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राष्ट्रीय ग्रामीण स्वास्थ्य मिशन
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सत्यमेव जयते

Operational Framework
Weekly Iron and Folic Acid Supplementation Programme
for
Adolescents

Ministry of Health and Family Welfare
Government of India

OPERATIONAL FRAMEWORK

Weekly Iron and Folic Acid Supplementation Programme for Adolescents

RCH-DC Division
Ministry of Health and Family Welfare
Government of India

Acknowledgements

The Operational Framework for Weekly Iron and Folic Acid Supplementation (WIFS) emerged out of wide based consultation. We acknowledge the contribution of domain experts, key stakeholder Ministries, UNICEF (Dr. Kajali Paintal), WHO (Dr. Kiran Sharma), programme managers at National and State level.

Ms Anuradha Gupta, AS &MD, NRHM provided strategic and programmatic vision guiding the Operational Framework.

Dr. Suresh K. Mohammed Director, RCH-DC provided valuable insights and reviewed the draft umpteen times to ensure translation of technical minutiae into programmatic details.

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Preface

Anaemia, a manifestation of under-nutrition and poor dietary intake of iron is a serious public health problem, not only among pregnant women, infants and young children but also among adolescents. Over 55 percent of both adolescent boys and girls in India are anaemic. Thus it is critical to address this problem which has health implications for approximately 15 percent of Indian population and is directly linked to new born, child and maternal morbidity and mortality.

The Ministry of Health and Family Welfare, based on empirical evidence which demonstrates that regular consumption of Iron and Folic Acid is effective in reducing prevalence and incidence of anaemia, has launched the Weekly Iron and Folic Acid Supplementation (WIFS) Programme which envisages to benefit approximately 13 Crore adolescents.

This Operational Framework for the WIFS programme has evolved through a consultative process with key stakeholders and domain experts. It explains not only the technical details of the programme but also dwells on responsibilities of programme officers across levels. Successful implementation of the programme hinges on adherence to protocol laid out in the Operational Framework and compliance to the regime.

I sincerely hope that states will proactively implement this scheme which will have a long term impact on the health of young people and the future of India.

P K Pradhan

New Delhi
5th June 2012

NATIONAL RURAL HEALTH MISSION
राष्ट्रीय ग्रामीण स्वास्थ्य मिशन

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Foreword

Nutritional anaemia is a common disorder which affects about 20 percent of the world population. In India, prevalence of anaemia among 15-19 years is reported to be as high as 55.8 percent in girls and 30.2 percent in boys. The Ministry of Health and Family Welfare has launched the Weekly Iron and Folic Acid Supplementation (WIFS) Programme to meet the challenge of high prevalence and incidence of anaemia amongst adolescent girls and boys. WIFS is evidence based programmatic response to the prevailing anaemia situation amongst adolescent girls and boys through supervised weekly ingestion of IFA supplementation and biannual helminth control. The long term goal is to break the inter-generational cycle of anaemia; the short term benefits is of a nutritionally improved human capital. The programme envisages benefiting approximately 13 crore adolescent girls and boys in school besides out of school girls and is a significant step forward in addressing a critical problem in crucial segment of the population.

This Operational Framework for WIFS has been designed to serve as a handbook and a resource for program managers and will be a very useful tool for effective planning and implementation of the programme. One of the key features of the Framework is the use of convergence mechanisms for reaching the target segment optimally. The Framework elucidates and highlights roles and responsibilities of converging departments and functionaries across levels in great detail and it is imperative that these be followed in order to achieve the desired programme outcome not only in terms of improved nutritional status but also in reducing the risk factors for newborn, child and maternal mortality and morbidity.

I am certain that the Operational Framework will prove to be a very useful tool in programme planning and implementation and the states on their part will do the utmost to ensure that appropriate linkages and mechanisms for training,monitoring and operationalizing the programme are put in place at the earliest.

I am sure that states will take up this programme in real earnest so that together we can build a healthy, anaemia free India.

Anuradha Gupta

New Delhi
5th June 2012

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Preface

India has a very high prevalence of adolescent anaemia. Out of the 12.2 Crore adolescents in India (Census 2011 projected population) in the age group of 15 to 19 years, approximately 5.7 Crores are girls out of which 3.2 crores are anaemic. There are 6.5 Crores boys in this age out of which approximately 2 Crores are anaemic. Thus it is estimated that more than 5 Crores adolescents in this age group are anaemic.

