

**Operational Guidelines for Weekly IFA
Supplementation Programme for School Based
Adolescents**

GUIDELINES FOR TEACHERS AND PRINCIPALS

GUIDELINES FOR TEACHERS AND PRINCIPALS

Goal:

To institute a school based weekly IFA supplementation (WIFS) programme for control of anaemia in adolescent boys and girls attending classes 6 to 12th of government/government aided/ municipal schools.

Objectives:

- ✚ Ensure that all adolescent boys and girls in 6 to 12th standards of government/government aided/ municipal schools are given a tablet of IFA once a week and Albendazole twice a year for de-worming.
- ✚ To inform adolescent boys and girls of the correct dietary practices for increasing iron intake.
- ✚ To inform adolescents of the significance of preventing worm infestation and encourage adoption of correct hygiene practices, including use of footwear to prevent worm infestation. Strategy:

Strategy:

- ✚ Administration of weekly iron-folic acid supplements (WIFS). (IFA tablet containing 100mg elemental iron and 500ug Folic acid) for 52 weeks in a year, on a fixed day preferably Monday.
- ✚ Screening of target groups for moderate/severe anaemia and referring these cases to an appropriate health facility.
- ✚ Biannual Albendazole (400mg), 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.

Responsibilities of Head Master/Principal:

- ✚ Designate two teachers as the WIFS nodal teachers.
- ✚ Ensure orientation of other class teachers about WIFS programme.
- ✚ Ensure provision of safe drinking water.
- ✚ Ensure separate time for NHE session.
- ✚ Ensure proper storage of IFA and Albendazole tablets

- ✚ Ensure estimation of IFA and Albendazole tablet requirements for the school.
- ✚ Proper storage of IFA and Albendazole tablets
- ✚ Constitute a School WIFS committee to be headed by the Principal /Head Master with participation of the Nodal teachers, Student representatives and ANM for regular monitoring and management of the programme. The committee will be responsible for monitoring the following:
 - Compliance in consumption of the tablets
 - Regular IEC and Nutrition and Health Education session
 - Record keeping at class level
 - Transfer of correct information from recording registers to the reporting format
 - Timeliness of the submission of monthly reports
 - Ensuring timely IFA and Albendazole distribution

Responsibilities of Nodal Teacher/ Teachers

1. Estimation of Requirement and storage

- ✚ Annual supplies of IFA and Albendazole tablets should be stored in a clean, dry and dust free area away from the direct sunlight.
- ✚ The nodal teacher (s) for each school will estimate annual requirements for IFA and Albendazole tablets.

Estimation of IFA and Albendazole Tablets

- **IFA tablets for the year = 52 x Total number of children in 6-12th standards + 52 tablets /per teacher /year. An additional 20 % stock as buffer to be added.**
- **Albendazole tablets Requirement for the year = 2 x number of children in 6th-12th standards . An additional 10 % stock as buffer to be added.**

- ✚ After estimating IFA and Albendazole tablets requirements for students and teachers , the schools will forward the requirement to the Block Education Officer in the form prescribed below:

STOCK REQUIREMENT UNDER WIFS PROGRAMME		
Name of School:		
Address of School:		
Total Number of Adolescent: Boys	Girls:	Total
Total number of teachers:		
Annual requirement is for the year 20.....		
Total IFA tablets required:		
Total Albendazole tablets required:		
Signature (Nodal Teacher 1)		Signature (Nodal Teacher 2)
Signature (Principal)		

2. IFA tablet distribution and screening

- ✚ Implement programme in school children from 6th to 12th standard, both boys and girls
- ✚ Nodal teachers will orient other teachers regarding WIFS programme.
- ✚ The programme could be initiated preferably in the month of April or after beginning of new session in all schools.
- ✚ Teachers will orient students on how to fill Individual Compliance cards.
- ✚ Nodal teachers with involvement of class teachers will ensure supervised ingestion of IFA tablets by adolescents enrolled in classes 6th to 12th
- ✚ IFA tablet to be given on a fixed day preferably Monday at a fixed time after Mid-Day Meal (where applicable)/lunch.
- ✚ IFA tablet to be consumed after meals only (half hour to one hour gap)
- ✚ Teachers should ensure provision of sage drinking water for IFA tablet consumption

