



ৰাষ্ট্ৰীয় স্বাস্থ্য অভিযান, অসম

**Operational Guidelines**  
**of**  
**NUTRITION PROGRAMME**  
**ROP 2024-25 & 2025-26**

**NATIONAL HEALTH MISSION,**  
**ASSAM**

# Preface

Nutrition is the science of nourishment. It is a fundamental stipulation of life in the world. Evolutions in technology, transformation in social structure and life style, economic alteration, globalization are some of the significant dynamics for which the world is facing with different public health nutrition problems today. Most of the public health nutrition issues are easily preventable and have great impact of human health and wellbeing. Realising the benefit of different nutritional welfare programmes on nation's development, GoI implemented various nutrition welfare programmes through the MoWD,& MoHFW.

MoHFW implements programmes for prevention and control of anaemia, vitamin A deficiency, iodine deficiency, fluorosis and protein energy malnutrition through NHM. These programmes have optimistic impact on NFHS indicators from 2005 to 2020. Assam is considered as one of the well performing state on nutrition indicators and it is the result of continuous, dedicated and comprehensive efforts of all health service providers from field to district.

Keeping in view the ascending trend of nutritional indicators from NFHS-4 to NFHS-5, in this FY 2024-26, main focus is on strengthening of Anaemia Mukht Bharat and reduction in anaemia among all age groups by ensuring IFA availability to beneficiary, compliance and early detection of anaemia by screening of target beneficiaries. Identification of malnourished children, referral and improved bed occupancy in each Nutrition Rehabilitation Centre is the second important area of interest in this year. Concentrated efforts are stressed for Infant and Young Child feeding practices for reducing incidences of malnutrition, diarrhoea & pneumonia among children under 2 years and will have positive impact of IMR. The detailed plan and budget are provided in this guideline for future reference.

Like previous years all ongoing nutrition programmes have been proposed for next two FY 2024-25 & 2025-26 along with a new state specific initiatives or innovations. In this PIP each programme is explained comprehensively including different activities such as orientation, procurement, ASHA incentive, printing, training, etc together.

## **Nutrition Key Deliverables for FY 2022-24**

<b>Sl no</b>	<b>Indicator Type</b>	<b>Statement</b>	<b>Indicator</b>	<b>Unit</b>	<b>Target 2024-25</b>	<b>Target 2025-26</b>	<b>Source of Data</b>
1	Output	Early Initiation of Breastfeeding	% of newborn breastfeed within one hour birth against total live birth	Percentage	90%	95%	HMIS report
2	Output	Bed Occupancy Rate at Nutrition Rehabilitation Centre (NRC)	Bed Occupancy Rate at Nutrition Rehabilitation Centre (NRC)	Percentage	75%	75%	State Report
3	Output	Successful Discharge Rate at Nutrition Rehabilitation Centre (NRC)	Successful Discharge Rate at Nutrition Rehabilitation Centre (NRC)	Percentage	85%	90%	State Report
4	Output	IFA coverage Anemia Mukta Bharat	% of pregnant women given 180 IFA tablets as against pregnant women registered for ANC	Percentage	98%	100%	HMIS report
5	Output	IFA coverage Anemia Mukta Bharat	% of children 6-59 months given 8-10 doses of IFA syrup every month	Percentage	70%	80%	HMIS report
6	Output	IFA coverage Anemia Mukta Bharat	% of children 5-9 years given 4-5 tablets of IFA every month	Percentage	70%	80%	HMIS report

**Summary of Approval of the Financial Year 2024-25 & 2025-26 (excluding HR)**

**NUTRITION DIVISION, NHM, Assam**

Name of the Activity and SI No	Budget Allocation 2024-25			Budget Allocation 2025-26		
	Fresh RoP Approval	State Allocation	District Allocation	Fresh RoP Approval	State Allocation	District Allocation
52. Anemia Mukh Bharat (AMB)	1963.05	1552.21	410.835	2063.10	1591.69	471.416
53. National Deworming Day (NDD)	489.99	422.68	67.31	494.54	427.23	67.31
54. Nutrition Rehabilitation Centre (NRC)	229.00	51.463	177.53	224.94	32.865	192.07
55. Vitamin A Supplementation	83.67	83.67	0.00	83.67	83.67	0.00
56. Mothers Absolute Affection (MAA)	154.42	19.80	134.62	154.42	19.80	134.62
57. Lactation Management Centre	0.00	0.00	0.00	0.00	0.00	0.00
58. Intensified Diarrhoea Control Fortnight	263.50	201.24	62.26	264.76	202.50	62.26
60. Other Nutrition Component	10.23	0	10.23	10.23	0	10.23
61. State specific Initiatives and Innovations	66.00	66.00	0	66.00	66.00	0
<b>Grand Total</b>	<b>3259.85</b>	<b>2397.062</b>	<b>862.789</b>	<b>3362.93</b>	<b>2425.018</b>	<b>937.915</b>

**Summary of Activity/subactivity wise Approval of the Financial Year 2024-25 & 2025-26  
(excluding HR)**

**NUTRITION DIVISION, NHM, Assam**

SN	FMR Code: RCH.7 Sl. No	Name of Activity	Budget Allocation 2024-25			Budget Allocation 2025-26		
			Fresh RoP Approval	State Allocation	District Allocation	Fresh RoP Approval	State Allocation	District Allocation
<b>ANEMIA MukT BHARAT (AMB)</b>								
1	52.1	Outreach Camps	47.35	0	47.35	47.35	0	47.35
2	52.2	National Iron Plus Incentive for mobilizing WRA (Non-pregnant & non-lactating Women 20-49 years)	121.16	0	121.16	141.36	0	141.36
3	52.3	National Iron Plus Incentive for mobilizing children and/or ensuring compliance and reporting (6-59 months)	242.32	0	242.32	282.71	0	282.71
4	52.4	IFA tablets for non-pregnant & non-lactating women in Reproductive Age (20-49 years)	33.83	33.83	0.00	34.14	34.14	0.00
5	52.5	IFA syrups (with auto dispenser) for children (6- 60months)	321.54	321.54	0.00	324.76	324.76	0.00
6	52.6	IFA tablets (IFA WIFS Junior tablets- pink sugar coated) for children (5-10 yrs.)	86.911	86.91	0.00	87.78	87.78	0.00
7	52.7	IFA tablets for pregnant & lactating women in Reproductive Age (20-49 years)	499.136	499.136	0.00	532.134	532.134	0.00
8	52.8	Inj. Iron Sucrose	304.17	304.17	0.00	355.26	355.26	0.00
9	52.9	One Day Orientation of Frontline Workers(ASHA/ANM) and allied department workers( Teachers/AWW) on Anaemia MukT Bharat	57.608	57.608	0.00	57.608	57.608	0.00
10	52.10	Printing of reporting formats and registers under AMB	249.006	249.006	0.00	200.00	200.00	0.000
		<b>Sub-Total</b>	<b>1963.05</b>	<b>1552.21</b>	<b>410.835</b>	<b>2063.10</b>	<b>1591.69</b>	<b>471.416</b>

**NATIONAL DEWORMING DAY (NDD)**

11	53.1	Orientation on National Deworming Day	71.25	71.25	0.00	71.25	71.25	0.00
12	53.2	Printing of IEC materials and reporting formats etc. for National Deworming Day	44.22	44.22	0.00	44.22	44.22	0.00
13	53.3	Incentive for National Deworming Day	67.312	0	67.31	67.312	0	67.31

14	53.4	Albendazole Tablets for non-pregnant & non-lactating women in Reproductive Age (20-49 years)	7.163	7.163	0.00	8.953	8.953	0.00
15	53.5	Albendazole Tablets for children (6-60 months)	108.899	108.899	0.00	109.988	109.988	0.00
16	53.6	Albendazole Tablets for children (5-10 yrs.)	89.950	89.950	0.00	90.849	90.849	0.00
17	53.7	Albendazole Tablets under WIFS (10-19 yrs.)	91.135	91.135	0.00	91.135	91.135	0.00
18	53.8	Albendazole Tablets for pregnant women (shifted from S1 no 52)	10.059	10.059	0.00	10.837	10.837	0.00
<b>Sub-Total</b>			<b>489.99</b>	<b>422.68</b>	<b>67.31</b>	<b>494.54</b>	<b>427.23</b>	<b>67.31</b>

### NATIONAL REHABILITATION CENTRE (NRC)

19	54.1	Operating Expenses for NRCs	177.97	6.77	171.18	184.88	0.10	184.78
20	54.2	Incentive for referral of SAM cases to NRC and for follow up of discharge SAM children from NRCs	2.352	0	2.352	5.295	0	5.295
21	54.3	Establishment of NRC	4.00	0.00	4.00	2.0	0.00	2.00
22	54.4	Training on facility based management of Severe Acute Malnutrition (including refreshers)	3.40	3.40	0.00	4.97	4.97	0.00
23	54.5	One Day Orientation at district and block level on Facility and Community based SAM programme (New)	36.95	36.95	0.00	27.61	27.61	0.00
21	54.6	Procurement of Play therapy kit/protocol charts, who reference charts and printing of charts and registers for NRC	4.353	4.353	0.00	0.185	0.185	0.00
<b>Sub-Total</b>			<b>229.00</b>	<b>51.463</b>	<b>177.53</b>	<b>224.94</b>	<b>32.865</b>	<b>192.07</b>

### VITAMIN A SUPPLEMENTATION

20	55.1	Vitamin A syrup	81.97	81.97	0.00	83.23	83.23	0
21	55.2	Printing for Micronutrient Supplementation Programme	1.70	1.70	0.00	1.70	1.70	0.00
<b>Sub-Total</b>			<b>83.67</b>	<b>83.67</b>	<b>0.00</b>	<b>83.67</b>	<b>83.67</b>	<b>0.00</b>

### MOTHERS ABSOLUTE AFFECTION (MAA)

22	56.1	IEC activities for Breastfeeding Week	9.90	9.90	0.00	9.90	9.90	0.00
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23	56.2	Printing cost for MAA Programme	9.90	9.90	0.00	9.90	9.90	0.00
24	56.3	ASHA incentive under MAA programme @ Rs 100 per ASHA for quarterly mother's meeting	134.62	0	134.62	134.62	0	134.62
<b>Sub-Total</b>			<b>154.42</b>	<b>19.80</b>	<b>134.62</b>	<b>154.42</b>	<b>19.80</b>	<b>134.62</b>

### INTENSIFIED DIARRHOEA CONTROL FORTNIGHT (IDCF)

25	58.1	Incentive for IDCF for prophylactic distribution of ORS to family with under-five children.	35.40	0	35.40	35.41	0	35.40
26	58.2	IDCF Orientation	22.06	22.06	0.00	22.06	22.06	0.00
27	58.3	Printing of IEC Materials and monitoring formats for IDCF	18.28	18.28	0.00	18.28	18.28	0.00
28	58.4	ORS Procurement	153.59	153.59	0.00	154.79	154.79	0.00
29	58.5	Zinc Procurement	7.32	7.32	0.00	7.38	7.38	0.00
30	58.6	Mass Awareness on Intensified Diarrhoea Control Fortnight Campaign in all the Districts (shifted from Sl no 60)	26.86	0	26.855	26.86	0	26.855
<b>Sub-Total</b>			<b>263.50</b>	<b>201.24</b>	<b>62.26</b>	<b>264.76</b>	<b>202.50</b>	<b>62.26</b>

### Other Nutrition Components

31	60.1	Mass Awareness and Observance of National Deworming Day NDD	10.23	0	10.23	10.23	0	10.23
<b>Sub-Total</b>			<b>10.23</b>	<b>0</b>	<b>10.23</b>	<b>10.23</b>	<b>0</b>	<b>10.23</b>
32	61	State specific Initiatives and Innovations (IEC division)	<b>66.00</b>	<b>66.00</b>	<b>0</b>	<b>66.00</b>	<b>66.00</b>	<b>0</b>
<b>Grand Total</b>			<b>3259.85</b>	<b>2397.062</b>	<b>862.789</b>	<b>3362.93</b>	<b>2424.018</b>	<b>937.915</b>

**FMR Code: RCH.7-52**  
**ANEMIA MUKT BHARAT (AMB)**

Activity	FMR Code and SI number	F.M.R. Owner		
		State	District	Block/ HI
Outreach Camps	52.1	Nutrition Consultant	DCM/DME	BCM/BPM
ASHA Incentive (Mobilization of Non-PW & Lactating Women)	52.2	SCM	DCM	BCM
ASHA Incentive (Mobilization of 6-59 months children)	52.3	SCM	DCM	BCM
Procurement of IFA Tablets (Non-PW and Lactating Women)	52.4	Nutrition Consultant	DCM & DCo	BCM & Bco
Procurement of Iron Syrup (6-59 months children)	52.5	Nutrition Consultant	DCM & DCo	BCM & Bco
Procurement of IFA Tablets (Pink for children 5-10 years)	52.6	Nutrition Consultant	DCM & DCo	BCM & Bco
Procurement of IFA tablets for pregnant & lactating women in Reproductive Age (20-49 years)	52.7	Nutrition Consultant	DCM & DCo	BCM & Bco
Procurement of Inj. Iron Sucrose	52.8	Nutrition Consultant	DCM & DCo	BCM & Bco
AMB Orientation (one day)	52.9	Nutrition Consultant	DCM & DCo	BCM & Bco
Printing of reporting formats and registers under AMB	52.10	Nutrition Consultant	DCM & DCo	BCM & Bco

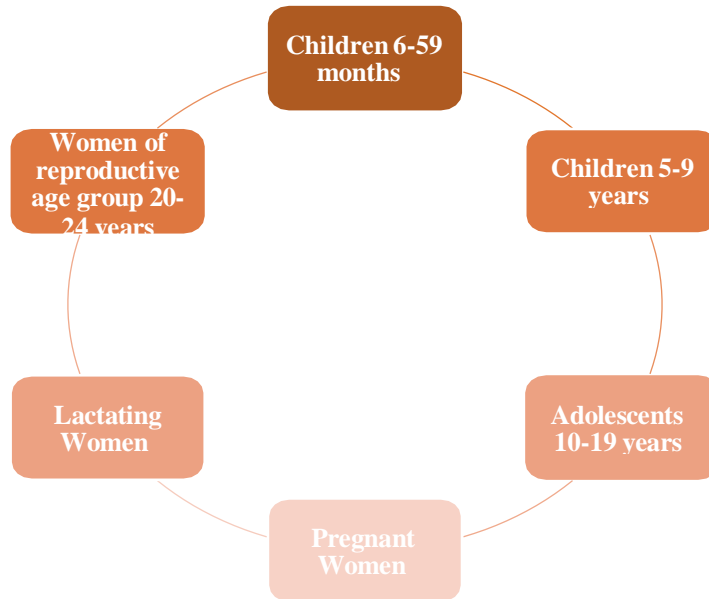
Anemia is a major public health issue of India and 50% of total anemia is caused by iron deficiency. Anemia is the second highest cause of maternal mortality in Asia. Mortality due to anemia contributes to 22% (n=115,000) of the total maternal deaths every year. 90,000 deaths in both sexes and all age groups were due to iron deficiency anemia alone and India contributes to about 80% of the maternal death due to anemia in South Asia.

The Ministry of Health and Family Welfare (MoH&FW) has launched Anemia Mukh Bharat Programme with special focus on the health and nutrition needs of children, adolescents, women of reproductive age group and pregnant mothers and lactating mothers. Its main objectives are IFA distribution and compliance, anemia detection, referral and treatment for achieving the goal of better haemoglobin status among the people of India.