Taking cognizance of this, the Ministry of Health and Family Welfare has launched the Weekly Iron and Folic Acid Supplementation (WIFS) programme that addresses this enormous health challenge. The programme, implemented across the country both (rural and urban areas) will cover approximately 6 Crore girls and boys enrolled in class VI-XII of government/government aided and municipal schools and 7 Crores out of school girls.

This Operational Framework for WIFS has been developed as a guide for effective planning and implementation. The Framework dwells on technical specification of IFA supplementation and explains programmatic twining with other stakeholder departments and operational details of WIFS Programme.

I am certain that States will ensure that WIFS is given programmatic priority in order to effectively address adolescent anaemia as a public health challenge and scale up the programmefor optimum health outcome for the youth of this nation.

Manoj Jhalani

New Delhi
5th June 2012

Contents

Abbreviations

ANC	Antenatal Check Up
ANM	Auxiliary Nurse Midwife
ASHA	Accredited Social Health Activist
AWW	Anganwadi Worker
AWC	Anganwadi Centre
CDPO	Child Development Project Officer
CMO	Chief Medical Officer
DPO	District Programme Officer
DEO	District Education Officer
DWCD	Department of Women and Child Development
HQ	Head Quarter
ICC	Individual Compliance Card
ICDS	Integrated Child Development Services
IDA	Iron Deficiency Anaemia
ID	Iron Deficiency
IEC	Information Education Communication
IFA	Iron Folic Acid
MO	Medical Officer
MoHFW	Ministry of Health and Family Welfare
NFHS	National Family Health Survey
PHC	Primary Health Centre
RM	Resource Material
WIFS	Weekly Iron and Folic Acid Supplementation

Chapter 1

Overview: Weekly Iron and Folic Acid Supplementation Programme

I. Rationale

Adolescence is a period of transition from childhood to adulthood. It is characterised by rapid physical, biological and hormonal changes resulting in psycho-social, behavioural and sexual maturity in an individual. It is the second growth spurt of life and both boys and girls undergo different experiences in this phase. During this period in life there is a significant increase in nutritional requirements, especially for iron.

Anaemia, a manifestation of under-nutrition and poor dietary intake of iron is a public health problem, not only among pregnant women, infants and young children but also among adolescents. Anaemia in India primarily occurs due to iron deficiency and is the most widespread nutritional deficiency disorders in the country today. The prevalence of anaemia in girls (Hb<12 g%) and in boys (Hb< 13g%) is high as per the reports of NFHS-3 and the National Nutrition Monitoring Bureau Survey. According to NFHS 3 data, over 55 percent of both adolescent boys and girls are anaemic. Adolescent girls in particular are more vulnerable to anaemia due to rapid growth of the body and loss of blood during menstruation. According to NFHS-3 almost 56% of adolescent girls aged 15-19 years suffer from some form of anaemia. More than 39% adolescent girls (15-19 years) are mildly anaemic while 15% and 2% suffer from moderate and severe anaemia respectively while during NFHS-2 the prevalence was 41%, 18% and 2% for mild, moderate and severe anaemia among 15-19 year olds indicating that there has not been much of change in the trends. In India, the highest prevalence of anaemia is reported between the ages 12-13 years, which also coincides with the average age of menarche

II. Implications of iron deficiency Anaemia

Iron deficiency Anaemia adversely affects transport of oxygen to tissues and results in diminished work capacity and physical performance. During adolescence, iron deficiency anaemia can result in impaired physical growth, poor cognitive development, reduced physical fitness and work performance and lower concentration on daily tasks. Iron deficiency in adolescent girls influences the entire life cycle. Anaemic girls have lower pre-pregnancy stores of iron and pregnancy is too short a period to build iron stores to meet the requirements of the growing fetus. Anaemic adolescent girls have a higher risk of preterm delivery and having babies with low birth weight. Regular consumption of iron-folic acid supplements along with a diet rich in micronutrients is essential for prevention of iron deficiency anaemia in adolescent girls and boys.

In order to develop evidence based intervention for prevention and control of adolescent anaemia in India, various studies were commissioned[1]. Findings across these studies reveal that weekly supplementation of 100mg Iron and 500µg Folic acid is effective in decreasing prevalence of anaemia. As adolescent anaemia is a critical public health problem in the country, the Ministry of Health and Family Welfare, Government of India, based on the empirical evidence generated by these scientific studies, has developed Operational Framework for Weekly Iron and Folic Acid Supplementation (WIFS) of adolescent.

