non nutritional causes of anaemia:

- Accelerated increase in requirement for iron during adolescent period
- Hookworm infestation
- Infections such as Malaria
- Loss of blood in case of heavy menstrual bleeding.
- Teenage marriage and early pregnancy – Teenage pregnancy places double burden on the physically and physiologically immature body of girls and results in increasing the likelihood of anaemia, maternal mortality, pregnancy complications and birth of low birth weight babies.



Iron deficiency anaemia develops after normal stores of iron have been depleted in the body. Thus the signs of anaemia may not be clinically visible until the anaemia is severe (Hb less than 7-8 gms/dl).¹ However, adverse impact on health occurs even before this stage is reached.

B) Who is affected?

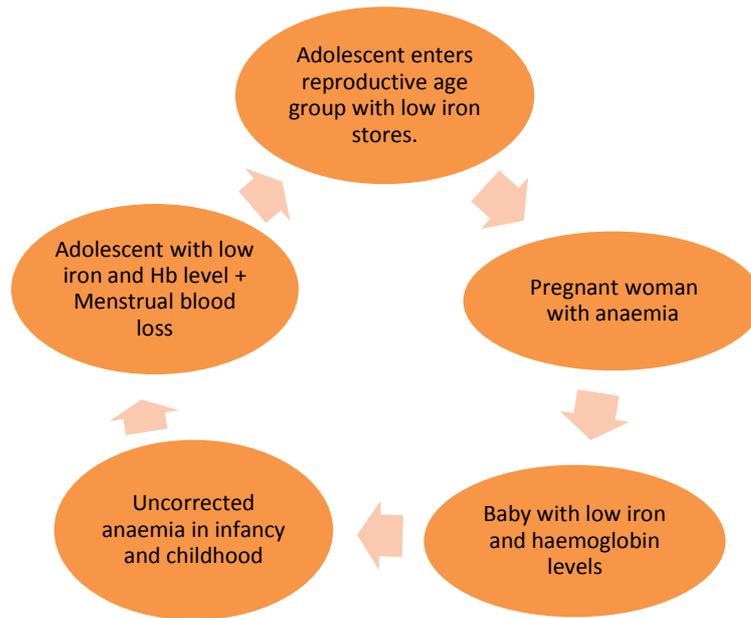
The high risk groups for anaemia include-

- Women of child bearing age who have blood loss through menstruation
- Pregnant and lactating women who have an increased requirement of iron
- Adolescents and children who have rapid growth phases
- People with poor dietary intake of iron through a deficient diet.

Intergenerational cycle of Anemia - An adolescent girl who enters the reproductive age with low iron stores and becomes pregnant during adolescence or later is at greater risk of giving birth to a low birth weight and preterm baby. The baby is also born with low iron stores and due to poor infant feeding practices is more likely than ever to enter adolescence with low iron stores in the body. Thus this vicious cycle of iron deficiency anaemia continues.

Intergenerational cycle of Anemia

¹Nelson Textbook of Pediatrics; Volume 1 Chapter Anemia Treatment and Causes

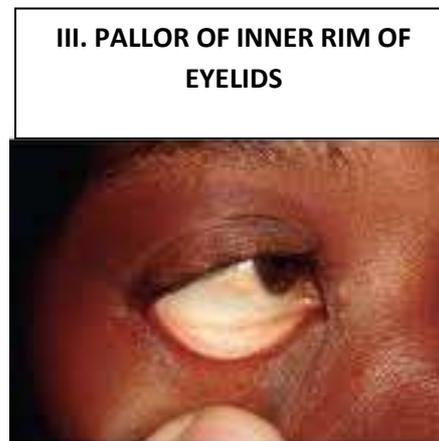
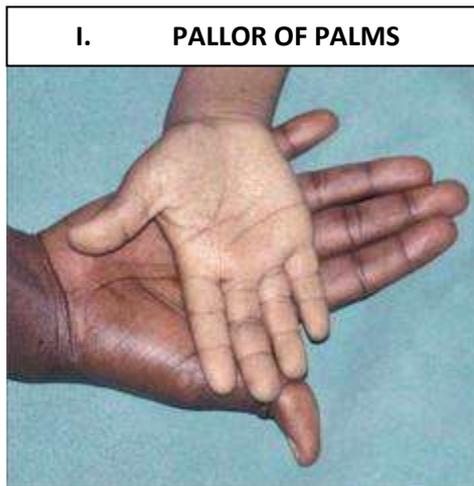


Women in general are more prone to anaemia than men because of smaller stores of iron and the onset of menstruation imposes additional requirement of Iron to compensate for menstrual blood loss. In Indian girls, the highest prevalence of anaemia is reported between the ages of 12-13 years which also coincides with the average age of menarche. In girls, the lower total food intake or energy intake by compared to boys, combined with menstrual losses cause adolescent girls to be at greater risk of Iron deficiency and IDA

C) Signs and Symptoms of anaemia:

Definitive diagnosis of anaemia can only be made by a blood test that measures Haemoglobin(Hb) levels in the blood. The test for Hb is carried out in health centres. However there are some signs that may assist in identifying anaemia. They include:

- Whiteness or pallor in the inner rims of the eyelid, tongue, overall skin, nails, palms of the hand.
- Soreness of the mouth, with cracks at the corners.
- Dizziness, tiredness, fatigue and low energy
- Unusually rapid heartbeat, particularly with exercise
- Shortness of breath and frequent headaches, particularly with exercise
- Lack of interest in play and studies
- Difficulty/ inability to concentrate
- Leg cramps
- Lowered resistance to infections



Iron deficiency anemia develops after normal stores of iron have been depleted in the body. Thus the signs of anemia may not be clinically visible until the anemia is severe (Hb less than 7-8 gms/dl).² However, adverse impact on health occurs even before this stage is reached.

D) How to identify anemia:

Pallor is unusual paleness of the skin. It is a sign of anaemia.