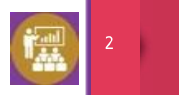
This will be achieved through six interventions, implementation of which will be facilitated by six robust institutional mechanisms. To facilitate seamless implementation of the interventions, a training tool kit has been developed which will be used to orient and train different stakeholders at various levels for effective implementation of Anemia Mukh Bharat (AMB) strategy.



## Six Beneficiaries: Six Interventions: Six Institutional Mechanism



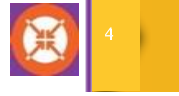
1 Intra-ministerial coordination



2 National Anemia Mukt Bharat Unit



3 National Centre of Excellence and Advanced Research on Anemia Control



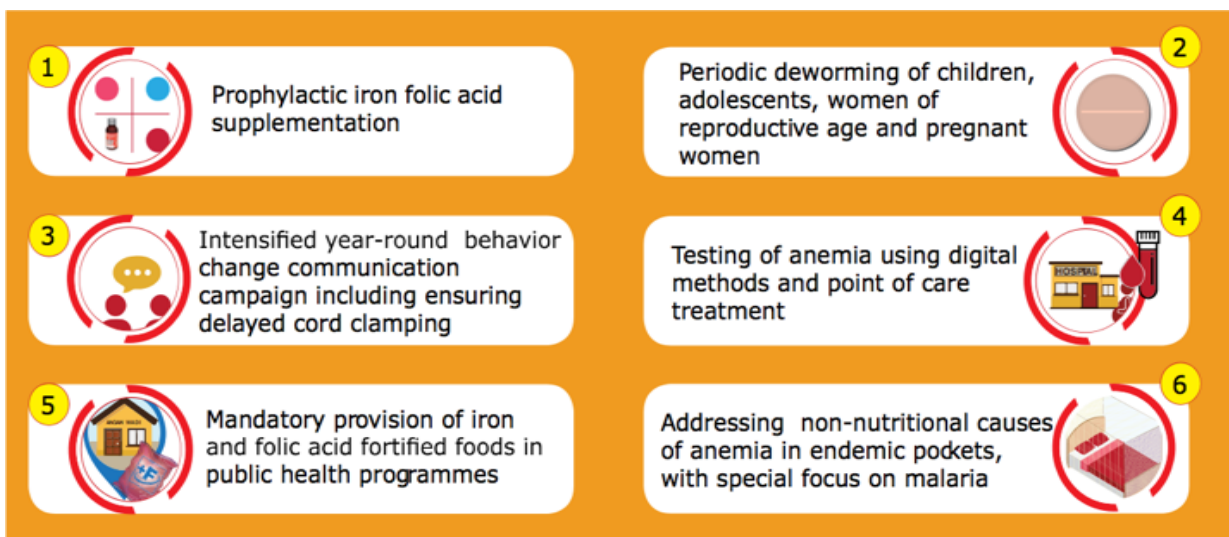
4 Convergence with other ministries



5 Strengthening supply chain and logistics



6 AnemiaMuktBharat dashboard and digital Portal-one-stopshop for anemia



### Prophylactic dose and regime for Iron Folic Acid supplementation

Age Group	Dose and regime
Children 6–59 months of age	Biweekly, 1 ml Iron and Folic Acid syrup Each ml of Iron and Folic Acid syrup containing 20 mg elemental Iron + 100 mcg of Folic Acid <b>Bottle (50ml) with ‘auto-dispenser’.</b>
Children 5–9 years of age	Weekly, 1 Iron and Folic Acid tablet Each tablet containing 45 mg elemental Iron + 400 mcg Folic Acid, sugar-coated, <b>pink color</b>
Children 10–19 years of age	Weekly, 1 Iron and Folic Acid tablet Each tablet containing 60 mg elemental iron + 500 mcg Folic Acid, sugar-coated, <b>blue color</b>
Women of reproductive age (non-pregnant, non- lactating) 20–49 years	Weekly, 1 Iron and Folic Acid tablet Each tablet containing 60 mg elemental Iron + 500 mcg Folic Acid, sugar-coated, <b>red color</b>
Pregnant women and lactating mothers (of 0–6 months child)	Daily, 1 Iron and Folic Acid tablet starting from the fourth month of pregnancy (that is from the second trimester), continued throughout pregnancy (minimum 180 days during pregnancy) and to be continued for 180 days, post-partum Each tablet containing 60 mg elemental Iron + 500 mcg Folic Acid, sugar-coated, <b>red color</b>

**Note 1:** Prophylaxis with iron should be withheld in case of acute illness (fever, diarrhoea, pneumonia, etc.), and in a known case of thalassemia major/history of repeated blood transfusion. In case of SAM children, IFA supplementation should be continued as per SAM management protocol.

**Note 2:** All women in the reproductive age group in the pre-conception period and up to the first trimester of the pregnancy are advised to have 400 mcg of Folic Acid tablets, daily, to reduce the incidence of neural tube defects in the foetus.

**Note 3:** Promotion and monitoring of delayed clamping of the umbilical cord for at least 3 minutes (or until cord pulsations cease) for new-borns across all health facilities will be carried out for improving the infant’s iron reserves up to 6 months after birth. Simultaneously, all birth attendants should make an effort to ensure early initiation of breastfeeding within 1 hour of birth

**Children 6–59 months** will be reached with biweekly IFA syrup by ASHA through home visits and mothers will be equipped with skills to provide biweekly IFA dose in households. State can choose to distribute the 50 ml IFA syrup bottle (with auto-dispenser) to mothers through respective ASHA on VHND or utilized platforms like dedicated rounds such as Vitamin A round, etc. ASHA will receive the required number of IFA syrup bottle from the PHC/sub-centre. ASHA will provide IFA syrup (1 ml) biweekly for the first week during the home visit under her supervision.

**Additionally, ASHA will demonstrate skills to mothers/ caregivers to provide IFA syrup through the auto dispenser bottle and counsel mothers on the benefits of IFA syrup for their child, improving iron and folate content of the diets and the importance of sanitation and hygienic practices in order to prevent anemia and worm infestation in the child.**

From the second week onwards up to the month end (the remaining 6 doses for the month), ASHA will undertake a fortnightly home visits and encourage the mothers to administer IFA syrup to their child themselves in her presence. This would help in confidence building of the mothers in providing IFA syrup to her child. ASHA will record compliance in the IFA compliance card attached with the MCP card and teach mothers to mark the compliance after administering every dose.

- After a month, it is expected that mothers would acquire the required skills and confidence in providing IFA syrup to their child twice a week and marking the same on the compliance card.

- In addition, screening for anemia in children under-5 years will be done biannually and follow-up with the children diagnosed with anemia in scheduled visits by Rashtriya Bal Swasthya Karyakram (RBSK) team as per protocol.

**School children 5–9 years** will be provided weekly IFA (Pink) tablet in schools using spot feeding approach of IFA after the mid-day meal through teachers in Government aided schools and after lunch break in private schools. Out-of-school children between 5–9 years will be provided IFA tablets through ASHA during home visits. States may consider rolling out this protocol in private schools, as per their discretion.

**School-going adolescents 10–19 years** will be provided weekly IFA (Blue) tablets by school teachers. In addition, these adolescents will also be screened for anemia annually and provided point-of-care treatment after referral from RSBK teams.

Out-of-school adolescent girls 10–19 years will be provided IFA (Blue) tablets through monthly Adolescent Health Day component of Rashtriya Kishore Swasthya Karyakram (RKSK) programme at Anganwadi centers or through AWC.

**Women of reproductive age (WRA)** who are not pregnant or non-lactating will be provided weekly IFA (Red) tablets. Each state is encouraged to integrate provision of IFA tablets, Folic Acid tablets and deworming (albendazole) for WRA interventions through immunization day/VHND platform where feasible. States should ensure preparation of line listing of newlyweds and married women of 20–24 years age by ANM/ASHA using the Eligible Couple Register (ECR).

ASHA will mobilize the target beneficiaries to attend the VHNDs, where they will be counselled by ANM on the importance of IFA supplementation and deworming to prevent anemia. Beneficiaries will be encouraged to undergo haemoglobin testing at the nearest health facility and, if diagnosed to be anemic, treatment will be provided as per protocol with advice on supplementation, once the Hb is normal. If Hb is found to be normal, weekly IFA supplementation will be provided and if the woman is planning for pregnancy, she is to be counselled to stop IFA supplementation and initiate Folic Acid supplementation. If she is already pregnant and in the first trimester of pregnancy, she will be counselled to continue Folic Acid supplementation till 12 weeks of pregnancy and begin IFA supplementation after 12 weeks as per standard ANC protocol. The Folic Acid tablets will be provided at the VHND/SCs by ANM.

**Pregnant women** will be provided services under the strategy through antenatal care contacts (ANC clinics/VHND/ PMSMA), receipt of IFA and Folic Acid tablets, screening and point-of-care treatment of anemia, and screening and prevention of malaria.

Lactating women will be provided IFA tablets via the VHND platform when they bring their children for immunization.

All target groups will be reached through age-appropriate Behavior Change Communication (BCC) activities using monthly group counselling platforms, service delivery contacts and home visits for targeted groups by ASHA.

### Reporting:

**All AMB reporting are to be done through the HMIS. The no of children dewormed during NDD is also to be reported through HMIS along with NDD portal.**

To streamline the ABM reporting through HMIS, a SC level reporting register (similar as RCH register) has been developed. District should supply at least 4 registers per sub centre mandatorily and immediately to ensure proper reporting. The format of the register will be sent to districts for printing through email.

### Supply of IFA tablets & syrup

The department of Health & Family Welfare will make the IFA tablet & syrup available up to the Sub Centre level. ASHA, Nodal teachers and AWW will submit their requirement and collect medicine from sub center or nearest HI. Furthermore ANM/MPW will be responsible for estimation of requirement of IFA, stock enquiry and availability of IFA for different age group. Nodal officers are requested to orient ANMs & MPWs on calculation

IFA requirement for different age group referring the information below. Each SC should have 3 months stock at any point, but at the same time wastage should be at minimum.

Age Group	Annual Requirement
6-59 months	2 bottle of 50 ml IFA syrup / child/ year
5-10 years	52 pink tablet/ child/ year
10-19years	52 blue tablet/ adolescent/ year
Women of Reproductive Age	52 red tablet/ women/ year
Pregnant & Lactation	180 red tablet/ pregnant women/ year & 180 red tablet/ lactating women/ year

### Monitoring:

ASHA prepares the line list of pregnant women, lactating women, Women of reproductive age, out of school girls & under 5 children for IFA supplementation and tally one or two cases with home visit.

Random school and AWC visit and supply and record keeping in WIFS registers Tally ASHA record with ANM record at Sub Center. Other health officials may follow the following.

*Through home visit:* DCM & BCM should do random home visit to know about implementation of IFA supplementation among under 5 children.

#### *At school/ AWC:*

The nodal teacher and class teachers at school and AWW at AWC will be responsible for administration of IFA tablet and correct reporting and recording. Regular random visit by District Coordinator is must.

#### **From Sub Centre (SC) Level:**

The MPW (M) and ANM will visit schools and AWC under their jurisdiction and monitor the school/ AWC reporting register on WIFS fortnightly.

#### *At Block Level:*

**All BMO, BPM, BCM, HE, BEE, LHV, BPA ABPM** will visit one school and one AWC per week regularly to monitor WIFS programme. Each person will visit separate institutions every time.

#### *At District Level:*

SDM&HO (School Health)/ i/c SDM&HO (School Health), DPM, DME, DCM, RBSK Coordinator, Urban Health Coordinator will visit one schools and one AWC per month regularly to monitor WIFS programme. (\* District has to provide mobility support for AMB monitoring)

## Activities under Anaemia Mukh Bharat

RBSK team will do anemia test using digital hemoglobin meter in schedule visits in schools and AWCs. Anemic children will be counselled, and treated at community or facility as required. Similarly, Hb level of each woman of reproductive age is to be checked in VHSND at least biannually. Hb level of identified anemic children/adolescent/women are to be checked as per protocol. 2 anemia screening camps (annually) are to be organized during POSHAN MAAH & POSHAN PAKWADA (1 camp per event) @ Rs 1000/- per SC per camp, prioritizing HWCs of tea gardens.

Details on T3 Camp:

- **AMB district nodal officer** will chair a meeting on T3 during POSHAN MAAH & POSHAN PAKWADA one month prior to the event with the help from DCM & DCo.
- **AMB block nodal officer** - calls for meeting (20 days before camp)
- **Participants:** NHM BPMU Staff, Education, Panchayati Raj, Medical and Nutrition colleges & development partners
- **Discuss** - date, venue, time, work allocation, social mobilization, logistics, checklist
- **Issue Joint Letter** for implementing T3 camps - respective PMUs (Health & Education)
- **District & block level** – directives to frontline workers to plan & organize activities

### Activity 1

FMR Code RCH.7 (SI. No 52.1)		
<b>Activity:</b>	<b>Outreach Camps for Anaemia screening at Sub-Centre/HWC/AAM</b>	
<b>New/On-going:</b>	On-Going	
<b>Justification:</b>	<p>This activity is proposed for organizing Anaemia Screening Camp (T3 Camp) per Sub-Centre/HWC/AAM per year as a major activity during celebration of Rashtriya Poshan Maah in the month of September and in the month march during POSHAN Pakhwara from Health and Family Welfare Department. <b>Priority is to be given to the HWCs located near the tea gardens and fund can be diverted for those HWCs.</b></p> <p>The camps are proposed to be organized in the Sub-Centre area @Rs. 1000/- with target of screening 500 beneficiaries with focus on 5-9 years, Adolescent girls, Pregnant Women, Lactating Women and Women of Reproductive Age for conducting T3 camps.</p>	
<b>FMR Owner:</b>	<b>State:</b> Consultant (Nutrition), Consultant Nutrition (UNICEF Supported) <b>District:</b> District Community Mobilizer (DCM) and District Coordinator (RBSK/RKSK)	
<b>Fund Allotted</b>	<b>F.Y. 2024-25 (In lakhs)</b>	<b>F.Y. 2025-26 (In lakhs)</b>
<b>At State HQ</b>	0.00	0.00
<b>At district</b>	47.35	47.35

Outreach Camps for Anemia screening HWCs					
SN	District	FY 2024-25		FY 2025-26	
		Target	Budget	Target	Budget
1	Baksa	154	1.54	154	1.54
2	Barpeta	262	2.62	262	2.62

Outreach Camps for Anemia screening HWCs					
SN	District	FY 2024-25		FY 2025-26	
		Target	Budget	Target	Budget
3	Biswanath	139	1.39	139	1.39
4	Bongaigaon	108	1.08	108	1.08
5	Cachar	270	2.70	270	2.70
6	Charaideo	70	0.70	70	0.70
7	Chirang	87	0.87	87	0.87
8	Darrang	159	1.59	159	1.59
9	Dhemaji	98	0.98	98	0.98
10	Dhubri	197	1.97	197	1.97
11	Dibrugarh	233	2.33	233	2.33
12	Dima Hasao	76	0.76	76	0.76
13	Goalpara	155	1.55	155	1.55
14	Golaghat	147	1.47	147	1.47
15	Hailakandi	107	1.07	107	1.07
16	Hojai	94	0.94	94	0.94
17	Jorhat	110	1.10	110	1.10
18	Kamrup Metro	50	0.50	50	0.50
19	Kamrup Rural	283	2.83	283	2.83
20	Karbi Anglong	118	1.18	118	1.18
21	Karimganj	232	2.32	232	2.32
22	Kokrajhar	162	1.62	162	1.62
23	Lakhimpur	150	1.50	150	1.50
24	Majuli	36	0.36	36	0.36
25	Morigaon	143	1.43	143	1.43
26	Nagaon	258	2.58	258	2.58
27	Nalbari	126	1.26	126	1.26
28	Sivasagar	150	1.50	150	1.50
29	Sonitpur	146	1.46	146	1.46
30	South Salmara	50	0.50	50	0.50
31	Tinsukia	165	1.65	165	1.65
32	Udalguri	150	1.50	150	1.50
33	West Karbi Anglong	50	0.50	50	0.50
<b>Total</b>		<b>4735</b>	<b>47.35</b>	<b>4735</b>	<b>47.35</b>