III. Objective of Weekly Iron and Folic Acid Supplementation (WIFS) Programme

The Ministry of Health and Family Welfare, Government of India has launched the Weekly Iron and Folic Acid Supplementation (WIFS) Programme to reduce the prevalence and severity of nutritional anaemia in adolescent population (10-19 years).

IV. Target groups

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

A. Adolescent girls and boys enrolled in government/government aided/municipal schools from 6th to 12th classes.

B. Adolescent Girls who are not in school.

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

V. Strategy for Prevention of Anaemia in Adolescents

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

- Administration of Weekly Iron and Folic Acid Supplementation (WIFS). Each IFA tablet containing 100mg elemental iron and 500µg folic acid for 52 weeks in a year.

- Screening of target groups for moderate/severe anaemia and referring these cases to an appropriate health facility.

1Dwivedi A and Schultink W. Reducing anaemia among Indian adolescent girls through once-weekly supplementation with iron and folic acid. SCN News, 2006, 31, 19-23.
National consultation on control of nutritional anaemia in India – 16-17th October 1997, Government of India, Department of Health and Family Welfare.
Vir S.C, Singh N, Nigam A.K. and Jain R. Weekly Iron and Folic Acid Supplementation to Adolescent Girls in School and Out of School in a Large Scale District Level Programme in the State of Uttar Pradesh, India. Food and Nutrition Bulletin, 2008; 29 (3): 186-194.
Vir,S.C. and Cavalli-Sforza ,L.T. WHO Manila (2010). Weekly Iron and Folic Acid Supplementation (WIFS) Programme for Women of Reproductive Age (WRA): An Analysis of Best Programme Practices, under publication.

- Biannual de-worming (Albendazole 400mg), six months apart, for control of worm infestation.

- Information and counseling for improving dietary intake and for taking actions for prevention of intestinal worm infestation.

The WIFS programme will be implemented in urban and rural areas and will target adolescent boys and girls in school; and out-of-school adolescent girls (both married and unmarried). The WIFS strategy involves a "fixed day'' approach for IFA distribution. It is recommended that Monday be the day on which all schools and Anganwadi Centres distribute weekly IFA tablets, with one additional designated day for missed out beneficiaries. To ensure high compliance supervised consumption of the IFA tablets is recommended. The programme also encourages and provides for the consumption of IFA tablets by the frontline workers such as AWW, ASHA, and teachers to enhance the value of IFA among adolescents and community members.

In order to screen adolescents for moderate/severe anaemia, AWW and teachers will be trained to identify adolescents with moderate/severe anaemia through the simple method of comparing the color of their own nail beds and tongue with those of adolescents for the presence of pallor. However, these techniques will only be used for referring the adolescents to a Primary Health Center where blood Haemoglobin levels would need to be tested and those found anaemic will be given treatment for management of anaemia. States may include Haemoglobin testing for school children at least biannually through the School Health Programme.