- ✚ Teachers should ensure student consume IFA tablets in their presence.
- ✚ Teachers to consume IFA tablets themselves
- ✚ If the child is absent on a Monday or misses out on the consumption of the IFA tablet, give IFA tablet on subsequent contact within that week. The next week tablet will be given on fixed day only.
- ✚ Teachers will screen adolescents for presence of moderate/severe anaemia by assessing nail bed, palmar, conjunctival and tongue pallor. (*Continue weekly IFA supplementation in an adolescent with significant anaemia till the time he/she is tested for haemoglobin level in health facility and started on treatment of anaemia*)
- ✚ Students with significant pallor should be referred to appropriate nearby health facility for management of anaemia.
- ✚ Before the school closes for vacations, the students should be given the requisite number of IFA tablets for consumption during the holidays under parental supervision. After vacations, teachers will check empty IFA tablet strips to confirm intake.
- ✚ Minor side effects such as black stools, nausea and vomiting can occur in few cases, but side effects are often transitory and the frequency of side-effects of WIFS is much lower than with daily doses. Also side effects decrease over time
- ✚ In case a girl complains of uneasiness /any side effects, the teacher will refer her to the ANM.
- ✚ Teachers should inform girls and boys about benefits of IFA supplementation such as:

- **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**

NOTE: Pregnant adolescent girls should be referred to nearest health facility and given IFA tablets as per ANC guidelines.

3. Albendazole Tablet distribution

- ✚ Give first dose of Albendazole (400 mg) tablet in month of August or as decided by state and the second dose should be given by February /six months after the first dose.
- ✚ Inform MO-PHC prior to initiating Albendazole tablet distribution

NOTE: The state must ensure that the Emergency response system is activated during the time that deworming tablets are being given

4. Nutrition and Health Education

- ✚ Separate time should also be allotted during the school year to provide Nutrition and Health Education (NHE) to the adolescents.
- ✚ The nodal teacher should conduct monthly NHE session(s).
- ✚ Parents should also be oriented on WIFS and NHE during Parent Teacher Association Meetings.

5. Monitoring (Class teacher, Nodal teacher, Principal/Head Master)

- ✚ The nodal teacher and class teachers will be responsible for overseeing that the compliance card is filled correctly
- ✚ The class teacher will use monitoring register at school/class level as per (Annexure 2).
- ✚ Information will be entered each week in this register by class teachers
- ✚ At the end of the month, the class teacher will need to compile the information on the number of girls and boys who have taken 4/5 IFA tablets per month (5 tablets in case of 5 weeks in a month).
- ✚ Similar exercise would also need to be carried out for Albendazole tablets during de-worming months.
- ✚ In case of girls and boys who are not able to consume 4 IFA tablets in a month the reason for non-compliance is to be mentioned in the remarks column of the format and will be compiled in school report
- ✚ The nodal teachers would consolidate all the information from the class reporting formats on the monthly school-reporting format (Annexure- 3) and submit it to the school principal
- ✚ School principal will review the information in the monthly school reporting format, counter sign it and submit it to the block level officials on a monthly basis.

✚ The school principal will also send a copy of this monthly school report to the ANM.

KEY ACTIVITIES

- **Both boys and girls to be given IFA and Albendazole Tablets**
- **6th to 12th class students to be covered**
- **Weekly Fixed day approach**
- **Supervised consumption of weekly IFA tablet to be ensured**
- **IFA tablet to be given after meals (Mid-Day Meal or Lunch)**
- **Screen students for pallor and refer**
- **Bi-annual (six months apart) distribution of Albendazole tablets**
- **NHE sessions to be conducted regularly**
- **Filling of Individual compliance cards**