## Activity 2

FMR Code RCH.7 (SI No 52.2)		
<b>Activity :</b>	<b>ASHA Incentive for mobilizing WRA (non-pregnant &amp; non-lactating Women 20-49 years)</b>	
<b>New/On-going:</b>	On-Going	
<b>Justification:</b>	For this activity, ASHA will be paid an incentive of <b>Rs 50/ per month</b> for ensuring IFA supplementation to 75% of eligible beneficiaries in her area. In the FY 2024-25, 60% ASHAs will ensure IFA Red Tablet to 75% of eligible beneficiaries and in the FY 2025-26, 70% ASHAs will ensure IFA Syrup supplementation to 75% of eligible beneficiaries	
<b>FMR Owner</b>	<b>State:</b> State Consultant (Nutrition), State Community Mobilizer <b>District:</b> District Community Mobilizer	
<b>Fund Allotted</b>	<b>F.Y. 2024-25 (In lakhs)</b>	<b>F.Y. 2025-26 (In lakhs)</b>
<b>At State HQ</b>	0.00	0.00
<b>At district</b>	121.162	141.355

ASHA Incentive for mobilising Non Pregnant & Non Lactating (Women of Reproductive Age Group) (20-49 years)					
SN	Name of the District	No of ASHA	Incentive of ASHA @ Rs50/- per month (if 75% eligible beneficiaries covered by ASHA)	Budget for 2024-25 (In Lakh)	Budget for 2025-26 (In Lakh)
				Expected 60% of ASHAs will be eligible	Expected 70% of ASHAs will be eligible
1	Baksa	970	582000	3.492	4.074
2	Barpeta	1803	1081800	6.491	7.573
3	Biswanath	786	471600	2.830	3.301
4	Bongaigaon	752	451200	2.707	3.158
5	Cachar	1830	1098000	6.588	7.686
6	Charaideo	485	291000	1.746	2.037
7	Chirang	742	445200	2.671	3.116
8	Darrang	1047	628200	3.769	4.397
9	Dhemaji	777	466200	2.797	3.263
10	Dhubri	1783	1069800	6.419	7.489
11	Dibrugarh	1309	785400	4.712	5.498
12	Dima Hasao	254	152400	0.914	1.067

13	Goalpara	1150	690000	4.140	4.830
14	Golaghat	1072	643200	3.859	4.502
15	Hailakandi	745	447000	2.682	3.129
16	Hojai	775	465000	2.790	3.255
17	Jorhat	967	580200	3.481	4.061
18	Kamrup Metro	707	424200	2.545	2.969
19	Kamrup Rural	1782	1069200	6.415	7.484
20	Karbi Anglong	739	443400	2.660	3.104
21	Karimganj	1235	741000	4.446	5.187
22	Kokrajhar	1382	829200	4.975	5.804
23	Lakhimpur	1284	770400	4.622	5.393
24	Majuli	310	186000	1.116	1.302
25	Morigaon	1054	632400	3.794	4.427
26	Nagaon	1915	1149000	6.894	8.043
27	Nalbari	792	475200	2.851	3.326
28	Sivasagar	774	464400	2.786	3.251
29	Sonitpur	1160	696000	4.176	4.872
30	South Salmara	410	246000	1.476	1.722
31	Tinsukia	1403	841800	5.051	5.893
32	Udalguri	1065	639000	3.834	4.473
33	West Karbi Anglong	397	238200	1.429	1.667
<b>Total</b>		<b>33656</b>	<b>20193600</b>	<b>121.162</b>	<b>141.355</b>

### Activity 3

<b>FMR Code RCH.07 (SI No 52.3)</b>		
<b>Activity:</b>	<b>ASHA Incentive for mobilizing children and/or ensuring compliance and reporting (6-59 months)</b>	
<b>New/On-going:</b>	On-Going	
<b>Justification:</b>	For this activity, ASHA will be paid an incentive of Rs 100/ per month for ensuring IFA supplementation to 75% of eligible children 6-59 months in her area. In the FY 2024-25, 60% ASHAs will ensure IFA Syrup supplementation to 75% of eligible children 6-59 months children and in the FY 2025-26, 70% ASHAs will ensure IFA Syrup supplementation to 75% of eligible children 6-59 months children	
<b>FMR Owner:</b>	<b>State:</b> State Consultant (Nutrition), State Community Mobilizer <b>District:</b> District Community Mobilizer	
<b>Fund Allotted</b>	<b>F.Y. 2024-25 (In lakhs)</b>	<b>F.Y. 2025-26 (In lakhs)</b>
<b>At State HQ</b>	0.00	0.00
<b>At District</b>	242.323	282.710



**ASHA Incentive for mobilizing children and/or ensuring compliance and reporting by  
(6-59 months children)**

SN	Name of the District	No of ASHA	Incentive of ASHA @ Rs-100/- per month (if 75% eligible 6-59m children covered by ASHA)	Budget for 2024-25 (In Lakh)	Budget for 2024-25 (In Lakh)
				Expected 60% of ASHAs will be eligible	Expected 70% of ASHAs will be eligible
1	Baksa	970	1164000	6.984	8.148
2	Barpeta	1803	2163600	12.982	15.145
3	Biswanath	786	943200	5.659	6.602
4	Bongaigaon	752	902400	5.414	6.317
5	Cachar	1830	2196000	13.176	15.372
6	Charaideo	485	582000	3.492	4.074
7	Chirang	742	890400	5.342	6.233
8	Darrang	1047	1256400	7.538	8.795
9	Dhemaji	777	932400	5.594	6.527
10	Dhubri	1783	2139600	12.838	14.977
11	Dibrugarh	1309	1570800	9.425	10.996
12	Dima Hasao	254	304800	1.829	2.134
13	Goalpara	1150	1380000	8.280	9.660
14	Golaghat	1072	1286400	7.718	9.005
15	Hailakandi	745	894000	5.364	6.258
16	Hojai	775	930000	5.580	6.510
17	Jorhat	967	1160400	6.962	8.123
18	Kamrup Metro	707	848400	5.090	5.939
19	Kamrup Rural	1782	2138400	12.830	14.969
20	Karbi Anglong	739	886800	5.321	6.208
21	Karimganj	1235	1482000	8.892	10.374
22	Kokrajhar	1382	1658400	9.950	11.609
23	Lakhimpur	1284	1540800	9.245	10.786
24	Majuli	310	372000	2.232	2.604
25	Morigaon	1054	1264800	7.589	8.854
26	Nagaon	1915	2298000	13.788	16.086
27	Nalbari	792	950400	5.702	6.653
28	Sivasagar	774	928800	5.573	6.502
29	Sonitpur	1160	1392000	8.352	9.744
30	South Salmara	410	492000	2.952	3.444
31	Tinsukia	1403	1683600	10.102	11.785
32	Udalguri	1065	1278000	7.668	8.946
33	West Karbi Anglong	397	476400	2.858	3.335
<b>Total</b>		<b>33656</b>	<b>40387200</b>	<b>242.323</b>	<b>282.710</b>

*\*DCM to randomly verify the entry of administration of iron syrup in MCP card (pg 27) against the incentive received by ASHA for mobilizing children 6-59 months during their field visit and monitor the entries in HMIS portal on a monthly basis.*

#### Activity 4

<b>FMR Code RCH.07 (SI No 52.4)</b>		
<b>Activity:</b>	<b>Procurement of IFA tablet for Non Pregnant &amp; Non Lactating Mother under AMB- at state level</b>	
<b>New/On-going:</b>	On-Going	
<b>Justification:</b>	Anaemia Mukht Bharat is the one of the major programme intended to reduce the Aneamia prevalence among all age groups. It has more important in case of Assam with high prevalence of Anaemia among age groups (As per NFHS-5). Uninterrupted supply of IFA Tablets is very much crucial for the success of this programme. To maintain an uninterrupted supply under AMB, these drugs are being procured @ Rs 0.187 per tablet for the FY 2024-26 as per Anaemia Mukht Bharat Guidelines.	
<b>FMR Owner:</b>	Nutrition Consultant, Procurement Expert	
<b>Fund Allotted</b>	<b>F.Y. 2024-25 (In lakhs)</b>	<b>F.Y. 2025-26 (In lakhs)</b>
<b>At state</b>	33.832	34.145
<b>At District</b>	0.00	0.00

#### Activity 5

<b>FMR Code RCH.07 (SI No 52.5)</b>		
<b>Activity:</b>	<b>Procurement of IFA syrup (with auto dispenser) for children 6-60 months under AMB - at state level</b>	
<b>New/On-going:</b>	On-Going	
<b>Justification:</b>	Anemia Mukht Bharat is the one of the major programme intended to reduce the Anemia prevalence among all age groups. It has more important in case of Assam with high prevalence of Anaemia among age groups (As per NFHS-5). Uninterrupted supply of IFA syrup bottles is very much crucial for the success of this programme. IFA syrup to be procured @ Rs. 9.614/- per bottle to reduce the rates of anemia among children of age group 6-60 months as per AMB guideline.	
<b>FMR Owner:</b>	State: Nutrition Consultant, Procurement Expert	
<b>Fund Allotted</b>	<b>F.Y. 2024-25 (In lakhs)</b>	<b>F.Y. 2025-26 (In lakhs)</b>
<b>At state</b>	321.547	324.76
<b>At District</b>	0.00	0.00

### Activity 6

<b>FMR Code RCH.07 (SI No 52.6)</b>		
<b>Activity:</b>	<b>Procurement of IFA Tablets Junior WIFS tablets -Pink Sugar coated for children (5-10 Years)- at state level</b>	
<b>New/On-going:</b>	On-Going	
<b>Justification:</b>	Anemia Mukht Bharat is the one of the major programme intended to reduce the Anemia prevalence among all age groups. It has more important in case of Assam with high prevalence of Anaemia among age groups (As per NFHS-5). Uninterrupted supply of IFA Tablets is very much crucial for the success of this programme. IFA tablet to be procured @ Rs. 0.121/- per tablet to reduce the rates of anaemia among children as per AMB Guideline	
<b>FMR Owner:</b>	State: Nutrition Consultant, Procurement Expert	
<b>Fund Allotted</b>	<b>F.Y. 2024-25 (In lakhs)</b>	<b>F.Y. 2025-26 (In lakhs)</b>
<b>At state</b>	86.91	87.78
<b>At District</b>	0.00	0.00

### Activity 7

<b>FMR Code RCH.07 (SI No 52.7)</b>		
<b>Activity:</b>	<b>Procurement of IFA Red Tablets for pregnant and lactating women -at state level</b>	
<b>New/On-going:</b>	On-Going	
<b>Justification:</b>	Anemia Mukht Bharat is the one of the major programme intended to reduce the Anemia prevalence among all age groups. It has more important in case of Assam with high prevalence of Anaemia among age groups (As per NFHS-5). Uninterrupted supply of IFA Tablets is very much crucial for the success of this programme. To maintain an uninterrupted supply under AMB, these drugs are being procured @ Rs 0.187 per tablet for the FY 2024-26 as per Anaemia Mukht Bharat Guidelines.	
<b>FMR Owner:</b>	State: Nutrition Consultant, Consultant Maternal Health, Procurement Expert	
<b>Fund Allotted</b>	<b>F.Y. 2024-25 (In lakhs)</b>	<b>F.Y. 2025-26 (In lakhs)</b>
<b>At state</b>	<b>499.136</b>	<b>532.134</b>
<b>At District</b>	0.00	0.00

### Activity 8

<b>FMR Code RCH.07 (SI No 52.8)</b>	
<b>Activity:</b>	<b>Procurement of Injection Iron Sucrose -at state level</b>
<b>New/On-going:</b>	On-Going
<b>Justification:</b>	Anemia Mukht Bharat is the one of the major programme intended to reduce the Anemia prevalence among all age groups. It has more important in case of Assam with high prevalence of Anaemia among age groups (As per NFHS-5). Uninterrupted supply of IFA Tablets is very much crucial for the success of this programme.

	Injection Iron Sucrose to be procured @ Rs. 14.916/- per amp to reduce the rates of anaemia among pregnant women as per AMB Guideline for the FY 2024-26.	
<b>FMR Owner:</b>	Nutrition Consultant, Consultant Maternal Health, Procurement Expert	
<b>Fund Allotted</b>	<b>F.Y. 2024-25 (In lakhs)</b>	<b>F.Y. 2025-26 (In lakhs)</b>
<b>At state</b>	304.174	355.255
<b>At District</b>	0.00	0.00

### Activity 9

<b>FMR Code RCH.07 (SI No 52.9)</b>		
<b>Activity:</b>	<b>One day orientation of frontline workers (ASHA/ANM) and allied departments (at block level)</b>	
<b>New/On-going:</b>	On-Going	
<b>Justification:</b>	Anemia Mukht Bharat is the one of the major programme intended to reduce the Anemia prevalence among all age groups. Under the activity, 1 nodal teacher from each school, AWWs, ASHAs and ANMs shall be provided with one day orientation on AMB programme. The batch size shall be 30 and the budget per batch is @Rs. 1900/-.	
<b>FMR Owner:</b>	State: Nutrition Consultant District: District Community Mobilizer and District Coordinator (RBSK)	
<b>Fund Allotted</b>	<b>F.Y. 2024-25 (In lakhs)</b>	<b>F.Y. 2025-26 (In lakhs)</b>
<b>At state</b>	57.60	57.60
<b>At District</b>	0.00	0.00

### Activity 10

<b>FMR Code RCH.07 (SI No 52.10)</b>		
<b>Activity:</b>	<b>Printing of reporting formats and registers under AMB - state level</b>	
<b>New/On-going:</b>	New	
<b>Justification:</b>	To enhance record keeping of AMB programmes for all the target beneficiaries of age groups (6-59m, 5-9yrs, 10-19yrs, WRA and PW and LMs), it is essential to provide reporting formats and registers in all Schools, AWCs and SCs. These registers will be printed based on the format provided in the AMB guidelines and will serve as a robust reporting mechanism and will enforce liability to the respective departments.	
<b>FMR Owner:</b>	State: Consultant (Nutrition), SME	
<b>Fund Allotted</b>	<b>F.Y. 2024-25 (In lakhs)</b>	<b>F.Y. 2025-26 (In lakhs)</b>
<b>At state</b>	<b>249.006</b>	<b>200.00</b>
<b>At District</b>	0.00	0.00

## FMR Code: RCH.7-53

### NATIONAL DEWORMING DAY (NDD)

Soil Transmitted Helminths (STH) are significant public health concern for Assam. Around 68% children of 1-14 years of age are estimated to be at risk of parasitic intestinal worm infestation in India. Evidence has shown detrimental impact of STH infestation on physical growth-anemia, undernutrition and cognitive development as well as school attendance. Periodic deworming can reduce the transmission of STH infections. Ministry of Health & Family Welfare, Government of India, in collaboration with Ministry of Women & Child Development, Department of School Education & Literacy (under Ministry of Human Resource Development), Ministry of Drinking Water and Sanitation and Ministry of Panchayati Raj has decided to conduct annual mass deworming day observing National Deworming Day (NDD). From the year 2015, mass deworming is conducted across 27 districts of Assam as a fixed day strategy to reduce the harm caused by STH on millions of children in a cost effective, simple and safe manner.

#### **Objective:**

The objective of NDD is to deworm all preschool and school-age children between the ages of 1-19 years through the platform of schools and anganwadi centers in order to improve their overall health, nutritional status, access to education and quality of life.