- 1. Palmar pallor- To see if the child has palmar pallor, look at the skin of the palm. Hold the child's palm open by grasping it gently from the side. Do not stretch the fingers backwards. This may cause pallor by blocking the blood supply. Compare the colour of the child's palm with your own palm and with the palms of other children. If the skin of the palm is pale, the child has some palmar pallor. If the skin of the palm is very pale or so pale that it looks white, the child has severe palmar pallor. Refer to Image I*

²Nelson Textbook of Pediatrics; Volume 1 Chapter Anemia Treatment and Causes

2. *Nail bed pallor- Look for pallor of the flesh underneath the nails. Pallor of tongue, nail, conjunctiva (lower eyelids) of eyes, fatigue, weakness, dizziness, drowsiness, loss of appetite and swelling (oedema) of feet. refer to Image II*
- *Pallor of inner side of lower eyelid- pull the lower eyelid downwards and outwards and look for pallor or whiteness of inner side of lower eyelid*
 - *Pallor of tongue- asks the child to protrude his/her tongue out and look for paleness of surface of tongue. Refer to Image III*
 - *If an adolescent looks pale, fatigued or listless and anemia is suspected, refer her/him to the nearest PHC.*
 - ask for symptoms of weakness, dizziness, drowsiness, loss of appetite, craving for mud/clay, passage of worms in stool, loss of concentration.

Moderate to severe anemia is present if there is:

- Yellowness of tongue, nail, palm and conjunctiva of eye
- Fatigue and loss of appetite
- Breathlessness
- Swelling (oedema) of feet
-

III Prevention and Control of Anaemia in Adolescents

Primary prevention of anaemia is achieved through well- balanced diet rich in iron and other vitamins and minerals involved in iron absorption or in the production of RBCs/Haemoglobin.

A. Balanced diet rich in Iron

Adolescence is a significant period for physical growth and sexual maturation. Adolescents need to eat a balanced diet i.e. a diet that provides all nutrients (carbohydrates, proteins, fats, vitamins and minerals) in required amounts and proportions for maintaining health and general well-being.

Eating a balanced diet means consuming different types of food items like pulses, chapatti or rice, green vegetables, locally available fruits and milk every day.

In our Indian diets, the bioavailability of iron is poor owing to presence of inhibitors like phytates, oxalates, phosphates, carbonates and dietary fibres which interfere with iron absorption. For example phytates in bran, phosphate in egg yolk, tannin in tea and oxalate in some vegetables decrease iron absorption. On the other hand vitamin C and vitamin C rich foods like amla (Indian gooseberry, lime juice, oranges, sprouts etc promote iron absorption.

Misconception regarding food / diet (Myths.....)

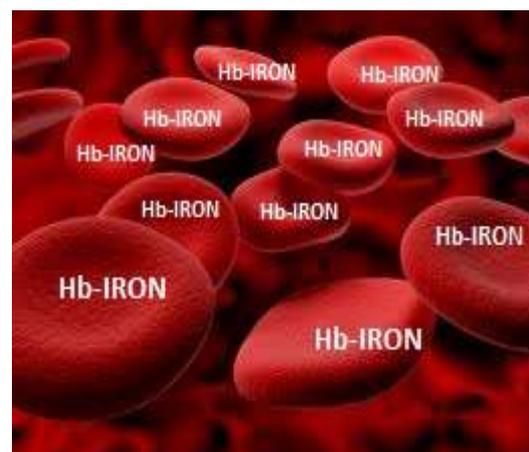
- There are some wrong practices / believes in some families regarding diet of adolescent girls. Egg, milk & meat are thought to be hot foods & avoided (avoided thinking that these are hot foods). Practically there is no scientific basis / logic for such practices / beliefs. As a growing tree needs more water & more care similarly an adolescent girl needs more food & more care. Their food should contain required amount of energy giving, body building & protective food in balanced amount.

Functions of various food components and why it is important for adolescents:

- Proteins are required for body building and help in repair and maintenance of body tissues. Egg, milk, pulses, fish, meat, ground nut are some examples of body building foods.
- Fats are high-energy foods and provide fat-soluble vitamins. Oil, ghee, butter, cheese, egg, fat of meat, fish, ground nut oil, and mustard oil are some examples of fat.
- Carbohydrates form the major component of most diets and are the main source of energy. Rice, potato, sugar, banana, jaggery, sugarcane, honey are the examples.
- Vitamins and minerals are required in small quantities. They play an important role in growth, repair and regulation of vital body functions. Fruits and vegetables are the examples of protective food.
- Calcium needs during adolescence is greater in adolescence because of rapid increase in lean body mass and skeletal growth. Milk and milk products are rich source of calcium.

Iron-

Iron is one of the essential nutrient required by our body , as it cannot made by our body on its own. Iron is so important to your body that is has been referred to as the body's gold. Most of the iron in your body is found as part of proteins called hemoglobin, which is found in red blood cells of blood. Hemoglobin in blood carries the oxygen you breathe into your lungs to all tissues throughout the body



Foods rich in iron are

- (i) Green vegetables and fruits
- (ii) Grains-wheat, jowar, bajra, sprouted pulses, ground nut, sesame, jaggery, dried fruits
- (iii) Liver, egg, fish,meat
- (iv) Vitamin C rich foods help in absorption of iron. Citrus fruits (oranges, lemon), Indian gooseberry (Amla), apple, pear are rich in vitamin C.

Refer to Annexure 1 for detail list with pictutes.

IRON RICH COMMOM FOODS



However given that many of these sources of iron are often not available on a regular basis to most people in our country, eating green vegetables should be emphasized. This is more likely to be widely available even among families with low incomes. It should certainly be part of the meals served in schools and at the Anganwadi Centers.

In our Indian diets, the absorption of iron from the diet is poor because of the presence of certain chemical substances. For example tannin in tea can hamper the absorption of iron. On the other hand vitamin C and vitamin C rich foods like amla (Indian gooseberry, lime juice, oranges, and sprouts) improve iron absorption. Thus tea, coffee or soda containing drinks should not be consumed immediately before or at least two hours after a meal. Adding Vitamin C rich foods to the meal should be encouraged.