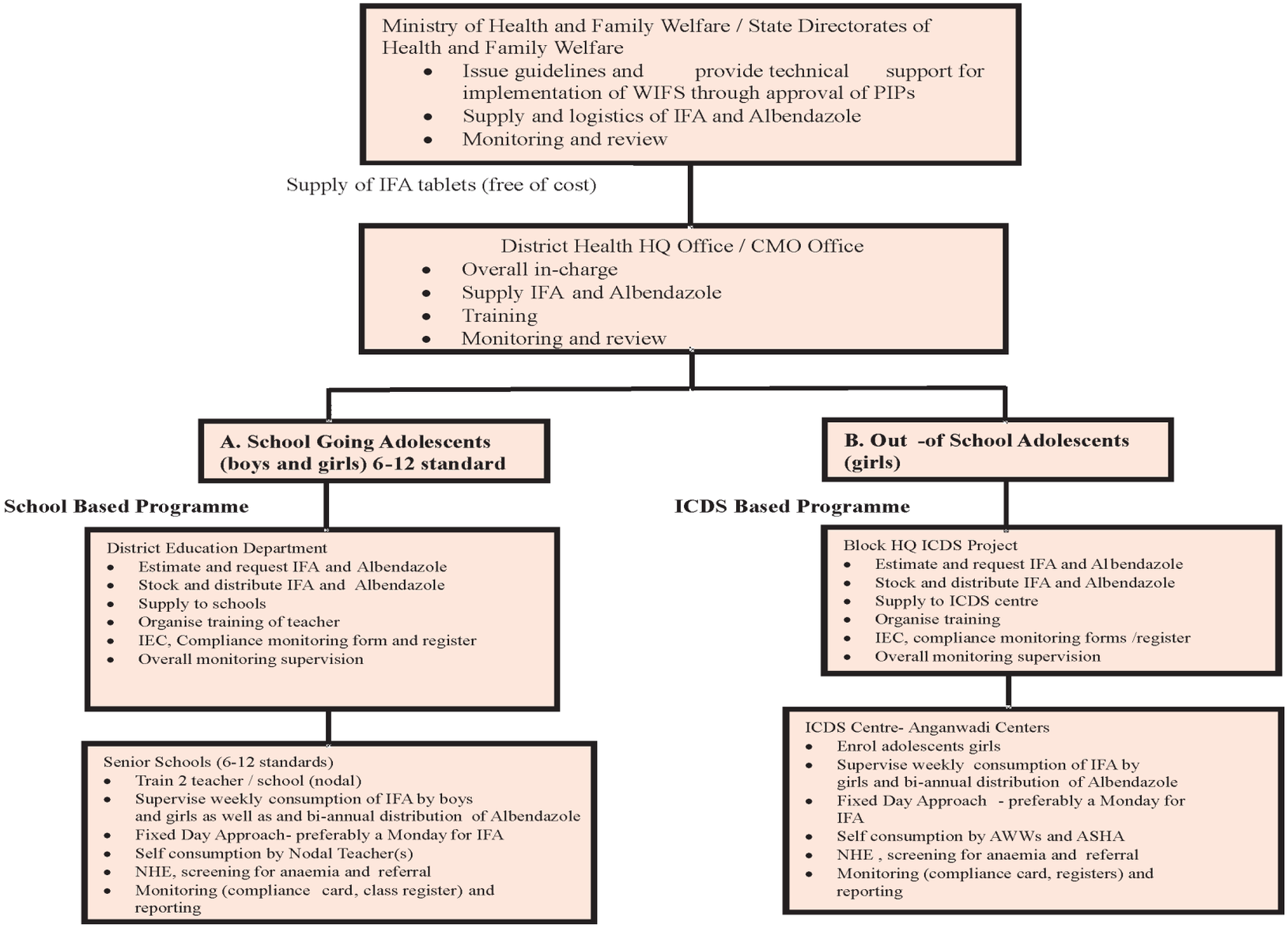
VI. Management structure

The Ministry of Health and Family Welfare (MoHFW) is the nodal Ministry for the Weekly Iron Folic and Acid Supplementation Programme. MoHFW is responsible for policy formulation, technical support, yearly planning of the WIFS programme including the allocation of resources for supply of IFA and Albendazole tablets, developing resource material for IEC/BCC, establishing monitoring systems and reviewing the programme progress.

This Operational Framework lays out the roles and responsibilities of the MoHFW and State Health Departments in implementing the WIFS programme through the school and the ICDS system. It defines the monitoring and review mechanisms and specifies the points of convergence between the Health, Education and Women and Child Departments to ensure joint accountability for successful programme implementation. The critical point of convergence is the District Health Department where both the District Education and ICDS systems are expected to converge. The Operational Framework is organized as follows:

Chapter 2 lays out the guidelines for School based implementation of the WIFS programme and details the roles and reporting functions at the level of the individual, School, Block and District level Education Officers. Chapter 3 is organized in a similar format for the individual, AWC, ICDS Supervisor, CDPO and the District ICDS officer. Chapter 4 touches upon capacity building, evaluation and quality control mechanism.

Weekly Iron and Folic -Acid Supplementation Programme (WIFS): Roles and Responsibilities



Chapter 2:

Strategy for Implementation of WIFS

A. Implementation of WIFS through Schools

For school based programme, Ministry of Human Resource Development (Department of Education) and State Departments of middle and senior schools will lead programme implementation (Fig. 1). The School system will be responsible for the (i) distribution of IFA and Albendazole tablets free of cost and (ii) providing dietary counseling to the adolescent boys and girls in government/government aided and municipal schools. The schools will also be responsible for preparing estimates of IFA and Albendazole requirements and compiling monitoring information on IFA consumption and sharing it with the Department of Health.