#### **Strategy:**

- Fixed day approach leads to effective mobilization of stakeholders and communities essential for high coverage
- An optimal and cost effective mechanism
- Campaign style messaging to increase awareness across the country
- Support structures in place to easily track and respond to any case of adverse events
- Effective monitoring of program for improving implementation quality
- Leveraging of existing infrastructure rather than creating new channels of service delivery

#### **Targets:**

- Children enrolled in all government and government-aided schools
- Children enrolled in central schools
- Children enrolled in private schools
- Children registered at anganwadi centers
- Unregistered and out-of-school children in anganwadis and schools, respectively
- Rag pickers, children working in hotel, restaurants, garages other commercial establishment & children and adolescents living in slum/street through NULM.
- Children and adolescents living in orphanages, children homes, Juvenile Jails and Jails with prisoner mothers

#### **Administration of Albendazole Tablets:**

Age	Dosage	Administration
1-2	Half	Crush the half tablet between two spoons, then add safe water to help administer the tablet
2-3	Full	

3-19 years	Full Tablet	<ul style="list-style-type: none"> <li>• Ask the children aged 3-19 to chew the tablet properly</li> <li>• Ensure drinking water available</li> <li>• Use a spoon to administer one full tablet to the child yourself</li> </ul>
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### Dose and regime for deworming

Age Group	Dose and regime
Children 12–59 months of age	Biannual dose of 400 mg albendazole (½ tablet to children 12–24 months and 1 tablet to children 24–59 months)
Children 5–9 years of age	Biannual dose of 400 mg albendazole (1 tablet)
Children 10–19 years of age	Biannual dose of 400 mg albendazole (1 tablet)
Women of reproductive age (non- pregnant, non-lactating) 20–49 years	Biannual dose of 400 mg albendazole (1 tablet)
Pregnant women	One dose of 400 mg albendazole (1 tablet), after the first trimester, preferably during the second trimester

### Steps of implementation

#### **A. District Coordination Committee Meeting and sensitization to be conducted before each NDD round**

- i. Meeting to be chaired by the Principal Secretary of Autonomous Council/ Deputy Commissioner cum Member Secy. of DHS.
- ii. Members are Jt. Director (DHS), District Nodal Officer for NDD, District Social Welfare Officer, District Elementary Education Officer, Inspector of Schools, Deputy Inspector of Schools DPM (NHM), DMC (SSA), Superintending Engineer (PHE), District Level officials from PHD, Representative from Development Partners (UNICEF/ IAP etc.), DAM, DDM, SDM&HO, District Coordinator, Urban Health Coordinator, BPM, BCM, BDM, BAM, BEE/HE, CDPO/PO (ICDS), IS, DEEO, BEEO (Education Department).

Points to be discussed:

- a. Inter Departmental Convergence
- b. Availability of drugs
- c. IEC activity
- d. Trainings at different levels
- e. Adverse Event Management Protocol
- f. Micro Plan on NDD with special emphasis on hard to reach areas, difficult SC.
- g. Plan for deworming of ragpickers, children and adolescents working in hotels, living in Orphanages, Children Homes, Juvenile Jails and Jails with prisoner mothers etc.
- h. Involvement of all Government, Private and Central Schools & Colleges.
- i. Supervision and Monitoring

- j. Reporting on Time
- k. Awareness generation on general sanitation and hygiene to prevent worm infestation in coordination with Public Health Department/ Swachh Bharat Mission
- iii. Orientation NDD to be done by the district Nodal Officer on NDD with other DPMU staffs, who attended State Orientation/ VC on NDD.
- iv. The venue for training should have facilities of proper sound and light plus power point presentation.
- v. The venue should be large enough to accommodate all participants with toilet and dustbin facilities.
- vi. Roles and responsibilities of all departments to explained properly.
- vii. Training should include Monitoring and Reporting.

**B. Block level sensitization**

- i. Participants are Ayush Team, MPW, ANM School Principals/ Teachers and ICDS functionaries. (Training of Ayush Team, MPW, ANM to be done during monthly meetings)
- ii. Orientation to be done by the block Nodal Officer on NDD with other staffs, who attended District Orientation.
- iii. The venue for sensitization should have facilities of proper sound and light plus power point presentation.
- iv. The venue should be large enough to accommodate all participants with toilet and dustbin facilities.
- v. Reporting formats to be distributed during training.
- vi. Refreshment to be serve properly.

**C. Project/ Sector level Training**

- i. ASHA, ASHA Supervisors, Link Workers, LS and AWW to be trained during their respective monthly meetings.

**D. Roles and responsibilities**

**i District**

- a. The programme will be under the overall supervision of the district Nodal Officer.
- b. Arrangement of coordination committee and orientation to be done by the DME.
- c. Community mobilization, Line listing of ASHA, field level implementation of NDD, release of ASHA incentive to be supervised by DCM.
- d. Minutes of the meeting to be shared with State H.Q, NHM, Assam.
- e. Role and responsibly of all partner departments and respective officials to well defined in district Coordination Committee.

**ii Block**

- a. The block Nodal Officer would responsible for all activities related to NDD.
- b. Arrangement of block level orientation to be done by BCM and BEE (planning, venue fixing, invitation to all participants, specially all teachers, refreshment etc.
- c. Drugs and IEC materials to be distributed through Sub Centers/ during sensitization meeting and to be ensured by MPW and HE.
- d. RBSK team to be involved in all activities.

**iii Sector**

- a. Drug distribution by block pharmacist
- b. Distribution of IEC materials by MPW and Health Educator.

- c. MPW and HE would ensure availability of drugs and IEC materials up to School and AWC.
- d. For NDD mobility districts are requested to use the regular mobility fund.
- e. Adverse Event Management
- Events such as nausea, mild abdominal pain, vomiting, diarrhea, and fatigue may occur amongst a few children, especially those who have high worm infection.
  - Please do not panic. Follow the adverse event management protocol.
  - Any adverse events are temporary and generally can be managed at the school/*anganwadi*.
  - Self-limiting symptoms do not require hospitalization
  - In case of an adverse event, make the child lie down in an open, shaded area and give the child water to drink.
  - Choking is not to be considered a serious adverse event and is a medication error. Albendazole is an easily chewable tablet. Still, if the child chokes on a part of the tablet, make the child bend over on your lap and pat the child on the back till the tablet comes out.
  - In case of emergency call for any medical assistance. The doctor on call will give you some telephonic instructions before his/her arrival. Follow the instructions and wait for arrival of health team. (For this district needs to an Emergency Response System has to be put in place by the Health and Family Welfare Department at district / block level to manage any adverse events of mild and/or severe nature).

## REPORTING

Timeline	Reporting Unit	Responsibility
Withing 10 Days from MUD	Reporting from schools/college or other technical institution <i>anganwadis</i> to ANM	Principals/AWWs
Withing 15 Days from MUD	ANM to respective block	ANMs
Withing 20 Days from MUD	Coverage reporting ( <b>entry on NDD app</b> ) + monitoring data submission from blocks to districts	Blocks
Withing 25 Days from MUD	Coverage reporting ( <b>approvals on NDD app</b> ) + monitoring data submission from district to state	District
Withing 30 Days from MUD	Coverage reporting ( <b>on NDD app</b> ) + monitoring data submission from state to GoI including NDD app	All States/UTs

## MONITORING

### 1. Preparatory Stage

At this stage the district monitors will ensure the preparation and readiness of the district as well as blocks on below mentioned points-

- a. Orientation of School Teachers/AWWs/ASHAs and officials/staff of other departments (Education, WCD, SBM (G), Tea Gardens, Pvt. School Associations).
- b. Drug Status and distribution up to Schools and Anganwadi Centres Level.
- c. Activation of Emergency Response System.
- d. List of beneficiaries with special focus on Slum areas, Street children, Juvenile Homes, Children of prisoners, RSTC etc.



- e. Convergence with other departments and their preparation.
- f. Reporting formats and availability.
- g. Fund allocation to blocks.
- h. District and block monitoring plan for NDD & MUD.

## 2. Implementation Stage

Deployment/engagement of state/ district Level monitors to assess the implementation of rounds. MoHFW has developed a format to submit the report of NDD. A few critical points which need attention while filling the format, are as follows:

- Please follow a pattern while writing the name of monitoring officer e.g. write full name without using abbreviations i.e. Ravi Kumar instead of R. Kumar, use the same way of writing name and designation for all visited sites.
- Please ensure to write complete names with correct spelling of state/district/block/urban area/village/ward.
- Please re-check for right entries of all mobile numbers and make sure that they are in 10 digits. Kindly provide single mobile number for an individual, rather than sharing multiple mobile numbers.
- The total number of children/adolescents attendance should be equal to or less than the registered/enrolled students, in case of schools/technical institutes/colleges/ITIs etc.
- While entering the expiry date of the Albendazole tablet, please enter the printed expiry date mentioned on strip/pack. While you mention the expiry date on the Google monitoring form, select the last day in **DD** of the expiry month, followed by expiry month in **MM** (as given on the strip/pack) and the year in **YY** (also same as given on the sachet). Please submit your NDD monitoring response in the NDD monitoring form **by end of the day on NDD/MUD** so that data can be timely analysed and corrective measures may be planned and taken before the Mop-up Day.
- The districts and blocks will monitor the activities on National Deworming Day (NDD) and Mop Up Day (MUD) as per the direction above & monitoring format. The physical targets for monitoring will be-
  - a. By Districts-5% of the Schools and AWCs.
  - b. By Blocks- 10% of the Schools and AWCs.

## Roles & Responsibilities of Partner Departments

### 1. Health & Family Welfare Department

- To lead NDD Coordination Committee meetings at all levels.
- To ensure procurement, transportation and distribution of Albendazole tablets
- Conduction of Orientation.
- To disseminate Adverse Event Management Protocol at all levels starting from State to school and Anganwadi center level.
- To develop and provide financial guidelines and budgets to various levels for effective implementation.
- To develop IEC strategies and materials and provide budgetary allocations for their printing and dissemination.
- To ensure presence of ASHA workers at Anganwadi centers on NDD and MUD to support deworming of out-of-school and unregistered children.
- To ensure community mobilization, mobilize beneficiaries especially out-of- school children and adolescents through ASHAs.
- To develop and print reporting formats.

### 2. Social Welfare Department

- To ensure community mobilization, especially of out-of-school and un-registered children and adolescents through Anganwadi Workers (AWWs).

- To coordinate with Department of Health and Family Welfare in effective roll-out of NDD.
- To place requisite indent for Albendazole tablet supply to the Department of Health and Family Welfare based on Anganwadi center survey figures of registered and out- of-school children .
- Using the platform of monthly meetings, orient Lady Supervisors (LS) and AWWs to administer deworming drug at Anganwadi center and briefing them on possible adverse events and their management .
- Dissemination of IEC material to all Anganwadi centers .
- Departmental officials to undertake field visits for monitoring and supportive supervision.
- To report coverage data to the Department of Health and Family Welfare in standardized formats within specified timelines.

### **3. Education Department**

- To coordinate with Department of Health and Family Welfare in effective roll-out of NDD in all schools.
- To place requisite indent for Albendazole tablet supply to the Department of Health and Family Welfare.
- To train teachers to administer deworming drugs at schools.
- Dissemination of IEC material to all schools, including community mobilization through School Management Committees.
- To encourage schools to conduct other community mobilization activities through school assembly, health and sanitation days, interaction with parents and community members.
- Departmental officials to undertake field monitoring visits for assessing program implementation and supportive supervision.
- To report coverage data to the Department of Health and Family Welfare in standardized reporting formats within specified timelines in the

## Activities under National Deworming Day:

### Activity 1

FMR Code RCH.07 (SI No 53.1):		
<b>Activity:</b>	<b>District and Block level Orientation of NDD</b>	
<b>New/On-going:</b>	On-Going	
<b>Justification:</b>	The Orientation of District and block level officials from health and allied departments (Education/Social Welfare) on National Deworming Day. The NDD is bi-annual rounds conducted six month a part for mass administration of albendazole tablets for 1-19 years children and adolescents. The batch size is 50 participants per batch and the fund for each batch is Rs. 5000/-.	
<b>FMR Owner:</b>	State: Consultant (Nutrition), Consultant Nutrition (UNICEF Supported) District: DME/ DCM/ Dco	
<b>Fund Allotted</b>	<b>F.Y. 2024-25 (In lakhs)</b>	<b>F.Y. 2025-26 (In lakhs)</b>
<b>At state</b>	<b>71.250</b>	<b>71.250</b>
<b>At District</b>	<b>0.00</b>	<b>0.00</b>

### Activity 2

FMR Code RCH.07 (SI No 53.2): National Deworming Day		
<b>Activity:</b>	Printing of IEC materials and reporting formats etc. for National Deworming Day (NDD)	
<b>New/On-going:</b>	On-Going	
<b>Justification:</b>	IEC activities and reporting are important parts of the NDD programme for its successful implementation. Under this head, posters/banners/leaflets and reporting formats printing for 2 rounds each year of NDD at District and Block Level. Districts may finalize the number of IEC materials as per the requirement and allotted budget.	
<b>FMR Owner:</b>	State: Nutrition Consultant, SME District: DME/ DCM/ Dco	
<b>Fund Allotted</b>	<b>F.Y. 2024-25 (In lakhs)</b>	<b>F.Y. 2025-26 (In lakhs)</b>
<b>At state</b>	<b>44.22</b>	<b>44.22</b>
<b>At District</b>	<b>0.00</b>	<b>0.00</b>

### Activity 3

<b>FMR Code RCH.07 (SI No 53.3): National Deworming Day</b>		
<b>Activity:</b>	<b>ASHA Incentives for mobilizing children for NDD</b>	
<b>New/On-going:</b>	On-Going	
<b>Justification:</b>	This programme is implemented in two platforms-School and Anganwadi Centres. To ensure administration of albendazole tablets to out of school children need to be mobilized to Anganwadi Centres. An incentive for ASHA during NDD for mobilizing out of school children and ensuring albendazole administration @ Rs. 100/per ASHA per round (for two rounds of NDD in a year).	
<b>FMR Owner:</b>	State: Nutrition Consultant, State Community Mobiliser District: District Community Mobilizer	
<b>Fund Allotted</b>	<b>F.Y. 2024-25 (In lakhs)</b>	<b>F.Y. 2025-26 (In lakhs)</b>
<b>At state</b>	0.00	0.00
<b>At District</b>	67.312	67.312

<b>Incentive for National Deworming Day for mobilising out of Children by ASHAs</b>					
SN	Name of the District	No. ASHAs	Proposed Incentive @ Rs-100/-per ASHA per round (In Lakh)	Budget for 2024-25 (In Lakh)	Budget for 2025-26 (In Lakh)
1	Baksa	970	1.940	1.940	1.940
2	Barpeta	1803	3.606	3.606	3.606
3	Biswanath	786	1.572	1.572	1.572
4	Bongaigaon	752	1.504	1.504	1.504
5	Cachar	1830	3.660	3.660	3.660
6	Charaideo	485	0.970	0.970	0.970
7	Chirang	742	1.484	1.484	1.484
8	Darrang	1047	2.094	2.094	2.094
9	Dhemaji	777	1.554	1.554	1.554
10	Dhubri	1783	3.566	3.566	3.566
11	Dibrugarh	1309	2.618	2.618	2.618
12	Dima Hasao	254	0.508	0.508	0.508
13	Goalpara	1150	2.300	2.300	2.300
14	Golaghat	1072	2.144	2.144	2.144
15	Hailakandi	745	1.490	1.490	1.490
16	Hojai	775	1.550	1.550	1.550
17	Jorhat	967	1.934	1.934	1.934
18	Kamrup Metro	707	1.414	1.414	1.414
19	Kamrup Rural	1782	3.564	3.564	3.564
20	Karbi Anglong	739	1.478	1.478	1.478
21	Karimganj	1235	2.470	2.470	2.470
22	Kokrajhar	1382	2.764	2.764	2.764
23	Lakhimpur	1284	2.568	2.568	2.568