AMLA is rich in Vitamin C



B. Iron Supplementation:

In India, the poor absorption of iron and a predominantly vegetarian diet means that despite the consumption of a balanced diet, iron supplementation is required to prevent and control anaemia. Anaemia among adolescents can be prevented by regular consumption of iron and folic acid tablets once a week, ideally 52 tablets in a year. This is the basis of the WIFS programme launched by the Ministry of Health and Family Welfare- Government of India has the Weekly Iron and Folic Acid Supplementation (WIFS). This programme addresses nutritional anaemia among adolescents (age group of 10-19 years). This programme will be implemented pan India both rural and urban areas. It will focus on:

School Based (Boys and Girls)

- A. School going adolescent girls and boys in government/government aided/municipal schools from Classes 6th -12th

Community Based through the Anganwadi Center (Girls only)

- B. Out of school adolescent girls

The WIFS programme will also cover married adolescent girls. Pregnant and lactating adolescent girls will be given IFA supplements, according to current guidelines for antenatal and postnatal care through the existing health system of NRHM.

Under the WIFS programme for adolescents, IFA supplements are to be distributed free on a weekly basis to the target groups in Categories A and B. In addition to IFA supplements, Albendazole tablets for de-worming are to be administered twice a year, to the same target groups.

- **Administration of weekly iron-folic acid supplements (WIFS).** One IFA tablet containing 100mg elemental iron and 500 microgram Folic acid administered on a fixed day through supervised consumption for 52 weeks in a year.
- **Screening of target groups for moderate/severe anaemia and referring these cases** to an appropriate health facility.

- **Biannual Albendazole (400mg) for de-worming** given six months apart, for control of worm infestation.
- **Information and counseling** for improving dietary intake and for taking actions for prevention of intestinal worm infestation.

Benefits of Iron supplementation

- Improved concentration in school, and school performance
- Feeling stronger and less tired,
- Increased energy levels and output in day to day work,
- Increased appetite,
- Improved overall capacity to work and earn
- Better sleep
- Improved skin appearance,
- Regularization of menstruation
- Building pre-pregnancy health

- C. **Prevention and treatment of hookworm infestation:** Deworming reduces worm load and blood loss and prevents anemia.

To prevent hookworm infestation one should maintain personal hygiene and environmental cleanliness. One should use latrine and avoid open air defecation. Regular consumption of Albendazole 400mg tablet, six months apart, for control of helminthes infestation should be undertaken.

- Personal hygiene and sanitation, food hygiene
- Use of clean drinking water can help protect from various infections and diseases.
- Washing hands with soap water before cooking, consuming food, after defecation and after discarding faecal matter of a child is essential to prevent entry of germs into our abdomen
- Keeping personal hygiene
- Preparing and consuming hygienically treated or prepared food

D. Additional Interventions

- Fortification of food with iron (salt, flour, rice, biscuits etc.)*
- Prevention of malaria: Clean surroundings, use of insecticide treated mosquito net while sleeping helps keep malaria mosquitoes away from people and greatly reduces malaria*
- Early Identification and Referral- Early identification and referral of suspected cases of anaemia constitutes an important measure of secondary prevention of anaemia.*

If anaemia is suspected it is important to refer the adolescent girl/boy to the nearest health facility for further management.

Section B:

OPERATIONAL GUIDELINES

-: SESSION-4:-

Implementing the Weekly Iron and Folic Acid Supplementation Programme

Objectives: After this session, participants will develop a clear understanding about the Weekly Iron and Folic Acid Programme and have information on the implementation of the programme

Duration: 60 minutes

Material: One xerox copy of reporting formats (Format of tracking register, Monthly report for IFA distribution, Report for biannual deworming tablet distribution)

Conducting the session

1. Share with the participants that during this session they will be introduced to the modalities of implementing the Weekly Iron and Folic Acid Supplementation programme for School going adolescents and out of school girls.
2. Reiterate about the age group that will be covered under the programme (10-19 year old adolescents).
3. Share the guidelines/handouts for the roll out of Weekly Iron and Folic Supplementation programme
4. Elaborate the roles and responsibilities of the ICDS, Education and Health departments in the implementation of the programme.

For details on the discussion points see technical brief 3

Technical Brief 3: Implementation of WIFS (Handout)

1. Identification of the eligible adolescents

Weekly Iron folic Acid supplementation programme needs to be planned and implemented for the following two target groups in both rural and urban areas:

- A. Adolescent girls and boys who are school going and are in government/govt aided/municipal schools from 6th -12th classes
- B. Adolescent Girls who are not in school or out of school adolescent girls

2. Strategy for Reducing Anaemia in Adolescents

To mitigate the prevalence and severity of anemia amongst adolescents, the following intervention is recommended:

- **Administration of weekly iron-folic acid supplements (WIFS).** Each IFA tablet containing 100mg elemental iron and 500ug Folic acid for 52 weeks in a year. (Pregnant and lactating adolescent girls will be given IFA supplements, according to current guidelines for antenatal and postnatal care through the existing health system of NRHM.)

- **Screening of target groups for moderate/severe anaemia and referring these cases** to an appropriate health facility.
- **Biannual de-worming** (Albendazole 400mg), six months apart, for control of helminthes infestation
- **Information and counseling** for improving dietary intake and for taking actions for prevention of intestinal worm infestation.

Under the WIFS programme for adolescents, IFA supplements is to be distributed free to adolescent girls and boys enrolled in government /government aided or municipal schools and to only adolescent girls who are out of school. In addition to the IFA supplements and albendazole tablet for deworming is to be administered to the school going adolescents through the school system and out of school adolescent girls through the ICDS.

The WIFS strategy involves a “fixed day” approach for WIFS distribution and to ensure high compliance supervised consumption of the IFA tablets.

While once a week supplementation of IFA tablets is a strategy to prevent and control anemia, it is also important to identify and refer the suspected cases of anaemia both at the school level and out of school level to an appropriate facility for management of anaemia.

Moderate to severe anemia is present if there is:

- Yellowness of tongue, nail, palm and conjunctiva of eye
- Fatigue
- Breathlessness
- Swelling (oedema) of feet
- Loss of appetite
- Increased infections

If anaemia is suspected it is important to refer the adolescent girl/boy to the nearest health facility for further examination.

I. Implementing Weekly Iron and Folic Acid Programme through Schools

A. Supplies and distribution of IFA at School level

At School level:

- The two nodal teachers for each school will estimate annual supply requirements.
- The yearly supply requirements for IFA supplements and de-worming tablets is to be estimated as follows:

IFA tablets per year = (52 x Total number of children in 6 to 12th standards) + (52 tablets /per teacher /year). An additional 20 % stock as buffer will be added.