ANNEXURES

Name		Gender: Male / Female	Village / City		School:		AWC: Only for out of school girls		Date of starting												
Class / Age	Deworming		Weekly Iron Folic Acid Tablets																		
	Date of 1st Dose	Date of 2nd dose	Jan	Feb	Mar	April	May	June	July	August	Sept	Oct	Nov.	Dec							
			1 3	2 5	1 3	2 4	1 3	2 4	5 4	1 3	2 4	5 4	1 3	2 4	5 4	1 3	2 4	5 4	1 3	2 4	5 4
			1 3	2 5	1 3	2 4	1 3	2 4	5 4	1 3	2 4	5 4	1 3	2 4	5 4	1 3	2 4	5 4	1 3	2 4	5 4
			1 3	2 5	1 3	2 4	1 3	2 4	5 4	1 3	2 4	5 4	1 3	2 4	5 4	1 3	2 4	5 4	1 3	2 4	5 4
			1 3	2 5	1 3	2 4	1 3	2 4	5 4	1 3	2 4	5 4	1 3	2 4	5 4	1 3	2 4	5 4	1 3	2 4	5 4
			1 3	2 5	1 3	2 4	1 3	2 4	5 4	1 3	2 4	5 4	1 3	2 4	5 4	1 3	2 4	5 4	1 3	2 4	5 4
			1 3	2 5	1 3	2 4	1 3	2 4	5 4	1 3	2 4	5 4	1 3	2 4	5 4	1 3	2 4	5 4	1 3	2 4	5 4
			1 3	2 5	1 3	2 4	1 3	2 4	5 4	1 3	2 4	5 4	1 3	2 4	5 4	1 3	2 4	5 4	1 3	2 4	5 4
			1 3	2 5	1 3	2 4	1 3	2 4	5 4	1 3	2 4	5 4	1 3	2 4	5 4	1 3	2 4	5 4	1 3	2 4	5 4
			1 3	2 5	1 3	2 4	1 3	2 4	5 4	1 3	2 4	5 4	1 3	2 4	5 4	1 3	2 4	5 4	1 3	2 4	5 4
			1 3	2 5	1 3	2 4	1 3	2 4	5 4	1 3	2 4	5 4	1 3	2 4	5 4	1 3	2 4	5 4	1 3	2 4	5 4
			1 3	2 5	1 3	2 4	1 3	2 4	5 4	1 3	2 4	5 4	1 3	2 4	5 4	1 3	2 4	5 4	1 3	2 4	5 4
			1 3	2 5	1 3	2 4	1 3	2 4	5 4	1 3	2 4	5 4	1 3	2 4	5 4	1 3	2 4	5 4	1 3	2 4	5 4
			1 3	2 5	1 3	2 4	1 3	2 4	5 4	1 3	2 4	5 4	1 3	2 4	5 4	1 3	2 4	5 4	1 3	2 4	5 4

Note: There is a provision for noting the consumption of 5th tablet of IFA reopresented by the 5th circle in the event there is a fifth week in the month

Format 2 - Class Monthly Register

Name of school:			Class:					Month/Year			
Students in class			Girls		Boys		Total	Consumed 4/5 IFA tablets per month	Reason for non-compliance (less than 4 IFA tablets per month)	Identified for moderate/severe anaemia	De-worming tablets in month of February/ August (specify date)
Sl. no	Name of Student	F/ M	Date of Weekly IFA Tablets consumption								
			1 st week	2 nd week	3 rd Week	4 th We ek	5 th We ek				
Topic of NHE session conducted in the month:			Students ingested 4/5 IFA tablets:					Number of non-compliant students	Number of moderate/severe anaemia identified	Students ingested Albendazole tablet	
			Girls								
			Boys								
			Total								
			TOTAL IFA distributed :						Total:	Referred	Total Albendazole tablets distributed:
					Total:						

Format 3 - Monthly School Report

State:				District:		Block		
Village/Town/city:			Month /year					
Name of School:			Classes in school: 6th/7th/8th/9th/10th/11th/12th (tick)					
No. of 6-12th class students:		Girls :		Boys:		Total:		
Target population of staff		Teachers:		Others:				
Supply Details								
				IFA tablets		Albendazole tablets		
Date of Supply to school								
Quantity received by school								
Date of expiry of tablet								
Opening stock for month:								
Population covered in reporting month						Girls	Boys	Total
Adolescent students given 4/5 IFA tablets per month								
Total IFA tablets consumed by students								
Total number IFA tablets consumed by teachers/other staff								
GRAND TOTAL OF IFA TABLETS USED IN THE MONTH								
Balance IFA tablets at school								
Number of non-compliant students (<i>consumed less than 4 tablets in month</i>)								
Students with moderate/severe anaemia				Identified				
				Referred				
If February/August month for de-worming						Girls	Boys	Total
Adolescent students given Albendazole tablet								
Total number of Albendazole tablets consumed by teachers/other staff								
GRAND TOTAL OF ALBENDAZOLE TABLETS USED IN THE MONTH								
Balance Albendazole tablets in school								
Number of non-compliant students <i>for Albendazole in month</i>								
Topic of Nutrition Health education sessions conducted in the reporting month by nodal teacher								
Compliance rate (percentage of students received is less than 4 tablets in the month)								
Remarks on any side-effects/adverse reactions								
Nodal Teacher 1		Nodal Teacher 2			Head Master			

COMMON 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



COMMON VITAMIN C RICH FOODS

CABBAGE



DRUMSTICK LEAVES



CORIANDER LEAVES



AMLA



SAMPLE ADOLESCENT BALANCED DIET

10 – 12 years Adolescents Boys

Early morning : 1 glass milk (200 ml) + 1 – 2 tsp sugar

Breakfast: 2 vegetable stuffed parantha (any) / 2 -3 dosas stuffed with potato vegetable / 2 bread slices with butter / 4 idlis with coconut chutney/ 1 cup vegetable upma + 1 cup tea (with 1 – 2 tsp sugar)