### Incentive for National Deworming Day for mobilising out of Children by ASHAs

SN	Name of the District	No. ASHAs	Proposed Incentive @ Rs-100/-per ASHA per round (In Lakh)	Budget for 2024-25 (In Lakh)	Budget for 2025-26 (In Lakh)
24	Majuli	310	0.620	0.620	0.620
25	Morigaon	1054	2.108	2.108	2.108
26	Nagaon	1915	3.830	3.830	3.830
27	Nalbari	792	1.584	1.584	1.584
28	Sivasagar	774	1.548	1.548	1.548
29	Sonitpur	1160	2.320	2.320	2.320
30	South Salmara	410	0.820	0.820	0.820
31	Tinsukia	1403	2.806	2.806	2.806
32	Udalguri	1065	2.130	2.130	2.130
33	West Karbi Anglong	397	0.794	0.794	0.794
<b>Total</b>		<b>33656</b>	<b>67.312</b>	<b>67.312</b>	<b>67.312</b>

#### Activity 4

#### FMR Code RCH.07 (SI No 53.4)

<b>Activity:</b>	<b>Procurement of Albendazole tablets for non pregnant and non lactating women</b>	
<b>New/On-going:</b>	On-Going	
<b>Justification:</b>	Albendazole tablets to be procured @ Rs. 1.628/- per tablet to manage deworming among non pregnant and non lactating women	
<b>FMR Owner:</b>	Nutrition Consultant, Procurement Expert	
<b>Fund Allotted</b>	<b>F.Y. 2024-25 (In lakhs)</b>	<b>F.Y. 2025-26 (In lakhs)</b>
<b>At state</b>	7.163	8.953
<b>At District</b>	0.00	0.00

#### Activity 5

#### FMR Code RCH.07 (SI No 53.5)

<b>Activity:</b>	<b>Procurement of Albendazole tablets for children 6-60 month- at state level</b>	
<b>New/On-going:</b>	On-Going	
<b>Justification:</b>	Albendazole tablets to be procured @ Rs. 1.628/- per tablet to manage deworming of children 6-60 months.	
<b>FMR Owner:</b>	Nutrition Consultant, Procurement Expert	

<b>Fund Allotted</b>	<b>F.Y. 2024-25 (In lakhs)</b>	<b>F.Y. 2025-26 (In lakhs)</b>
<b>At state</b>	108.90	109.99
<b>At District</b>	0.00	0.00

### Activity 6

<b>FMR Code RCH.07 (SI No 53.6)</b>		
<b>Activity:</b>	<b>Procurement of Albendazole tablets for children 5-10 years- at state level</b>	
<b>New/On-going:</b>	On-Going	
<b>Justification:</b>	Albendazole tablets to be procured @ Rs. 1.628/- per tablet to manage deworming of children 5-10 years	
<b>FMR Owner:</b>	Nutrition Consultant, Procurement Expert	
<b>Fund Allotted</b>	<b>F.Y. 2024-25 (In lakhs)</b>	<b>F.Y. 2025-26 (In lakhs)</b>
<b>At state</b>	89.950	90.849
<b>At District</b>	0.00	0.00

### Activity 7

<b>FMR Code RCH.07 (SI No 53.7)</b>		
<b>Activity:</b>	<b>Procurement of Albendazole tablets for adolescents 10-19 years- at state level</b>	
<b>New/On-going:</b>	On-Going	
<b>Justification:</b>	Albendazole tablets to be procured @ Rs. 1.628/- per tablet to manage deworming of adolescent 10-19 years	
<b>FMR Owner:</b>	Nutrition Consultant, Procurement Expert	
<b>Fund Allotted</b>	<b>F.Y. 2024-25 (In lakhs)</b>	<b>F.Y. 2025-26 (In lakhs)</b>
<b>At state</b>	91.135	91.135
<b>At District</b>	0.00	0.00

### Activity 8

<b>FMR Code RCH.07 (SI No 53.8)</b>		
<b>Activity:</b>	<b>Procurement of Albendazole tablets for pregnant women - at state level</b>	
<b>New/On-going:</b>	On-Going	
<b>Justification:</b>	Albendazole tablets to be procured @ Rs. 1.628/- per tablet to manage deworming of pregnant women	
<b>FMR Owner:</b>	Nutrition Consultant, Procurement Expert	
<b>Fund Allotted</b>	<b>F.Y. 2024-25 (In lakhs)</b>	<b>F.Y. 2025-26 (In lakhs)</b>
<b>At state</b>	10.059	10.837
<b>At District</b>	0.00	0.00

## FMR Code: RCH.7-54

### NUTRITION REHABILITATION CENTRE (NRC)

Nutrition Rehabilitation Centers (NRC) are established in Health Facilities to provide appropriate and facility based case management to children with SAM for all under 5 children.

**RBSK Team has great role in identification & referral of children with SAM and their admission in NRC from the community. They may do mapping of the block based on malnutrition. Same information may be used by DCM & BCM to prevent and control malnutrition in respective area of action through community mobilization.**

#### Guideline for utilization of Operational Cost

1. **Kitchen supplies:** -Every essential food items required for preparing all categories of diet for the admitted SAM children must be available at all the time.

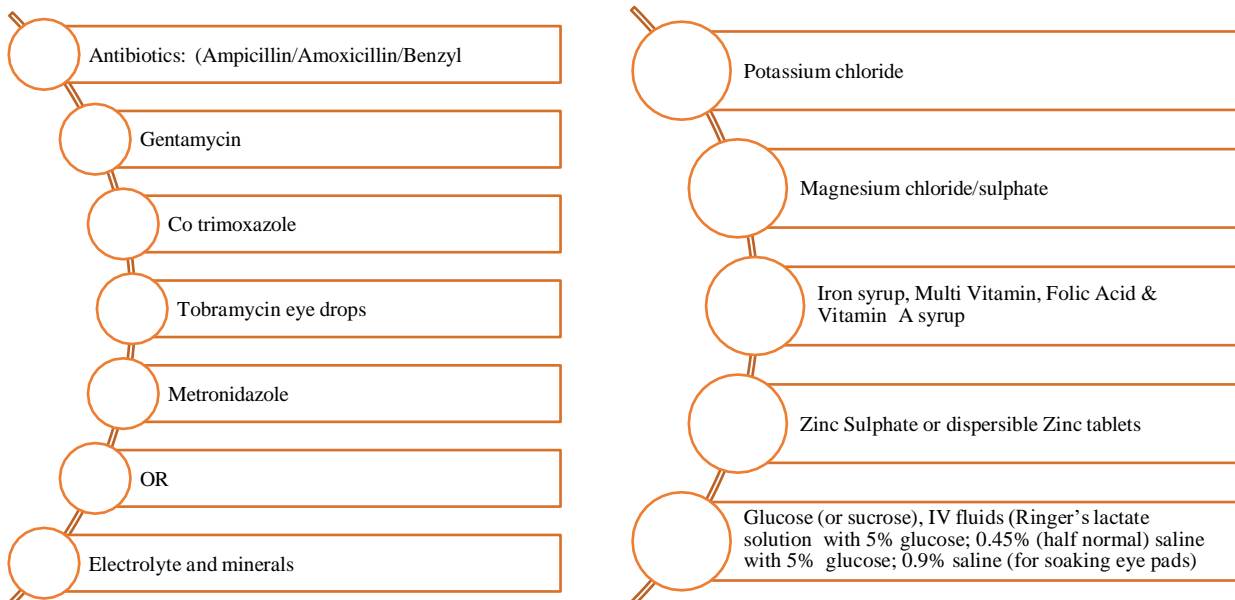
*Supply for making Starter and Catch up Diet:*

- Fresh whole milk/ Dried skimmed milk powder.
- Puffed rice.
- Vegetable Oil.
- Food Similar to those used in home (for teaching/use in transition to home/complementary feed)

2. **Pharmacy supplies and consumables:** - The parent health institution where NRC is located should provide all drugs & consumables which are available in the *Essential Drug List (EDL)* and any other supplied by the government.

Most essential medicines as per treatment protocol under Facility Based management of SAM children may to be procured when those are not available at NRC/ Health Facility. District Drug Store Manager should ensure supply of drugs to the NRC. If in any case outside drug need to be procured, proper certification for each purchase to be obtained.

#### List of commonly used medicines and supplements





**All consumables required for medical and therapeutic treatment of admitted SAM child if not available in supply from state or district may be purchased from operational cost. e.g.: cannulas, IV sets, paediatric nasogastric tubes etc.** But this is in exception and proper justification to be provided for this kind of purchases. Additional Investigation of SAM children which are not available in the health facility/District Hospital may be arranged from local laboratories using operational cost after due record of tender process. (Mandatory investigations to be performed for all admitted SAM children). **JSSK fund can also be utilized for expenditure on Drugs and Diagnostics for Infants up to 1 year of age.**

- Wage compensation for mother /caregiver @ **Rs-200/- per mother/caregiver per day** is approved for duration of the stay of SAM Child at NRC.
- Operational Cost and Contingency fund are for round the clock functioning of Nutrition Rehabilitation Centre as per standard protocol.
- Operational Cost is also approved for maintenance of all equipment, measuring and cooking appliances, making available of linen, laundry, supplies of cleaning agents and tools, kitchen garden etc. Air Conditioner for maintaining ward temperature may be procured from the Hospital Fund or Operational Cost of NRC with approval from state H.Q.
- Provision of safe drinking water, power backup, internet connectivity, photograph print etc. may be provided from Operational Cost or RKS.
- **NRCs which are situated in HI where facility of hospital diet is available will serve free diet to mother/caregiver from the hospital diet.**

*NRCs which are situated in HI where facility of hospital diet is not available will also serve free diet to mother/caregiver and NRC will get it reimbursed @ approved cost of hospital diet in the district from the hospital diet fund.*

Each NRC should have a TV (with USB point) and to be shown informative videos provided from SHQ to children and mothers who are admitted in NRCs. Mothers may be counselled using the Counselling Tool Book provided at every NRC.

**Recurrent Expenditure Budget Estimate for 10 bedded NRC with 100% Bed Occupancy**

Sl no	Item	Annual cost
1	Kitchen Supply	1,80,000
2	Pharmacy Supplies and Consumable	1,80,000
3	Other Cost	3,60,000
4	Wage Compensation	42,000
5	Maintenance of equipments, Linen, Cleaning supplies, Contingency	18,000
Total		7,80,000

Expenditure of the NRC is to be proportionate to bed occupancy. (Each NRC will receive operational Cost based on Bed Occupancy & GoI approval).

## NRC Protocol:

Following protocols should be maintained without any deviation in all NRCs

### 1. **Hand washing**

- Working hand washing facilities to be in/ near the ward.
- Constant hand washing by staff is mandatory each time before handling of food, after handling of patients.
- Hands washing demonstration with soap to be done for mothers and caregivers.
- Hands washing by mothers before feeding children to be monitored.

### 2. **Bedding and laundry**

- Change of bedding to be every day or when soiled/wet.
- Storing of diapers to be done for proper disposal
- Soiled towels and rags to be washed immediately.
- Place for mothers to do laundry to be arranged.
- Facility for washing and drying cloths to be arranged.

### 3. **General maintenance**

- Regular swapping of floors to be done. Floor surfaces should be easily cleanable and should minimize the growth of microorganisms.
- Proper disposal of trash.
- Protection of ward from insects and rodents. Windows should be covered with mosquito and fly covers.
- NRC to be open 24X7.

**Walls:** As with floors, the ease of cleaning and durability of wall surfaces must be considered. **Water supply:** Unit should have 24 hour uninterrupted running water supply. **Power supply:** Unit should have a 24 hour uninterrupted stabilized power supply. **Lighting:** Should be well lit. **Ventilation:** Should be adequately ventilated, especially for the kitchen area. Patient area to house the beds; in NRC adult beds are kept so that the mother can be with the child. **Play and counselling area** with toys; audio visual equipment like TV, DVD player and IEC material. **Kitchen and food storage area** attached to ward, or partitioned in the ward, with enough space for cooking, feeding and demonstration.

**Attached toilet and bathroom** facility for mothers and children along with two separate hand washing areas.

**Drainage-** Proper drainage facility should be there for disposal of waste.

### Food storage

1. Ingredients and food to be covered and stored at the proper temperature.
2. Discard of leftovers.
3. Discard old food items

### Dishwashing

1. Washing of dishes to be done immediately after each meal.
2. Dish washing agents to be used for washing of dishes.

### Feeding

1. Correct feeds to be served in correct amounts and at prescribed times, even during nights and weekends.
2. Children to be feed in the presence of mothers and nurses (never left alone to feed).
3. Children to be fed milk with a cup (never a bottle).
4. Food intake (and any vomiting/diarrhea) to be monitored and recorded correctly after each feed.

### Warming

1. The room temperature to be maintained between 25° - 30° C (to the extent possible).
2. Blankets to be provided and children kept covered at night.

### Ward environment

1. Surroundings of the ward should be welcoming and cheerful.
2. Mothers to be provided with space for sitting and sleeping.
3. Mothers should be taught/encouraged to be involved in care.

### **Benchmark Performance of NRC**

Indicators	Acceptable	Not Acceptable
Recovery Rate	>75%	<50%
Death Rate	<5%	>15%
Defaulter Rate	<15%	>25%
Weight gain(g/kg/d)	>=8g	<8g
Length of stay (weeks)	1-4	<1 and >6

### **MONITORING**

A. **Monthly review meeting to be conducted at NRC**, which to be attended to by NRC staffs, Nodal Officer, DPM, DCM, Hospital Administrator. Preferably the meeting to be chaired by the Joint Director.

#### **Key points of Discussion**

- Review of the previous month
- Involvement of other staffs for identification and mobilization of children with SAM to NRC.
- Areas, which need improvement and immediate attention.
- ASHA payment.
- Bed occupancy.
- Any other relevant issue.

#### **Event Management :**

- Celebration of any nutrition related day & birth days of inpatients children.
- Regular demonstration on complementary food & power point presentation on complementary food for caregivers & mothers of inpatient children. (Operational cost of NRC to be used).
- Screening of SAM children to be done by Dietician/ Nursing staff of NRC along with AWW/ RBSK team/Counselors/ Local NGO or agencies etc.
- Best performing ASHA/AWWs for best referral & follow up to be rewarded (from contingency fund).

#### **Patient Follow up:**

- Considering the proximity, the NRC graduate children may be followed up at facility or community. If a discharged child is gaining weight regularly and not suffering from illness during followed up period, his/her first 3 follow ups may be carried out in the community by the ASHA using the follow up format. But for the 4<sup>th</sup> and final follow up the patient should bring to the NRC. In case any illness and poor weight gain (no improvement) ASHA should refer the child to NRC immediately for follow up.
- If the child was not admitted by ASHA initially than also the NRC should coordinate with BCM of respective block for follow up process by ASHA. After discharge the ASHA will link the child with ICDS special nutrition programme for malnourished children. After 4th follow up the Dietician/ In charge will certify the case for approval of ASHA incentive.