Albendazole tablets Requirement per year = (2 x number of children in 6th to 12th standards) + 10 % stock as buffer

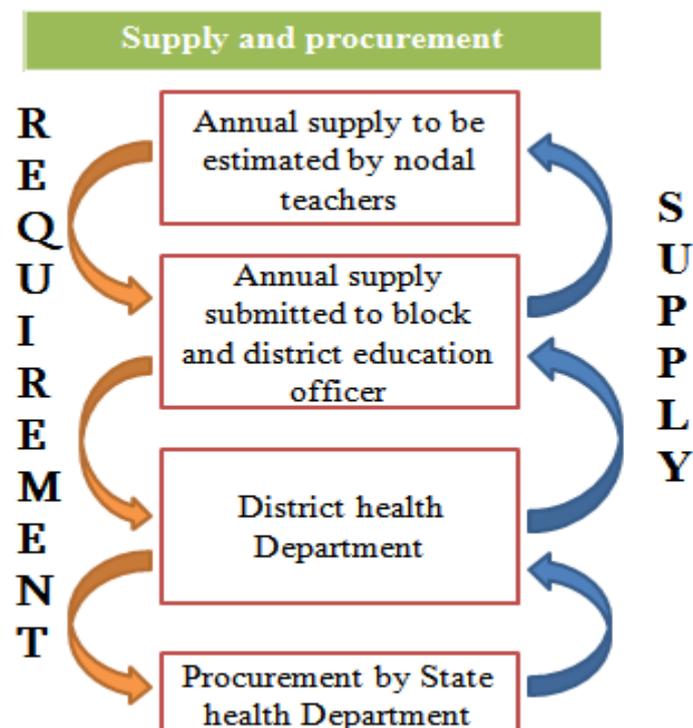
After estimating IFA and Albendazole tablets requirements for students and teachers, the schools will forward the requirement to the Block Education Officer

- Schools needs to annually submit the estimated supply requirement for IFA and Albendazole tablets to Block Education Officer. The schools will receive annual supply of IFA and Albendazole tablets from Block education Officer and should ensure proper storage and avoid wastage.

At Block level: The Block Education Officer will inform the District Education officer about the annual requirement of WIFS and Albendazole tablets.

At District level:

- The supply request for the district needs to be submitted by the District Education Officer to the District Health Officer (officer designated in-charge or of School Health Programme)
- The district health department will send the request to State HFW department who will supply the IFA + de-worming supply as per district requirement in a timely manner.
- The District Health Officer will coordinate and forward annual monthly supplies to District Education Officer.
- At the district level, the education department will be in-charge to forward the annual supply stock to the block nodal education officer.



B. Implementation For School Going Adolescents

- The school adolescent population, enrolled in 6th to 12th standard, in rural and urban regions will be reached
- The programme will be initiated in government schools government aided and municipal schools through the nodal municipal or district education officer.
- Each school will designate one / two teachers as the nodal teachers for WIFS Programme persons
- The programme in all the schools could be initiated preferably in the month of April after beginning of new session.
- Separate time should also be allotted in the week to provide nutrition and health education (NHE) to the adolescents. The nodal teacher should take the NHE session(s). Guidance and counseling if needed can be provided to the adolescents during these sessions.
- Before the school closes for vacations, the children can be given a complete set of IFA tablets for consumption during the holidays.
- The first dose of de-worming tablet i.e., 400 mg of Albendazole should be administered in month of August and the second dose should be given by February.

NOTE: It must be ensured that the Emergency response system is activated during the time that deworming tablets are being given

C. Roles and responsibilities of the teachers in the education system

- Nodal teachers will ensure direct observation and supervised consumption of WIFS tablets by adolescents enrolled in classes 6th-12th on a fixed day preferably on a Monday.
- All the teachers will be encouraged to consume WIFS tablets themselves and will be also undergoing biannual de-worming.
- Teachers will screen adolescents for presence of moderate/severe anemia by assessing nail bed and tongue pallor and referred these adolescents to appropriate health facility for management of anemia.
- Nutrition and health education on nutrition and anemia control can also be provided to the parents during the parent teachers meeting or on a Saturday.
- The nodal teacher will also be responsible for the recording of IFA consumption in the compliance card and also monitoring the programme

II. Implementing Weekly Iron and Folic Acid Programme through ICDS/AWC

Out-of-school adolescent girls in the age group of 10-19 years (married and unmarried) will be provided IFA and Albendazole tablets free of cost under the “Rajiv Gandhi Programme Scheme for the Empowerment of Adolescent Girls” (SABLA) through the Anganwadi Centres (AWC). In non SABLA districts, the programme will be implemented through the ICDS mechanism. In the urban areas, the network of AWC in slums and Urban Health Centres will be utilized to provide IFA and Albendazole to adolescent girls (both married and unmarried). AWW will advise the girls that IFA tablets are not taken on an empty stomach and to the extent possible ensure that the girls have eaten a meal prior to taking the IFA tablet.

ANM will undertake quarterly health education session on “Anaemia in adolescent and benefits of IFA supplements” on Village Health and Nutrition Days in convergence with SABLA and will record date and attendance in monthly format. In case a girl complains of uneasiness /any side effects, the AWW will refer her to the ANM.

Biannual dose of albendazole for de-worming is to be administered during the two fixed months of - **August and February** in year.

A. Supplies and distribution of IFA at AWC level ICDS system

The state HFW Department will ensure timely supply to the district ICDS officer or DPO.

Estimating IFA tablet Supply: Number of adolescent girls registered with ICDS x 52 tablets plus 52 tablets/ year for each AWW and 52 tablets/ year for ASHA. An additional 20% is to be added for ensuring adequate stock supply. IFA supplies will be provided to the AWC on a yearly basis for the ease of storage at the AWC and also to prevent wastage.