Mid-morning : 1 fruit like banana, apple, guava etc or 1 glass lemon juice (with 1 – 2 tsp sugar)

Lunch : 4 rotis or 2 katori cooked rice or 2 rotis and 1 katori rice
+ 1 katori green leafy vegetables (cooked in 1 tsp oil) + 1 katori cooked dal or sprouts (cooked in 1 tsp oil) + 1 katori dahi (200 ml) like aloo raita or carrot raita etc

Tea : 1 cup tea (with 1 – 2 tsp sugar) + 1 rusk or 1 biscuit or aloo chaat

Dinner: 4 rotis or 2 katori rice or 2 roti and 1 katori rice
+ 1 katori cooked dal/pulses vegetables (cooked in 1 tsp oil) + 1 katori any vegetable (cooked in 1 tsp oil)

10 – 12 years Adolescent girl

Menu

Early morning : 1 glass milk (200 ml) + 1 – 2 tsp sugar

Breakfast: 2 vegetable stuffed parantha (any) / 2 -3 dosas stuffed with potato vegetable / 2 bread slices with butter / 4 idlis with coconut chutney/ 1 cup vegetable upma + 1 cup tea (with 1 – 2 tsp sugar)

Mid-morning : 1 fruit like banana, apple, guava etc

Lunch : 3 rotis or 1 ½ katori cooked rice or 2 roti and ½ katori rice
+ 1 katori any green leafy vegetables (cooked in 1 tsp oil) + 1 katori any cooked dal or sprouts (cooked in 1 tsp oil) + 1 katori dahi (200 ml) like aloo raita or carrot raita etc

Tea : 1 cup tea (with 1 – 2 tsp sugar) + 1 rusk or 1 biscuit or aloo chat

Dinner: 3 rotis or 1 ½ katori rice or 1 roti and ½ katori rice
+ 1 katori any cooked dal/pulses vegetables (cooked in 1 tsp oil) + 1 katori any vegetable (cooked in 1 tsp oil)

13 – 18 years Adolescent girl

Early morning : 1 glass milk (200 ml) + 1 – 2 tsp sugar

Breakfast: Breakfast: 2 vegetable stuffed parantha (any) /2 -3 dosas stuffed with potato vegetable / 2 bread slices with butter / 4 idlis with coconut chutney/ 1 cup vegetable upma + 1 cup tea (with 1 – 2 tsp sugar)

Mid-morning : 1 fruit like banana, apple, guava etc

Lunch : 3 rotis or 1 ½ katori cooked rice or 2 rotis and ½ katori rice + 1 katori green leafy vegetables (cooked in 1 tsp oil) + 1 katori cooked dal or sprouts (cooked in 1 tsp oil) + 1 katori dahi (200 ml) like aloo raita or carrot raita etc or 1 katori paneer sabji

Tea : 1 cup tea with 1 – 2 tsp sugar) + 2 rusk or 2 biscuit or ½ katori aloo chaat

Dinner: 3 rotis or 1 ½ katori rice or 2 roti and ½ katori rice + 1 katori cooked dal/pulses vegetables (cooked in 1 tsp oil) + 1 katori any vegetable (cooked in 1 tsp oil)

13 – 18 years Adolescent Boys

Early morning : 1 glass milk (200 ml) + 1 – 2 tsp sugar

Breakfast: 3 aloo ka parantha/ vegetable stuffed parantha (any) /3 rotis + 1 katori paneer sabji or aloo sabji/ 4 bread slices with butter /3-4 dosas stuffed with potato vegetable / 5-6 idlis with coconut chutney/ 2 cup vegetable upma + 1 cup tea (with 1 – 2 tsp sugar)

Mid-morning : 1 fruit like banana, apple, guava etc

Lunch : 4 rotis or 1 ½ katori cooked rice or 2 rotis and ½ katori rice + 1 katori green leafy vegetables (cooked in 1 tsp oil) + 1 katori cooked dal or sprouts (cooked in 1 tsp oil) + 1 katori dahi (200 ml) like aloo raita or carrot raita etc or 1 katori paneer sabji

Tea : 1 cup tea with 1 – 2 tsp sugar) + 2 rusk or 2 biscuit or 1 katori aloo chaat

Dinner: 4 rotis or 1 ½ katori rice or 2 roti and ½ katori rice + 1 katori cooked dal/pulses vegetables (cooked in 1 tsp oil) + 1 katori any vegetable (cooked in 1 tsp oil)