Input Indicator
➤ % of functional beds
➤ % of HR in place
➤ % of fund received
Process indicators
➤ % of staff trained
➤ % of fund utilization
Output Indicators
➤ % discharged with 15% weight gain
➤ Average length of stay
➤ % children with 4 follow ups (against due list )
Outcome Indicators
➤ Bed Occupancy Rate
➤ Recovery Rate
➤ Referral Rate
➤ Non-respondent rate
➤ Defaulter/LAMA Rate
➤ Case fatality Rate
Impact Indicators
➤ Infant Mortality Rate
➤ Under 5 Mortality Rate
➤ Severe Wasting Rate
<p>Guidelines for utilization of ASHA Incentive for SAM Case Referral and 4 Follow-up (Details mentioned in ASHA incentive section)</p> <p>Incentives for ASHA for referral and completion of four follow up after discharged of a child treated for SAM at NRC.</p> <p>For ASHA incentive payment each NRC will coordinate with BCM of respective block from which the patient is admitted to motivate the respective ASHA to ensure 4 follow up of the child at facility or community level using the NRC follow up format. This format should be given to the patient along with discharged certificate.</p> <p><i>ASHA will get an incentive of 150/- per child after completion of fourth follow up. This to be validated by the 4<sup>th</sup> follow up completed certificate.</i></p> <p>Payments for ASHA incentives for NRC follow-up must be done through the DBT mode.</p> <p><b>*108 and Institutional National Ambulance Services may be used for Referral of SAM children for admission and follow up.</b></p>

## Activities under NRCs:

### 54.1 Operational Cost for NRCs:

The operational cost includes wage compensation and other operational costs such as kitchen supplies, pharmacy, contingency and maintenance of equipment/linen/cleaning supplies. Fund allotted to NRCs are based on the current Bed Occupancy Rate and functionality. Operational cost for a ten bedded at Hojai and two 5 bedded NRC at Titabor SDCH, Jorhat and Lakhipur BPHC, Cachar and is sanctioned for the financial year 2024-25 only.

<b>FMR Code RCH.7 (SI No 54.1)</b>		
<b>Activity:</b>	<b>Operational cost for NRCs</b>	
<b>New/On-going:</b>	On-Going	
<b>Justification:</b>	The facility-based management of severe acute malnourished children in Assam had been started in 2011. At present State has 29 functional NRCs. In this FY 2024-25, state has proposed 3 new NRCs in FY 2024-25 and 1 new NRC in F.Y 2025-26 respectively. The operational cost for each NRC has been calculated based on the BOR and utilization of the funds in the FY 2023-24.	
<b>FMR Owner:</b>	State: Nutrition Consultant District: Dietician and DCM/RBSK Coordinator	
<b>Fund Allotted</b>	<b>F.Y. 2024-25 (In lakhs)</b>	<b>F.Y. 2025-26 (In lakhs)</b>
<b>At state</b>	6.770	0.100
<b>At District</b>	171.20	184.78

S N	NRC	Name of the facility	F.Y. 2024-25		
			Operational Cost/Month (Rs)		Fund approved 2024-25
			Wage Compensation @ Rs-200/ admission /15 Days	Other Operational Cost	
1	Barpeta	Howly, CHC	286800	243200	5.30
2	Bongaigaon	Bogaigaon Civil Hospital	286800	243200	5.30
3	Cachar	SM Dev Civil Hospital	286800	243200	5.30
4	Cachar	Lakhipur BPHC,Cachar	96000	134000	2.30
5	Chirang	JSB Civil Hospital, Chirang	286800	243200	5.30
6	Darrang	Kharupetia, BPHC	286800	243200	5.30
7	Dima Hasao	Civil Hospital	286800	243200	5.30
8	Dhemaji	Silapathar, FRU	286800	243200	5.30
9	Dhubri	Dhubri ,Civil Hospital	286800	243200	5.30
10	Dibrugarh	Moran Tiloi, FRU	286800	243200	5.30
11	Goalpara	Goalpara, Civil hospital	286800	243200	5.30
12	Golaghat	Bokakhat, FRU	286800	243200	5.30

S N	NRC	Name of the facility	F.Y. 2024-25		
			Operational Cost/Month (Rs)		Fund approved 2024-25
			Wage Compensation @Rs-200/ admission /15 Days	Other Operational Cost	
13	Charaideo	Sonari SDCH	96000	134000	2.30
14	Jorhat	JMCH	286800	243200	5.30
15	Jorhat	Titabor SDCH, Jorhat	96000	134000	2.30
16	Kamrup M	GMCH	286800	243200	5.30
17	Karbi Anglong	DMCH	286800	243200	5.30
18	Karimganj	Karimganj ,Civil Hospital	286800	243200	5.30
19	Kokrajhar	KR.N.B Civil hospital, Gosaigaon	286800	243200	5.30
20	Lakhimpur	Bhipuria, BPHC	286800	243200	5.30
21	Morigaon	Morigaon,Civil hospital	286800	243200	5.30
22	Nagaon	Raha Ranthali ,CHC	286800	243200	5.30
23	Nagaon	Samaguri BPHC	286800	243200	5.30
24	Nalbari	SMK Civil hospital	286800	243200	5.30
25	Sonitpur	TMCH	286800	243200	5.30
26	Tinsukia	Tinsukia Civil Hospital	286800	243200	5.30
27	Udalguri	Udalguri Civil Hospital	286800	243200	5.30
28	Hailakandi	SK Roy Civil Hospital	286800	243200	5.30
29	Baksa	Dr. Ravi Boro Civil Hospital Baksa	286800	243200	5.30
30	Kamrup Rural	Kamalpur Model Hospital	286800	243200	5.30
31	Majuli	SSPDG district Hospital	286800	243200	5.30
32	Sivsagar	District HQ	286800	243200	5.30
33	South Salmara	District Hospital, Hatsingimari	286800	243200	5.30
35	Hojai	District HQ	48000	218000	2.66
36	Biswanath	District HQ	45000	218000	2.63

SN	NRC	Name of the facility	F.Y. 2025-26		
			Operational Cost/Month(Rs)		Fund approved 2025-26
			Wage Compensation @Rs-200/ admission / 15 Days	Other Operational Cost	
1	Barpeta	Howly, CHC	315480	297520	6.13
2	Bongaigaon	Bogaigaon Civil Hospital	315480	297520	6.13
3	Cachar	SM Dev Civil Hospital	315480	299520	6.15
4	Cachar	Lakhipur BPHC,Cachar	120000	128000	2.48
5	Chirang	JSB Civil Hospital, Chirang	315480	236520	5.52
6	Darrang	Kharupetia, BPHC	315480	299520	6.15
7	Dima Hasao	Civil Hospital	195000	266000	4.61
8	Dhemaji	Silapathar, FRU	315480	299520	6.15
9	Dhubri	Dhubri ,Civil Hospital	315480	299520	6.15
10	Dibrugarh	Moran Tiloi, FRU	315480	299520	6.15
11	Goalpara	Goalpara, Civil hospital	315480	299520	6.15
12	Golaghat	Bokakhat, FRU	315480	299520	6.15
13	Charaideo	Sonari SDCH	105600	131400	2.37
14	Jorhat	JMCH	315480	299520	6.15
15	Jorhat	Titabor SDCH, Jorhat	120000	120000	2.40
16	Kamrup M	GMCH	315480	299520	6.15
17	Karbi Anglong	DMCH	315480	236520	5.52
18	Karimganj	Karimganj ,Civil Hospital	315480	299520	6.15
19	Kokrajhar	KR.N.B Civil hospital, Gosaigaon	315480	236520	5.52
20	Lakhimpur	Bhipuria, BPHC	315480	236520	5.52
21	Morigaon	Morigaon,Civil hospital	315480	236520	5.52
22	Nagaon	Raha Ranthali ,CHC	315480	236520	5.52
23	Nagaon	Samaguri BPHC	315480	232520	5.48
24	Nalbari	SMK Civil hospital	315480	236520	5.52
25	Sonitpur	TMCH	315480	236520	5.52
26	Tinsukia	Tinsukia Civil Hospital	315480	236520	5.52
27	Udalguri	Udalguri Civil Hospital	315480	236520	5.52
28	Hailakandi	SK Roy Civil Hospital	315480	224520	5.40
29	Baksa	Dr. Ravi Boro Civil Hospital Baksa	315480	232520	5.48
30	Kamrup Rural	Kamalpur Model Hospital	315480	236520	5.52
31	Majuli	SSPDG district Hospital	315480	221520	5.37
32	Sivsagar	District HQ	150000	307000	4.57

SN	NRC	Name of the facility	F.Y. 2025-26		
			Operational Cost/Month(Rs)		Fund approved 2025-26
			Wage Compensation @Rs-200/ admission / 15 Days	Other Operational Cost	
33	South Salmara	District Hospital, Hatsingimari	150000	307000	4.57
34	West Karbi Anglong	District HQ	120000	125000	2.45
35	Hojai	District HQ	150000	125000	2.75
36	Biswanath	District HQ	120000	125000	2.45

#### 54.2 ASHA Incentive for referral and follow up of SAM children discharged from NRCs

FMR Code RCH.7 (SI No 54.2)		
<b>Activity:</b>	<b>ASHA Incentive for referral and follow up</b>	
<b>Justification:</b>	ASHAs are responsible for referral and follow up of U5 SAM children in collaboration with to NRCs for treatment and management. They also need to ensure 4 follow up visit of each discharged SAM child ( <b>per case referred @Rs. 150/-</b> )	
<b>FMR Owner:</b>	State: Consultant, Nutrition/ State Community Mobilizer District: District Community Mobilizer	
<b>Fund Allotted</b>	<b>F.Y. 2024-25 (In lakhs)</b>	<b>F.Y. 2025-26 (In lakhs)</b>
<b>At state</b>	0.00	0.00
<b>At District</b>	2.352	5.295

SN	District	F.Y. 2024-25			F.Y. 2025-26		
		Expected Referral by ASHAs (50%)	Total Incentive @Rs-150/per case referred by ASHAs	Total Budget In Lakh	Expected Referral by ASHAs (50%)	Total Incentive @Rs-150/per case referred by ASHAs	Total Budget In Lakh
1	Baksa	35	5250	0.053	79	11850	0.119
2	Bajali	75	11250	0.113	170	25500	0.255
3	Barpeta	27	4050	0.041	61	9150	0.092
4	Biswanath	60	9000	0.090	135	20250	0.203
5	Bongaigaon	76	11400	0.114	172	25800	0.258
6	Cachar	33	4950	0.050	75	11250	0.113
7	Charaideo	21	3150	0.032	47	7050	0.071
8	Chirang	47	7050	0.071	105	15750	0.158
9	Darrang	37	5550	0.056	83	12450	0.125
10	Dhemaji	84	12600	0.126	188	28200	0.282
11	Dhubri	53	7950	0.080	119	17850	0.179
12	Dibrugarh	11	1650	0.017	24	3600	0.036
13	Dima Hasao	68	10200	0.102	152	22800	0.228



SN	District	F.Y. 2024-25			F.Y. 2025-26		
		Expected Referral by ASHAs (50%)	Total Incentive @Rs-150/per case referred by ASHAs	Total Budget In Lakh	Expected Referral by ASHAs (50%)	Total Incentive @Rs-150/per case referred by ASHAs	Total Budget In Lakh
14	Goalpara	91	13650	0.137	204	30600	0.306
15	Golaghat	21	3150	0.032	48	7200	0.072
16	Hailakandi	45	6750	0.068	102	15300	0.153
17	Hojai	25	3750	0.038	57	8550	0.086
18	Jorhat	38	5700	0.057	85	12750	0.128
19	Kamrup Metro	48	7200	0.072	107	16050	0.161
20	Kamrup Rural	29	4350	0.044	64	9600	0.096
21	Karbi Anglong	63	9450	0.095	143	21450	0.215
22	Karimganj	161	24150	0.242	361	54150	0.542
23	Kokrajhar	55	8250	0.083	124	18600	0.186
24	Lakhimpur	8	1200	0.012	17	2550	0.026
25	Majuli	22	3300	0.033	50	7500	0.075
26	Morigaon	84	12600	0.126	190	28500	0.285
27	Nagaon	24	3600	0.036	54	8100	0.081
28	Nalbari	20	3000	0.030	45	6750	0.068
29	Sivasagar	47	7050	0.071	107	16050	0.161
30	Sonitpur	15	2250	0.023	33	4950	0.050
31	South Salmara	56	8400	0.084	126	18900	0.189
32	Tinsukia	46	6900	0.069	104	15600	0.156
33	Udalguri	20	3000	0.030	46	6900	0.069
34	West Karbi Anglong	23	3450	0.035	53	7950	0.080
<b>Total</b>		<b>1568</b>	<b>235200</b>	<b>2.352</b>	<b>3530</b>	<b>529500</b>	<b>5.295</b>

#### 54.3 Establishment of New NRC: The activity is to be done at state level

FMR Code RCH.7 (SI No 54.3)		
<b>Activity:</b>	<b>Establishment of new NRC</b>	
<b>Justification:</b>	One 10 bedded NRC at <b>Hojai</b> (@Rs. 2.00 lakh), two 5 bedded NRCs at <b>Lakhipur BPHC, Cachar</b> and <b>Titabor SDCH, Jorhat</b> (Rs. 1 lakh each) has been approved for the F.Y 2024-25. For the F.Y. 2025-26, 10 bedded NRC at <b>West Karbi Anglong</b> has been approved @Rs. 2.00 lakh.	
<b>FMR Owner:</b>	State: Nutrition Consultant District: DPM, DCM and Hospital Administrator – Hojai, Cachar, West Karbi Anglong and Jorhat	
<b>Fund Allotted</b>	<b>F.Y. 2024-25 (In lakhs)</b>	<b>F.Y. 2025-26 (In lakhs)</b>
<b>At state</b>	0.00	0.00
<b>At District</b>	4.00	2.00

#### 54.4 2-days state level training on F-SAM Management: at state level

FMR Code RCH.7 (SI No 54.4)		
<b>Activity:</b>	<b>F-SAM Training</b>	
<b>Justification:</b>	The training is proposed to strengthen the capacity of NRC staff in effectively managing the SAM cases with 10 steps NRC protocols. In F.Y. 2024-25, 2 days training is approved for MO, SN and Dietician and same has been approved for the said staff in F.Y. 2025-26. Both the trainings will be organized at state level.	
<b>FMR Owner:</b>	State: Nutrition Consultant	
<b>Fund Allotted</b>	<b>F.Y. 2024-25 (In lakhs)</b>	<b>F.Y. 2025-26 (In lakhs)</b>
<b>At state</b>	3.40	4.97
<b>At District</b>	0.00	0.00

#### 54.5 One day orientation on F-SAM and C-SAM programme

FMR Code RCH.7 (SI No 54.5)		
<b>Activity:</b>	<b>One day orientation on F-SAM and C-SAM programme</b>	
<b>Justification:</b>	An amount of Rs. 4.00 lakh has been sanctioned at state level for the said orientation. For F.Y. 2024-25, budget for 17 districts has been sanctioned (Rs. 8500/- at district level for one batch and Rs. 7500/- for each block level batch). Similarly, budget for remaining 16 districts has been sanctioned (Rs. 8500/- at district level for one batch and Rs. 7500/- for each block level batch).	
<b>FMR Owner:</b>	State: Nutrition Consultant, Child Health Consultant District: DPM, DCM RBSK Coordinator and Hospital Administrator	
<b>Fund Allotted</b>	<b>F.Y. 2024-25 (In lakhs)</b>	<b>F.Y. 2025-26 (In lakhs)</b>
<b>At state</b>	36.94	27.69
<b>At District</b>	0.00	0.00

#### 54.6 Printing of NRC register, ASHA referral forms and IEC: at State level

FMR Code RCH.7 (SI No 54.6)	
<b>Activity:</b>	<b>Printing of NRC register, ASHA referral forms and IEC- at state level</b>
<b>Justification:</b>	An amount of Rs. 4.35 lakh has been sanctioned at state level for printing of 64 NRC registers, 2713 ASHA forms and 2713 referral cards along with IEC materials for the F.Y. 2024-25. For the F.Y. 2025-26, printing of NRC registers (66), 2984 ASHA claim forms and 2984 referral cards has been sanctioned under Rs. 0.185 lakh.
<b>FMR Owner:</b>	Nutrition Consultant

Fund Allotted	F.Y. 2024-25 (In lakhs)	F.Y. 2025-26 (In lakhs)
At state	4.35	0.185
At District	0.00	0.00

### FMR Code: RCH.7-55

## VITAMIN A: PROCUREMENT AND REPORTING FORMATS

Vitamin A deficiency has been recognized as one of the major preventable public health and nutritional challenge. An estimated 5.7% children in India suffer from eye signs of Vitamin A deficiency. Recent evidence suggested that even mild form of Vitamin A deficiency increases morbidity and mortality among the U-5 children. Under the National Prophylaxis Programme for Prevention of Blindness due to Vitamin A deficiency, there is a provision of administration of Vitamin A on a periodic basis. Vitamin A is stored in body for 6 months, so bi-annual administration ensures adequate Vitamin A supplementation in the body. Administration of Vitamin A to the pre-school children at periodic interval is a simple, effective and most direct intervention strategy. Under the strategy of Biannual supplementation of Vitamin A, the schedule and dose of Vitamin A supplementation is as follows

*A child should receive 9 doses of Vitamin A from 9 months to 5 years of age.*

Age	Dose	Remark
Just after completing 9 months	100000 IU. 1 ml or inner mark on the measuring spoon (available with Vitamin A bottle)	The contact with the infant during administration of Measles 1 <sup>st</sup> dose is most appropriate for administering 1 <sup>st</sup> dose of Vitamin A
1 - 5 years	200000 IU. 2 ml or full measure spoon (available with Vitamin A bottle).	In every 6 months interval thereafter till 5 years.