Estimating De-worming tablet supply- Number of adolescent girls registered with ICDS x 2 tablets of Albendazole plus 10% as buffer stock

After estimating IFA and Albendazole tablets requirements for girls and AWW, the AWW will forward the requirement to the Block ICDS Officer

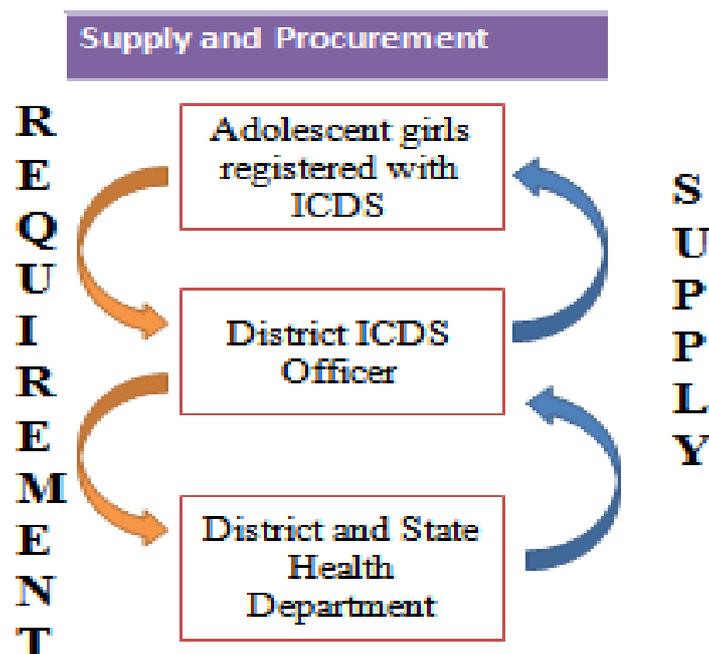
At Block Level

- Consolidate requirements from ICDS projects for block supply and share with district level.
- Set up distribution system for AWC and ensure uninterrupted supply & storage of IFA and Albendazole tablets to AWC.

At District level

- Ensure uninterrupted supply of IFA and Albendazole tablets to the AWCs on an annual basis.

- Stock request process: The supply request for the district will be submitted by the District ICDS Officer to the District Health Officer annually.
- The District Health Department will send the request to State HFW Department who will supply the IFA and Albendazole tablets as per the requirements of the districts. The District Health Officer will co-ordinate and forward annual supplies to District ICDS Officer.
- At the district level, the ICDS Department will be in-charge of forwarding the annual supply stock to the CDPO. CDPO will help ensure uninterrupted supply of IFA and Albendazole tablets to at AWC



Storage of the tablets in AWC: annual supplies of IFA and deworming tablets received should be stored in a clean, dry and dust free area away from the direct sunlight

AWW, ICDS helper and ASHA will also be supplied IFA tablets for weekly consumption; these frontline workers will be encouraged to consume the supplement in the presence of the girls.

B. Implementation For Out-of-school Adolescents girls through AWC

Roles and responsibilities of the AWW

- The ICDS worker needs to mobilize adolescent girls to collect every week at the ICDS centre on a fixed time on the Monday/“WIFS Day”.
- The IFA tablet will be provided to each girl by AWW and she will ensure direct observation and supervised consumption of WIFS tablet by adolescent girls.
- The girls need to be motivated to consume the IFA tablet in the presence of the AWW or Sakhi/Saheli.
- Each girl will be guided to maintain individual compliance cards/ kishori cards and ensure that these cards are filled and kept updated. AWW will be trained on how to guide the girls
- ASHA and AWW will maintain a supply-compliance register and also fill the information in the Kishori Card.

- AWW/ANM needs to screen adolescent girls for presence of moderate/severe anaemia by looking at nail bed and pallor.
- Adolescent girls with moderate/severe anemia will be referred to nearby health facility.
- Two fixed months- August and February in year will be allocated for administering one Albendazole tablets to all adolescent girls on 'WIFS Day'.
- NOTE: It must be ensured that the Emergency response system is activated during the time that deworming tablets are being given

Section C:
COUNSELLING SKILLS

a. Developing Counselling skills:

Counseling is a process in which one person helps another by talking person to-person. When you help a young girl or her family make a decision or solve a problem, you are counseling. Through counseling, you can help adolescents make choices that suit them. For example, some adolescents can decide to grow kitchen gardens, others who are not regular in taking their weekly IFA dose may understand the need for regularity and change their behaviours accordingly. All these will help the girls and boys make decisions with your help.

b. Removing the barriers to Compliance:

Below are some of the possible causes of non-compliance encountered during the programme.

- Girls and Boys do not come to the AWC or schools regularly
- Children feel that there are side effects related to IFA consumption
- Children have been told by their families and friends that this is not necessary
- The children feel that the IFA is not helping them.
- The family members are not counselled and therefore do not support the programme
- They are teased by their peers.
- Girls and boys migrate with their families for work

c. Important Counselling Messages:

- Have well balanced diet rich in sources of iron.
 - Consume green vegetables twice daily.
 - Use cereals which are whole grains and millets
 - Consume high protein diet including eggs, meat, fish, milk, pulses and legumes
 - Use plenty of jaggery
 - Eat foods rich in Vitamin C (lemon, amla, tomato) to help in iron absorption
- Take a weekly dose of IFA (on a fixed day every week)
- Tablets should be taken on a full stomach
- Take a de-worming dose every 6 months
- Do not drink or eat tea/coffee/milk/ milk products/ sweets etc. for one hour before or after taking the tablet
- Do not walk barefoot in areas that have open sewage.

d. Managing adverse effects

Explaining the possible side effects of IFA supplementation should form an important part of your counseling. Iron and folic acid supplements may cause vomiting, nausea, constipation or black coloured stools. You must explain that these side effects will decrease over a few days or weeks as the body adjusts to the intake of these supplements. Some side effects such as nausea and vomiting can be avoided if the tablets are taken on a full stomach after meals.