**N.B: Date of opening of the Vitamin-A bottles to be mentioned on the carton as well as on the label of the bottle. Once opened, the Vitamin-syrup can be used for 2 months provided it is within the date of expiry.**

#### Activities to be carried out

Vitamin A dose is being given with the RI schedule at VHSND and other similar platforms. Special emphasis should be on Vitamin-A supplementation to those children who generally do not visit to VHND/RI sites for routine immunization services. The Vitamin A administration should be recorded in MCP cards, in the regular tally sheet for VA (it has place for entering 9 doses) and Immunization Master sheet.

## Activities under Vitamin A Supplementation

### 55.1 Procurement of Vitamin A Syrup: The activity is to be done at state level

FMR Code RCH.7 (SI No 55.1)		
<b>Activity:</b>	<b>Procurement of Vitamin A syrup</b>	
<b>Justification:</b>	Vitamin A syrup is procured to administer it to the children till the age group of 59 months	
<b>FMR Owner:</b>	State: Consultant Nutrition, Procurement expert	
<b>Fund Allotted</b>	<b>F.Y. 2024-25 (In lakhs)</b>	<b>F.Y. 2025-26 (In lakhs)</b>
<b>At state</b>	81.97	83.23
<b>At District</b>	0.00	0.00

### 55.2 Printing for Vitamin A Supplementation Bi-Annual Rounds

FMR Code RCH.7 (SI No 55.2)		
<b>Activity:</b>	<b>Printing of IEC material and reporting formats for Vitamin A</b>	
<b>Justification:</b>	Printing of below mentioned IEC materials and reporting formats- Printing of micro planning cum reporting formats @Rs-1/ per SC Printing of tally sheets @Rs. 1/- per session Printing of monitoring formats @60 formats per block (Rs. 1/- per format) Poster on Vitamin A @1 per SC (Rs. 10/- per poster)	
<b>FMR Owner:</b>	State: Consultant, Nutrition/Consultant, SME District: District Media Expert	
<b>Fund Allotted</b>	<b>F.Y. 2024-25 (In lakhs)</b>	<b>F.Y. 2025-26 (In lakhs)</b>
<b>At state</b>	1.70	1.70
<b>At District</b>	0.00	0.00

## MOTHERS ABSOLUTE AFFECTION (MAA)

Delayed initiation of breastfeeding followed by inappropriate feeding practices in the new-born leads to undernutrition in infants and children. The 1,000 days between conception and child's second birthday offer a unique window of opportunity to shape healthier and more prosperous future. Infant and Young Child Feeding (IYCF) practices are set of well-known, common and scientific recommendations for appropriate feeding of newborn and children under two years. To improve the breastfeeding and young child feeding practices in the country, the nationwide programme - 'MAA' (Mothers' Absolute Affection) was launched in August 2016. It involves a comprehensive set of activities on protection, promotion and support of breastfeeding and child feeding at community as well as facility levels.

### 1. Components of MAA

- Building an enabling environment & demand generation through Mass media and Mid media
- Capacity building of community health workers – ASHAs, AWWs & ANMs – on breastfeeding
- Community dialogue – by ASHAs through mother' meetings; & lactation support and interpersonal communication – by skilled ANMs at VHNDs/sub-centres
- Capacity building of auxiliary nurse midwives (ANMs)/nurses doctors on lactation support and management at facilities
- Monitoring and Awards/Recognition.

### 2. Activities under MAA programmes as per the guidelines Sensitization of health service providers on MAA:

- Regular platform of monthly meetings are to be used to sensitize all health service providers at least twice year. Participants of the programme will be all health care providers of the blocks and districts. State and district level MAA trainers on IYCF at Guwahati should be requested for this. Topics to be covered are lecture on IYCF practices based on MAA training modules and on IMS Act.
- The District Community Mobilizer (DCM) of the respective district will be responsible for co- coordination and organization of the programme under the supervision of the District Programme Manager (DPM).
- Sensitization will be as per the module (One Day MAA Sensitization Module) prescribed under MAA Guidelines
- DCM of the respective district will be responsible for submission of the completion report to the CH section within one week of completion of the training in their respective district with following enclosures-
  - Detailed participants list. B) Photographs

### 3. Mother's meeting

- Atleast one Mothers Meeting to be organized in each quarter.
- Multiple meetings may need to conduct to be covered all pregnant and lactating mothers.
- DCM/ BCM to ensure the said activity.
- DCM has to submit the monthly report to the Nutrition Division on or before 10<sup>th</sup> of each quarter in the following format. **DPM will be the Nodal officer for the MAA programme at district and BPM will be the nodal officers at block level.** All activity and reports related to the programme should be done through the Nodal Officer.

### 4. ASHA Incentive on Mothers Meet

ASHA will get **Rs 300/ (@Rs 100 per round)** as incentive for total 3 rounds of meeting. An eligibility criterion for ASHA incentive @ Rs 100 per round, is to cover 100% pregnant and lactating mothers in one round.

### 5. Key messages to be delivered during Breastfeeding Week:

- Early initiation of breast feeding within 1 hour of birth.
- Exclusive breast feeding up to 6 months.
- Introduction of complementary feeding from 181 days of birth.
- Continued breast feeding up to 2years or beyond.

## Activities under MAA programme

### 56.1 IEC activities and observance of World Breast feeding week

Celebration of World Breast feeding week at Delivery points and NRCs (Establishment of Breast Feeding Counseling corners): Each delivery point shall set-up breast feeding counselling corners near to the maternity ward for providing counselling on IYCF by using IEC material. The counsellor/ GNM will counsel each new parents/care taker on IYCF.

#### Key messages

1. Early initiation of breast feeding within 1 hour of birth.
2. Exclusive breast feeding up to 6 months.
3. Introduction of complementary feeding from 181 days of birth.
4. Continued breast feeding up to 2years or beyond.

<b>FMR Code RCH.7 (SI No 56.1)</b>		
<b>Activity:</b>	<b>IEC activities and observance of World Breast feeding week</b>	
<b>Justification:</b>	World Breastfeeding Week (WBW) is global campaign to raise awareness and galvanize actions on themes related to breastfeeding. BFW celebration @30,000/- per district	
<b>FMR Owner:</b>	State: Consultant Nutrition, SCM and SME District: District Community Mobilizer and District Media Expert	
<b>Fund Allotted</b>	<b>F.Y. 2024-25 (In lakhs)</b>	<b>F.Y. 2025-26 (In lakhs)</b>
<b>At state</b>	9.90	9.90
<b>At District</b>	0.00	0.00

### 56.2: Printing for Breastfeeding Week & IYCF Activities

<b>FMR Code RCH.7 (SI No 56.2)</b>		
<b>Activity:</b>	<b>Printing for Breastfeeding week and other IYCF activities</b>	
<b>Justification:</b>	World Breastfeeding Week (WBW) is global campaign to raise awareness and galvanize actions on themes related to breastfeeding. Leaflet @Rs. 5/- and @Rs. 10/- per poster	
<b>FMR Owner:</b>	State: Consultant, Nutrition, State Community Mobilizer & SME District: District Community Mobilizer and District Media Expert	
<b>Fund Allotted</b>	<b>F.Y. 2024-25 (In lakhs)</b>	<b>F.Y. 2025-26 (In lakhs)</b>
<b>At state</b>	9.90	9.90
<b>At District</b>	0.00	0.00

**56.3 ASHA Incentives for quarterly mother's meeting under MAA programme.**

<b>FMR Code RCH.7 (SI No 56.3)</b>		
<b>Activity:</b>	<b>ASHA Incentive under MAA Programme</b>	
<b>Justification:</b>	33,656 ASHAs organizing quarterly Mother's Meeting @Rs-100/ per ASHA per quarter. These meetings are intended to create awareness among pregnant & lactating mothers on IYCF practices to protect & prevent children from malnutrition.	
<b>FMR Owner:</b>	State: Consultant, Nutrition, State Community Mobilizer District: District Community Mobilizer	
<b>Fund Allotted</b>	<b>F.Y. 2024-25 (In lakhs)</b>	<b>F.Y. 2025-26 (In lakhs)</b>
<b>At state</b>	0.00	0.00
<b>At District</b>	134.62	134.62

SN	Name of the District	No of ASHA	Budget for 2024-25 in Lakhs	Budget for 2025-26 in Lakhs
1	Baksa	970	3.88	3.88
3	Barpeta	1803	7.21	7.21
4	Biswanath	786	3.14	3.14
5	Bongaigaon	752	3.01	3.01
6	Cachar	1830	7.32	7.32
7	Charaideo	485	1.94	1.94
8	Chirang	742	2.97	2.97
9	Darrang	1047	4.19	4.19
10	Dhemaji	777	3.11	3.11
11	Dhubri	1783	7.13	7.13
12	Dibrugarh	1309	5.24	5.24
13	Dima Hasao	254	1.02	1.02
14	Goalpara	1150	4.60	4.60
15	Golaghat	1072	4.29	4.29
16	Hailakandi	745	2.98	2.98
17	Hojai	775	3.10	3.10
18	Jorhat	967	3.87	3.87
19	Kamrup Metro	707	2.83	2.83
20	Kamrup Rural	1782	7.13	7.13
21	Karbi Anglong	739	2.96	2.96
22	Karimganj	1235	4.94	4.94
23	Kokrajhar	1382	5.53	5.53
24	Lakhimpur	1284	5.14	5.14

SN	Name of the District	No of ASHA	Budget for 2024-25 in Lakhs	Budget for 2025-26 in Lakhs
25	Majuli	310	1.24	1.24
26	Morigaon	1054	4.22	4.22
27	Nagaon	1915	7.66	7.66
28	Nalbari	792	3.17	3.17
29	Sivasagar	774	3.10	3.10
30	Sonitpur	1160	4.64	4.64
31	South Salmara	410	1.64	1.64
32	Tinsukia	1403	5.61	5.61
33	Udalguri	1065	4.26	4.26
34	West Karbi Anglong	397	1.59	1.59
<b>Total</b>		<b>33656</b>	<b>134.62</b>	<b>134.62</b>



## FMR Code: RCH 7-58

### INTENSIFIED DIARRHOEA CONTROL FORTNIGHT (IDCF)

The Ministry of Health and Family Welfare regularly implements the Intensified Diarrhoea Control Fortnight (IDCF) in order to intensify efforts to reduce child deaths due to diarrhoea. It aims to create mass awareness about the most effective and low-cost diarrhoea treatment of a combination of Oral Rehydration Salt (ORS) solution and Zinc tablets. Almost all the deaths due to diarrhoea can be averted by preventing and treating dehydration by use of ORS (Oral Rehydration Solution), administration of Zinc tablets along with adequate nutritional intake by the child. Diarrhoea can be prevented with safe drinking water, sanitation, breastfeeding/appropriate nutrition and hand-washing.

ASHA worker would undertake distribution of ORS packets to households with under- five children in her village. ORS-Zinc Corners will be set-up at health care facilities and non- health facilities such as Schools and Anganwadi centres. Frontline workers will hold demonstration of ORS preparation, along with counselling on feeding during diarrhoea and hygiene and sanitation.

#### **Objectives of IDCF:**

- To ensure high coverage of ORS and Zinc use rate in children with diarrhoea Inculcation of appropriate behaviour in care givers for diarrhoea prevention and management
- Special focus on high priority area and vulnerable community
- Improvement of awareness on use of ORS and Zinc for child hood diarrhoea Strategies.
- Improved availability and use of ORS and Zinc at the community Facility level strengthening to manage cases of dehydration
- Enhanced advocacy and communication on prevention and control of diarrhoea through IEC campaign

#### **Target Beneficiaries:**

- All U5 children of each household U5 children suffering from diarrhoea Secondary
- Household members like mothers/ Caregivers School Teachers/School going children
- PRI members
- Health and ICDS functionary's Private caregivers

#### **Community based activities:**

Activity	Responsibility
Distribution of ORS and demonstration at the household level	ASHA / Link Worker
IPC activities on sanitation and hygiene along with management of Diarrhoea	ANM
Hand washing demonstration in schools	Education department, Health and Family Welfare department & SBM
Service delivery at Urban slum/ Underserved area/ Vulnerable pocket	Mobile Health team / Boat clinics/ MAS

### **Distribution of ORS and demonstration at the household level**

- Distribution of one ORS sachets to each under five children.
- Delivering key messages related to diarrhoea and use of ORS and on the danger signs of diarrhoea.
- Group demonstration on by involving 4-8 households on
  - Steps of preparation of ORS.
  - Importance of hygiene and sanitation.
- Identification and referral of diarrheal cases to ANM/ health facilities Report all diarrheal deaths during the fortnight
- Reporting of the activities at the end of the campaign

### **IPC activities on sanitation and hygiene along with management of Diarrhoea**

- Conduct IDCF meeting in her Sub centre village and VHNDs (as per her existing micro- plan) to disseminate information on prevention & control of diarrhoea, esp. involving care givers of under-five children.
- Imparting Key messages like importance of ORS and Zinc/ Continuing feeding during diarrhoea /Importance of hand washing in control of diarrhoea
- To carry out participatory learning technique on Hygiene and Sanitation.

### **Hand washing demonstration in schools**

- Needs to be carried out in all primary and middle schools.
- Each school should have poster pasted at the hand washing area on steps for effective hand washing.
- After the morning assembly / prayers, message on importance of hand washing should be delivered to all the students.
- Before mid-day-meal, all children should be taught to wash hands following the steps in the poster with water and soap.
- Prabhat pheri or rally by school children on topic of hand-washing to be carried out.

### **Service delivery at Urban slum/ Underserved area/ Vulnerable pocket**

- Urban slum/ Underserved area/ Vulnerable pocket to be covered under NUHM, NULM, Mobile Health team / Boat clinics/ MAS.