Many adolescents may initially be anxious about taking IFA. Some of them may experience nausea and vomiting which may cause panic amongst the other children. Teachers and AWWs would have to make extra efforts to overcome this barrier if

needed and reinforce the fact that such symptoms are not experienced always and consuming tablets after food would help in minimizing them. It will be helpful to make those adolescents who have better compliance be the peer educators on taking these supplements, as a means of positive influence on the others.

e. Skills to be used by the counselors during the counseling

- Skill 1: Use helpful non-verbal communication
- Skill 2: Actively listen and show interest in the person
- Skill 3: Ask open-ended questions
- Skill 4: Reflect back what the person is saying
- Skill 5: Empathize — show that you understand how the person feels
- Skill 6: Avoid words that sound judging
- Skill 7: Help the person set goals and summarize each counseling sessi

Feedback Form:

Date:

Place:

1. Did you think that all your expectations were covered in the training?

2. If No, which expectations need to be covered?

3. Give your feedback on the topics covered in the training

4. Give your feedback on the methodology adopted in the training

5. Give your feedback on the materials and handouts used in the training

6. Give your suggestions for improvements in the training

Annexure 1

1. Training arrangements and logistics

A. Training logistics

S.No	Logistics	Details
1	Mikes	<ul style="list-style-type: none"> • Collar mikes for presenter: 1 • Hand mikes for the speakers: 2-4. • Rotate 2 volunteers who are completely in charge of handling the mike and taking them to the participants who want to give additional comments.
2	Water	Ensure that every participant has adequate access to bottled water.
3	Main laptop	Assign one main laptop for the presentation and upload all presentation (ppts) into the main laptop and provide them to the documenting team. Ensure dimming of lights as and when required.
4	Training materials	<ul style="list-style-type: none"> • VIPP Cards, Flip charts • A4 size papers: 1 rim • A6 size Flip charts (colored): 2 rims • Flip chart stands with tripods atleast 3 • Notice boards (atleast 2) • Thumb Pin • Markers (1 for each participant) • Adequate supply of pencils (30) pens (30), markers (30) (black, blue, red, green), Staplers, sticking tapes, etc
5	Computer	A person who operates the computer and can get printouts IMMEDIATELY!
6	Electricity	Have a contingency plan in case the electricity is not available during the presentations. Ensure sufficient number of extension cords.
7	Announcements	regards to travel, tea/coffee, lunch, evening visits, dinner, etc
8	Group Activities	distribution/collection of hard copies of evaluation forms, feedback forms, activities, etc
9	Meals	Announce venue, time and reporting back time.
10	TIME KEEPER	Apprises the presenter of his/her allotted time and also uses time cards when 30 min and 15 minutes are left

B. Training venue

- A room big enough to accommodate maximum 30 participants and 5-10 members of the coordinating team.
- Ensure that adequate space is available for the participants to move around for conducting the group activities.
- Seating arrangement – ONLY CLUSTER arrangement of seating with not more than 6 participants per cluster.
- Ensure boards mentioning important information such as way to restrooms
- Ensure projection of LCD is big enough for all the participants to be able to view and understand the content projected. Dimming the lights as and when required is available with persons in charge for the same.

- IDEALLY display the agenda on the notice board (a larger A6 size printout or written on a flip chart with markers), this enables participants to comprehend the flow of the workshop (as most misplace their agendas)
- Name tags – Place VIPP cards/or name tags with clip on the table with sketch pens and the participants to write their first names only.
- Placement of the participants – Ensure that the participants do not stick to their groups and are forced to mingle with the other participants through the use of ICE BREAKERS and WARM UP SESSIONS.
- Introduction icebreaker with introduction of the participant and his/her experience in previous disaster situations
- Ensure that all presentations are received and formatted as per a pre decided format and the presenter is made aware of the sequence of presentation. IDEALLY a week prior to the workshop.
- ENSURE all presentations are started with OBJECTIVES FOR THE SESSION and end with TAKE HOME LESSONS/LEARNINGS

c. GROUND RULES:-

- Inform the participants that during the workshop everyone will be asked to share their views and perspectives with others
- Tell them that in this workshop there are NO teaching sessions; we all will learn from each other.
- Emphasize that there are some basic ground rules that would be followed throughout the workshop
- Write a set of ground rules, and ensure that all participants agree to them.
 - **Ground rules**
 - All ideas are valid
 - Have your say, and listen to others
 - All participants are equal
 - No mobile phones during the session
 - One person should speak at a time
 - observe time-keeping (begin and end the sessions on time)
 - take care not to hurt anyone's feelings while giving critical feedback

2. Frequently asked questions

Q1. How to distribute IFA tablets when the girl misses one weekly dose?

Ans. Calculated no. of IFA tablet can be handed over to adolescent girl for regular weekly consumption of tablet during vacation. She is also asked to tick the compliance card/ kishori card.

Q2. Should we distribute IFA tablet to sickle cell anaemia and thalassemia cases?

Ans. It is better to avoid IFA tablets in diagnosed cases of sickle cell anaemia and thalassemia. Because iron deficiency is not the cause for anaemia in these cases, rather they have iron overload due to breakdown of RBC. As the prevalence of iron deficiency anaemia is higher in sickle cell anaemia belts, it is better to give IFA supplementation unless there is a diagnosed case or a family history of these diseases. However, in undiagnosed cases, you may give IFA, because even if it doesn't give any benefit, it won't cause any harm to such patients either. If the adolescent boy or girl is known to have thalassemia or sickle cell anemia, they should be referred to the nearest public health facility (i.e., CHC or district hospital) for care and treatment if necessary.

Q3. Should we give IFA tablet to girls during any acute illness?

Ans. It is better to avoid it during acute severe illness, but it can be given during mild illness. Such cases should be referred to the public health facility (i.e., CHC or district hospital) for care and treatment if necessary.

Q4. Is there a possibility of allergic reaction or hypersensitivity to the IFA supplements?

Ans. Hypersensitivity reaction after intake of iron tablet orally is very rare.

Q5. Can it be taken with anti-tubercular drugs or DOTS regimen?

Ans. Yes, it can be given with anti-tubercular drugs.

ANNEXURE 2											
Format 2 - Class wise Monthly Register											
Name of school:					Class:		Month:		Year:		
Total WIFS tablets received:			Date of Weekly IFA Tablets consumption (4 tablets/ month)					Remarks/ reason for non-compliance (less than 4 tablets per month) /referral		De-worming tablets in month of February/ August (specify date)	
Sl. no.	Name of Student	F/M	1 st week	2 nd week	3 rd Week	4 th Week	5 th Week	Total			
Total students in the class:			Opening stock of IFA:					Number of non-compliant students:		Total Deworming tablets given:	
Total Girls given 4/5 IFA tablets:			TOTAL IFA consumed:							Balance stock of De-worming tablets:	
Total boys given 4/5 IFA tablets:			BALANCE IFA stock:								
Total students given 4/5 IFA tablets:			Nutrition Health Education session planned in the reporting month:					Number of moderate/severe anaemia referred:		Total girls given deworming tablets:	
Total number of nodal teachers:			NHE session conducted in the month:							Total boys given deworming tablets:	
Total number of teachers given 4/5 IFA tablets:											

ANNEXURE 3			
Format 3 - Monthly School Report			
State:		District:	
		Village/Town:	
Name of School:		Classes in school:	
Reporting month and year:			
Total No. of 6-12th class students:		Girls :	Boys:
Total number of Nodal teachers:			
a) Opening stock of IFA:			
b) Date of Supply IFA:			
c) Quantity of IFA received :			
d) Opening stock of Albendazole:			
e) Date of Supply Albendazole:			
f) Quantity of Albendazole received:			
g) Batch Number of IFA:		Date of expiry of IFA:	
Adolescent population covered in reporting month		Girls	Boys
			Total
h) Given 4 IFA tablets per month (5 in case of 5 weeks in a month)			
i) Number of non-compliant students (<i>consumed less than 4 tablets per week</i>)			
j) Students with moderate/severe anaemia referred			
k) Total IFA tablets consumed by students			
l) Total number tablets consumed by the nodal teachers:			
m) Balance IFA tablets			
<i>If February/August month for de-worming</i>			
n) Girls given Albendazole			
o) Boys given Albendazole			
p) Grand Total of boys and girls given Albendazole:			
q) Number of Nutrition Health education sessions conducted in the reporting month by nodal teacher			
r) Total Albendazole consumed in month:		Balance Albendazole tablets:	
Remarks if compliance rate less than 70%:			
Remarks on side-effects:			
Nodal Teacher 1		Nodal Teacher 2	
		Head Master	

ANNEXURE 4			
Format 4 - Monthly Block Report for ICDS /Education Dept			
State:		District:	Block:
Reporting month and year:		Total No. schools 6-12 th class/ ICDS projects:	
Target population for the month	Girls:	Boys:	Nodal Teachers: Total:
a)	Opening balance of IFA:		
b)	Date of supply of IFA:		
c)	Quantity of IFA received:		
d)	Opening balance of Albendazole:		
e)	Date of supply Albendazole:		
f)	Quantity of Albendazole received :		
g)	Batch Number of IFA tablets:		Date of expiry of IFA:
Adolescent population covered in reporting month		In school (for Block Education Officer)	Out of school (for CDPO officer)
g)	Girls given 4 IFA tablets per month (5 in case of 5 weeks in a month)		
h)	Boys Given 4 IFA tablets per month (5 in case of 5 weeks in a month)		
j)	Grand Total of boys and girls given IFA tablets:		
k)	Total number of nodal teachers given IFA tablets:		
l) Total adolescents with moderate/severe anaemia referred			
		Planned	Conducted
m) Number of Nutrition Health Education session conducted in reporting month by nodal teachers (for Block education officer)			
n) IFA tablets stock		Consumed: Balance:	
<i>If February/August month for de-worming</i>		In school(for Block Education Officer)	Out of school(for CDPO officer)
o)	Girls given Albendazole		
p)	Boys given Albendazole		
q)	IFA tablets stock	Consumed: Balance:	
r) Grand Total of boys and girls given Albendazole:			
Remarks:			
CDPO/ Block Education Officer			

ANNEXURE 5				
Format 5 - District Monthly Report				
State:		District: High Focus (Y/N)		
Reporting month and year:		Total No. of govt. schools 6-12 th class:		Total ICDS projects:
Target population for the month		Girls:	Boys:	Nodal Teachers: Total:
a)	Opening stock of IFA:			
b)	Date of supply IFA:			
c)	Quantity of IFA received :			
d)	Opening stock of Albendazole:			
e)	Date of supply Albendazole:			
f)	Quantity of Albendazole received:			
g)	Batch Number of IFA:		Date of expiry of IFA:	
Adolescent population covered in the district in the reporting month		In school	Out of school	Total
h)	Girls given 4 IFA tablets per month (5 in case of 5 weeks in a month)			
i)	Boys Given 4 IFA tablets per month (5 in case of 5 weeks in a month)			
j)	Grand Total of boys and girls given IFA tablets			
k)	Total number of nodal teachers given IFA tablets:			
l)	Total adolescents with moderate/severe anaemia referred			
m)	Total number of ANM in district			
		Planned	Conducted	
n)	Total school visits by ANMs in reporting month			
o)	Total number of VHNDs conducted by ANM with session on Adolescent Anaemia in the reporting month			
p)	Total Nutrition Health Education session conducted by nodal teacher in reporting month			
q)	IFA tablets stock		Consumed: Balance:	
<i>If February/August month for de-worming</i>		In school	Out of school	Total
r)	Girls given Albendazole			
s)	Boys given Albendazole			
t)	Grand Total of boys and girls given Albendazole			
u)	IFA tablets stock		Consumed: Balance:	
Remarks				
District Health Officer		District Programme Officer (ICDS)		District Education Officer

ANNEXURE 6							
Format 6 -ANM Monthly Report							
Name of ANM:		Village:		PHC:		Month/Year:	
Block:		District:		Total No. of govt. Schools under ANM (6-12 th class):			
Total No. of villages under ANM:			Total visits planned for reporting month:				
	Name of schools	Date of visit	Total student 6-12th class	Students given 4 WIFS tablets (5 tablets in case of five weeks in a month)	Total number of nodal teachers	Nodal Teachers given 4 WIFS tablets (5 tablets in case of five weeks in a month)	Signature of Head master
1			Girls:				
			Boys:				
2			Girls:				
			Boys:				
3			Girls:				
			Boys:				
4			Girls:				
			Boys:				
5			Girls:				
			Boys:				
6			Girls:				
			Boys:				
7			Girls:				
			Boys :				
	Total visit Planned			VHNDs session on anaemia planned:			
	Total visit conducted			VHNDs session on anaemia conducted: <ul style="list-style-type: none"> Dates - Name of villages where session conducted Average Number of girls Attended the session 			