### **Facility based activities:**

- Setting up of ORS and Zinc Corner at all health facilities
- Promote standard case management of diarrheal cases
- Cleaning of the water tank/ Aqua Guards of the public health facility and over all hygiene and sanitation activity to be undertake

## **REPORTING**

- Each ASHA shall provide the filled monitoring formats at the end of the IDCF to the ANM (Within first two days of post Fortnight)
- ANM will submit the compiled report to the Block within the next two days of receiving from ASHA.
- The Block DEO will collate the reports and submit it to the district M and E in another 2 days.
- The district M&E will submit the compiled duly signed copy to the State level in another 3 days after receiving from the Block.
- State IDCF reports would be sent to National level.

## Activities under IDCF

### 58.1 ASHA incentive for distribution of ORS to families of under 5 children

FMR Code RCH.7 (SI No 58.1)		
<b>Activity:</b>	<b>ASHA Incentive</b>	
<b>Justification:</b>	Each ASHA will get Rs 1/ per child for pre-positioning of 1 ORS packet/per U5 Child at houses with U5 child/children in her area.	
<b>FMR Owner:</b>	State: Consultant Nutrition, Consultant Child Health, SCM District: DCM	
<b>Fund Allotted</b>	<b>F.Y. 2024-25 (In lakhs)</b>	<b>F.Y. 2025-26 (In lakhs)</b>
At state	0.00	0.00
At District	35.40	35.40

Incentive for IDCF for prophylactic distribution of ORS to family with U5 children					
SN	Name of the district	Budget for 2024-25 (In Lakh)		Budget for 2025-26 (In Lakh)	
		Total Projected U5 Population	Budget @ Rs-1/per child	Total Projected U5 Population	Budget @ Rs-1/per child
1	Baksa	1,12,788	1.13	1,12,788	1.13
2	Barpeta	72,711	0.73	72,711	0.73
3	Biswanath	87,707	0.88	87,707	0.88
4	Bongaigaon	2,06,161	2.06	2,06,161	2.06
5	Cachar	54,444	0.54	54,444	0.54
6	Charaideo	57,240	0.57	57,240	0.57
7	Chirang	1,10,226	1.10	1,10,226	1.10
8	Darrang	81,454	0.81	81,454	0.81
9	Dhemaji	1,65,505	1.66	1,65,505	1.66
10	Dhubri	1,57,455	1.57	1,57,455	1.57
11	Dibrugarh	25,417	0.25	25,417	0.25
12	Dima Hasao	1,19,686	1.20	1,19,686	1.20
13	Goalpara	1,26,655	1.27	1,26,655	1.27
14	Golaghat	78,268	0.78	78,268	0.78
15	Hailakandi	1,10,549	1.11	1,10,549	1.11
16	Hojai	1,09,805	1.10	1,09,805	1.10
17	Jorhat	1,48,860	1.49	1,48,860	1.49
18	Kamrup Metro	1,80,154	1.80	1,80,154	1.80
19	Kamrup Rural	78,465	0.78	78,465	0.78
20	Karbi Anglong	1,45,863	1.46	1,45,863	1.46
21	Karimganj	1,05,317	1.05	1,05,317	1.05
22	Kokrajhar	1,23,717	1.24	1,23,717	1.24

### Incentive for IDCF for prophylactic distribution of ORS to family with U5 children

SN	Name of the district	Budget for 2024-25 (In Lakh)		Budget for 2025-26 (In Lakh)	
		Total Projected U5 Population	Budget @ Rs-1/per child	Total Projected U5 Population	Budget @ Rs-1/per child
23	Lakhimpur	19,861	0.20	19,861	0.20
24	Majuli	1,13,660	1.14	1,13,660	1.14
25	Morigaon	2,24,673	2.25	2,24,673	2.25
26	Nagaon	91,605	0.92	91,605	0.92
27	Nalbari	82,202	0.82	82,202	0.82
28	Sivasagar	1,55,708	1.56	1,55,708	1.56
29	Sonitpur	65,900	0.66	65,900	0.66
30	South Salmara	1,57,644	1.58	1,57,644	1.58
31	Tinsukia	98,731	0.99	98,731	0.99
32	Udalguri	35,087	0.35	35,087	0.35
33	West Karbi Anglong	36,641	0.37	36,985	0.37
<b>Total</b>		<b>35,40,158</b>	<b>35.402</b>	<b>35,40,502</b>	<b>35.405</b>

### 58.2 IDCF Orientation/Training

#### FMR Code RCH.7 (SI No 58.2)

<b>Activity:</b>	<b>District and Block level IDCF orientation</b>	
<b>Justification:</b>	Prior implementation, district and block level concerned officials need to be oriented on the activities of IDCF. Orientation workshop at district level @ 2500/per district. Orientation workshop at block level @ 50/ per participants (ASHA/ ASHA supervisor/ ANM/ Urban ASHA/ AYUSH MOs/1 RBSK MOs)	
<b>FMR Owner:</b>	State: Consultant Nutrition, Consultant Child Health , State Community Mobilizer , SME District: District Community Mobilizer & DME	
<b>Fund Allotted</b>	<b>F.Y. 2024-25 (In lakhs)</b>	<b>F.Y. 2025-26 (In lakhs)</b>
<b>At state</b>	22.06	22.06
<b>At District</b>	0.00	0.00

### 58.3 Printing of IEC materials and monitoring formats

#### FMR Code RCH.7 (SI No 58.3)

<b>Activity:</b>	<b>Printing of IEC and monitoring formats</b>
<b>Justification:</b>	Printing of below mentioned IEC materials and reporting formats- <ul style="list-style-type: none"> <li>• Printing of 1 Banner for ORS &amp; Zinc Corners per HIs (Size-3.5X5.5 feet) @Rs-280/ each</li> <li>• Printing of 1 Banner for ORS &amp; Zinc Corners per SC (Size-2X3 feet) @Rs- 124/ each</li> <li>• Printing of poster @5/- for each HI, SC and AWC</li> </ul>

	• Printing of 10 reporting cum line list format per ASHAs@ Rs.1.5 per format	
<b>FMR Owner:</b>	State: Consultant, Nutrition, Consultant Child Health, SME District: District Media Expert	
<b>Fund Allotted</b>	<b>F.Y. 2024-25 (In lakhs)</b>	<b>F.Y. 2025-26 (In lakhs)</b>
<b>At state</b>	18.28	18.28
<b>At District</b>	0.00	0.00

**58.4 Procurement of ORS packets: The activity is to be done at state level**

<b>FMR Code RCH.7 (SI No 58.4)</b>		
<b>Activity:</b>	<b>Procurement of ORS</b>	
<b>Justification:</b>	Procurement of 49, 86,760 and 50, 25,503 packets @Rs. 3.08/- per packet is to be done for F.Y. 2024-25 and 2025-26 respectively.	
<b>FMR Owner:</b>	State: Consultant, Nutrition, Consultant, Child Health, Procurement Expert	
<b>Fund Allotted</b>	<b>F.Y. 2024-25 (In lakhs)</b>	<b>F.Y. 2025-26 (In lakhs)</b>
<b>At state</b>	153.59	154.79
<b>At District</b>	0.00	0.00

**58.5 Procurement of Zinc tablets: The activity is to be done at state level**

<b>FMR Code RCH.7 (SI No 58.5)</b>		
<b>Activity:</b>	<b>Procurement of zinc tablets</b>	
<b>Justification:</b>	Procurement of 31, 66,947 and 31, 96,220 zinc tablets @Rs. 0.231/- per tablet is to be done for F.Y. 2024-25 and 2025-26 respectively.	
<b>FMR Owner:</b>	State: Consultant, Nutrition, Consultant, Child Health, Procurement Expert	
<b>Fund Allotted</b>	<b>F.Y. 2024-25 (In lakhs)</b>	<b>F.Y. 2025-26 (In lakhs)</b>
<b>At state</b>	7.32	7.38
<b>At District</b>	0.00	0.00

## 58.6 Mass Awareness and Observance of IDCF Campaign

FMR Code RCH.7 (SI No 58.6)		
<b>Activity:</b>	Mass Awareness and Observance of IDCF campaign	
<b>Justification:</b>	A budget has been sanctioned for district launch and establishment of ORS-Zinc corner during the IDCF Campaign.	
<b>FMR Owner:</b>	State: Consultant, Nutrition, Consultant, Child Health, SME District: DCM and DME	
<b>Fund Allotted</b>	<b>F.Y. 2024-25 (In lakhs)</b>	<b>F.Y. 2025-26 (In lakhs)</b>
<b>At state</b>	0.00	0.00
<b>At District</b>	26.86	26.86

Mass awareness on IDCF campaign								
Sl. No	Districts	Blocks	List of SCs	District Level Launch	Cost for the activity for ORS & Zinc Corner in all SCs @Rs 500	Total Cost	Total Budget (in lakhs) for FY 2024-25	Total Budget (in lakhs) for FY 2025-26
1	Baksa	6	157	10000	78500	88500	0.885	0.885
2	Bajali	1	55	10000	27500	37500	0.375	0.375
3	Barpeta	7	209	10000	104500	114500	1.145	1.145
4	Biswanath	3	139	10000	69500	79500	0.795	0.795
5	Bongaigaon	4	108	10000	54000	64000	0.64	0.64
6	Cachar	8	270	10000	135000	145000	1.45	1.45
7	Charaideo	2	70	10000	35000	45000	0.45	0.45
8	Chirang	2	87	10000	43500	53500	0.535	0.535
9	Darrang	4	159	10000	79500	89500	0.895	0.895
10	Dhemaji	5	98	10000	49000	59000	0.59	0.59
11	Dhubri	5	192	10000	96000	106000	1.06	1.06
12	Dibrugarh	6	234	10000	117000	127000	1.27	1.27
13	Dima Hasao	3	76	10000	38000	48000	0.48	0.48
14	Goalpara	5	155	10000	77500	87500	0.875	0.875
15	Golaghat	5	143	10000	71500	81500	0.815	0.815
16	Hailakandi	4	107	10000	53500	63500	0.635	0.635
17	Hojai	2	94	10000	47000	57000	0.57	0.57
18	Jorhat	6	110	10000	55000	65000	0.65	0.65
19	Kamrup M	5	50	10000	25000	35000	0.35	0.35
20	Kamrup R	12	280	10000	140000	150000	1.5	1.5
21	Karbi Anglong	4	105	10000	52500	62500	0.625	0.625

**Mass awareness on IDCF campaign**

Sl. No	Districts	Blocks	List of SCs	District Level Launch	Cost for the activity for ORS & Zinc Corner in all SCs @Rs 500	Total Cost	Total Budget (in lakhs) for FY 2024-25	Total Budget (in lakhs) for FY 2025-26
22	Karimganj	5	232	10000	116000	126000	1.26	1.26
23	Kokrajhar	4	161	10000	80500	90500	0.905	0.905
24	Lakhimpur	6	149	10000	74500	84500	0.845	0.845
25	Majuli	1	34	10000	17000	27000	0.27	0.27
26	Marigaon	3	122	10000	61000	71000	0.71	0.71
27	Nagaon	9	258	10000	129000	139000	1.39	1.39
28	Nalbari	4	124	10000	62000	72000	0.72	0.72
29	Sibsagar	6	150	10000	75000	85000	0.85	0.85
30	Sonitpur	4	146	10000	73000	83000	0.83	0.83
31	South Salmara	2	51	10000	25500	35500	0.355	0.355
32	Tinsukia	4	166	10000	83000	93000	0.93	0.93
33	Udalguri	3	150	10000	75000	85000	0.85	0.85
34	West Karbianglong	4	50	10000	25000	35000	0.35	0.35
<b>Grand Total</b>		<b>154</b>	<b>4691</b>	<b>340000</b>	<b>2345500</b>	<b>2685500</b>	<b>26.855</b>	<b>26.855</b>

**FMR Code: RCH 7-60**  
**OTHER NUTRITION COMPONENT**

**60.1 National Deworming Day – Mass Awareness and Observance of National Deworming Day NDD**

National Deworming Day is proposed to be observed in the state with a focus on reducing the threat of parasitic worm infections. Following activities are sanctioned under mass awareness during NDD rounds

- District level launch by Deputy Commissioners, PRIs and senior officials and subsequent coverage by local media for mass awareness
- NDD Observation in schools

<b>FMR Code RCH.7 (SI No 60.1)</b>		
<b>Activity:</b>	<b>Mass awareness for NDD</b>	
<b>Justification:</b>	To generate awareness among the community regarding consumption of albendazole tablets biannually, few activities are sanctioned: District level launch @Rs. 6000/- per round School Based Activities @ Rs. 100/- per school per round	
<b>FMR Owner:</b>	State: Consultant Nutrition, SME District: DME	
<b>Fund Allotted</b>	<b>F.Y. 2024-25 (In lakhs)</b>	<b>F.Y. 2025-26 (In lakhs)</b>
<b>At state</b>	0.00	0.00
<b>At District</b>	10.23	10.23

<b>Mass Awareness and Observance of NDD</b>							
Sl. No	Districts	Targeted Schools	Cost for District level launch (@Rs. 6000/- Per launch)	Observation at School @100/- per School x 2 x 200	Total for 2 rounds	Total cost (in lakhs) for 2024-25	Total cost (in lakhs) for 2025-26
1	Baksa	50	12000	10000	22000	0.22	0.22
2	Bajali	50	12000	10000	22000	0.22	0.22
3	Barpeta	100	12000	20000	32000	0.32	0.32
4	Biswanath	75	12000	15000	27000	0.27	0.27
5	Bongaigaon	100	12000	20000	32000	0.32	0.32
6	Cachar	100	12000	20000	32000	0.32	0.32
7	Charaideo	70	12000	14000	26000	0.26	0.26
8	Chirang	70	12000	14000	26000	0.26	0.26
9	Darrang	100	12000	20000	32000	0.32	0.32
10	Dhemaji	100	12000	20000	32000	0.32	0.32
11	Dhubri	100	12000	20000	32000	0.32	0.32



**Mass Awareness and Observance of NDD**

Sl. No	Districts	Targeted Schools	Cost for District level launch (@Rs. 6000/- Per launch)	Observation at School @100/- per School x 2 x 200	Total for 2 rounds	Total cost (in lakhs) for 2024-25	Total cost (in lakhs) for 2025-26
12	Dibrugarh	100	12000	20000	32000	0.32	0.32
13	DimaHasao	100	12000	20000	32000	0.32	0.32
14	Goalpara	100	12000	20000	32000	0.32	0.32
15	Golaghat	100	12000	20000	32000	0.32	0.32
16	Hailakandi	80	12000	16000	28000	0.28	0.28
17	Hojai	100	12000	20000	32000	0.32	0.32
18	Jorhat	100	12000	20000	32000	0.32	0.32
19	Kamrup M	80	12000	16000	28000	0.28	0.28
20	Kamrup R	100	12000	20000	32000	0.32	0.32
21	KarbiAnglong	100	12000	20000	32000	0.32	0.32
22	Karimganj	100	12000	20000	32000	0.32	0.32
23	Kokrajhar	100	12000	20000	32000	0.32	0.32
24	Lakhimpur	100	12000	20000	32000	0.32	0.32
25	Majuli	50	12000	10000	22000	0.22	0.22
26	Marigaon	100	12000	20000	32000	0.32	0.32
27	Nagaon	100	12000	20000	32000	0.32	0.32
28	Nalbari	100	12000	20000	32000	0.32	0.32
29	Sibsagar	100	12000	20000	32000	0.32	0.32
30	Sonitpur	100	12000	20000	32000	0.32	0.32
31	South Salmara	100	12000	20000	32000	0.32	0.32
32	Tinsukia	100	12000	20000	32000	0.32	0.32
33	Udalguri	100	12000	20000	32000	0.32	0.32
4	West Karbi Anglong	50	12000	10000	22000	0.22	0.22
<b>Grand Total</b>		<b>3075</b>	<b>408000</b>	<b>615000</b>	<b>1023000</b>	<b>10.23</b>	<b>10.23</b>

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