ANNEXURE 7B						
Format 7B - Monthly Report for ICDS Supervisor						
State:		District:		Block:		
Reporting month and year:			Name of Sector:			
Name of Project:		Number of AWCs in the sector:		Number of AWWs in the sector		
Name of ICDS Supervisor:			Target population of girls for the month;			
a)	Opening stock of IFA					
b)	Date of supply of IFA:					
c)	Quantity of IFA received by sector:					
d)	Opening stock of Albendazole:					
e)	Date of supply Albendazole:					
f)	Quantity of Albendazole received by sector:					
g)	Batch Number of IFA tablets:			Date of expiry of IFA:		
Adolescent population covered in reporting month			4 IFA tablets per month (5 tablets in case of five weeks in a month)			
h)	Girls given WIFS tablets					
i)	Grand Total of girls given WIFS tablets					
j)	Number of non-compliant girls					
k)	Total IFA Tablets consumed by the AWW					
l)	Total adolescents with moderate/severe anaemia referred					
m)	IFA tablets stock			Consumed: Balance:		
<i>If February/August month for de-worming</i>						
n)	Girls given Albendazole tablets					
o)	Albendazole tablets stock			Consumed: Balance:		
Remarks						
ICDS Supervisor (name and signature)						

ANNEXURE 8					
Format 8 MO-PHC monthly report					
Name of MO In-charge:			Name of PHC:		Month/Year:
Block:			District:		
Total No. Of villages under PHC:			Total No. of ANM under PHC		
	Name of ANM	School visit Planned in reporting month	School visit conducted in reporting month	VHNDs with session on anaemia planned in reporting month	VHNDs with session on anaemia conducted in reporting month
-					
1					
2					
3					
4					
5					
6					
7					
	Total No. of ANM	Total School visit Planned	Total School visit conducted	Total VHNDs with anaemia session planned	Total VHNDs with anaemia session conducted
TOTAL					
<p>.....</p> <p>Medical Officer In-charge PHC</p>					

ANNEXURE 9

Format 9 - State Monthly Report

State:		No. of District:		No. of High Focus Districts:	
No. of districts with WIFS programme:			No. of High focus district with WIFS programme:		
Reporting month and year:		Total No. govt .schools 6-12th class:		Total ICDS projects:	
Target population for the month		Girls:	Boys:	Total:	
a)	Date of procurement of IFA:				
b)	Quantity of IFA procured:				
c)	Date of procurement of Albendazole:				
d)	Quantity of Albendazole procured:				
e)	Date of expiry of IFA				
Adolescent population covered in the state in the reporting month			In school (DoE)	Out of school (ICDS)	Total
f)	Girls given 4 tablets per month 4 IFA tablets per month (5 tablets in case of five weeks in a month)				
g)	Boys Given 4 tablets per month 4 IFA tablets per month (5 tablets in case of five weeks in a month)				
h)	Grand Total of boys and girls given WIFS tablets				
i)	Total adolescents given with moderate/severe anaemia) referred				
j)	IFA consumption by Nodal Teacher / AWW (please fill in appropriate column DoE for r)				
			In school	Out of school	Total
k)	Girls given Albendazole				
l)	Boys given Albendazole				
m)	Grand Total of boys and girls given Albendazole				
Achievement in IFA distribution against target = Total Girls and boys given IFA tablets (i) / Total Target population*100=					
<p>.....</p> <p>Director RCH</p> <p>State Health and Family Welfare Department</p>					

ANNEXURE 10

Guidelines on consumption of WIFS tablets

- Adolescents will be advised to take iron-folic acid tablets after a meal (approximately one hour post meal) to prevent side effects such as nausea.
- Adolescent girls or boys who complain of side effects will be advised to take the IFA supplements after dinner and before retiring to sleep.
- Increase intake of foods rich in vitamin C such as lemon, amla etc will be help to absorb iron from the vegetarian Indian diet. Use of iron vessels for cooking will also be encouraged.
- Drinking of tea or coffee within an hour of consuming main meals will be discouraged.
- Adolescent boys and girls will be motivated to follow correct hygiene practices and the habit of using foot wear to prevent worm infestation.

IRON RICH FOODS

CHANA SAG



SPINACH



**KANTEWALI
CHAULAI**



**ONION
STALKS**



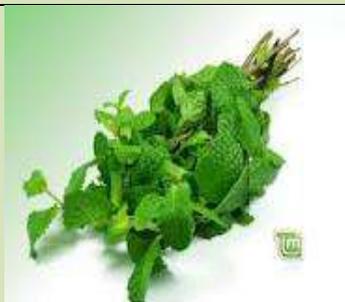
**MUSTARD
LEAVES**



**FENUGREEK
LEAVES
(METHI)**

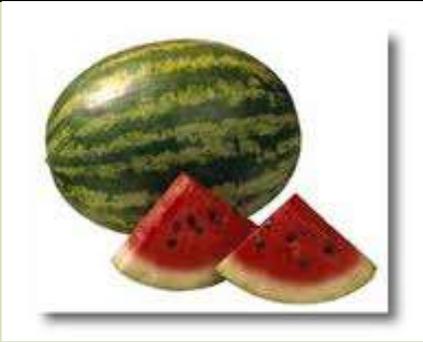


MINT



**ARVI KA
SAG**



<p>LENTIL</p>		<p>BENGAL GRAM, WHOLE</p>	
<p>SOYABEAN</p>		<p>GINGELLY SEEDS (TIL)</p>	
<p>RED GRAM DHAL (ARHAR)</p>		<p>PLANTAIN GREEN (UNRIPE KELA)</p>	
<p>BLACK GRAM ,DHAL (URD DAL OR KASKALAY)</p>		<p>MELON, WATER</p>	

SEETHAPHAL



MUTTON



VITAMIN C RICH FOODS

CABBAGE



DRUMSTICK LEAVES



CORIANDER LEAVES



AMLA