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

Objectives:

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

A1. Programme Management:

Key activities for implementing WIFS programme through the school system are: estimation of IFA and Albendazole tablets, maintaining supply and stocks, training/capacity building, monitoring, reviewing progress, and planning IEC. Details of these are explained in the sections below:

Distribution of IFA through the platform of School: role of field level functionaries

- School children from 6th to 12th standard, in rural and urban regions will be reached through this program.
- Each school will designate two teachers as the WIFS nodal teachers.
- Nodal teachers will ensure supervised ingestion of IFA tablets by adolescents enrolled in classes 6th to 12th on a fixed day preferably Monday at a fixed time after Mid-Day Meal (where applicable)/lunch. Teachers will also be encouraged to consume IFA. The first dose of de-worming tablet i.e., 400 mg of Albendazole should ideally be administered in month of August and the second dose should be given by February (six months after the first dose).

- If the child is absent on a Monday or misses out on the consumption of the IFA tablet, subsequent follow-up during the week needs to be done to ensure that the tablet is consumed.
- The programme could be initiated preferably in the month of April after beginning of new session in all schools.
- Teachers will screen adolescents for presence of moderate/severe anaemia by assessing nail bed and tongue pallor and refer anaemic adolescents to appropriate health facility for management of anaemia.
- Separate time should also be allotted during the school year to provide Nutrition and Health Education (NHE) to the adolescents. The nodal teacher should conduct monthly NHE session(s). Parents should also be oriented on WIFS and NHE during Parent Teacher Association Meetings.
- Before the school closes for vacations, the children can be given the requisite number of IFA tablets for consumption during the holidays under parental supervision.
- Annual supplies of IFA and Albendazoletablets should be stored in a clean, dry and dust free area away from the direct sunlight.

A2. Procurement and Supply of IFA and Albendazole

At School level:

- The nodal teacher (s) for each school will estimate annual requirements for IFA and Albendazole tablets.
- Schools will submit annual estimated requirement for IFA and Albendazole to Block Education Officer well in time so that supply reaches the school before the start of the new session in April.

Estimation of IFA

- **IFA tablets for the year** = (52 x Total number of children in 6 to 12th standards) + (52 tablets /per teacher /year). An additional 20 % stock as buffer will be added.
- **Albendazole tablets Requirement per year** = (2 x number of children in 6th to 12th standards) + 10 % stock as buffer.
- After estimating IFA and Albendazole tablets requirements for students and teachers, the schools will forward the requirement to the Block Education Officer in the form prescribed below:

Name and address of School:.....

Total Number of Adolescent Boys & Girls:.....Total number of teachers:.....
Annual requirement is for the year 20.....

Total IFA required: .....Total Albendazole required: .....

Signature (Principal) Signature (Nodal Teacher 1) Signature (Nodal Teacher 2)

The schools will receive annual supply of IFA and Albendazole tablets from Block Education Officer in order to ensure proper storage and avoid wastage.

Block Level:

- Block Education Officer will consolidate requirements from schools under his jurisdiction for aggregated block requirements/supply and share with district level.
- Block Education Officer will set up distribution system for schools and ensure uninterrupted supply of IFA and Albendazole tablets to schools by March annually.
- Block Education Officer will ensure proper storage of IFA and Albendazole tablets in schools.

District Level

- Stock request process: The supply request for the district will be submitted by the District Education Officer (DEO) to the District Health Officer (to the officer designated in charge of school health programme) The District Health Department will send the request to State HFW department who will supply the IFA and Albendazole tablets per district requirement. The District Health Officer will coordinate and forward annual supplies to District Education Officer.
- At the district level, the Education Department will be in-charge of forwarding the annual supply stock to the Block Education Officer.
- DEO and BEO will ensure uninterrupted supply of IFA and Albendazole tablets to the schools before the start of the new academic session in April.

At State level:

- The State Health and Family Welfare Department will procure annual supply of IFA and Albendazole tablets and will supply the annual stock as per requirement to the respective District Health Officers.
- State HFW Department will ensure that annual supply of IFA and Albendazole tablets reaches the District Health Departments well in time so that supply reaches schools before the start of the new session in April.

A.3. Monitoring under School Based System: It will be done at the following level—individual, class, school, block and district level.

Individual - Individual Compliance Card (ICC) or a self-monitoring card with simple design will be used (Annexure 1). The nodal teacher will be responsible for overseeing that the compliance card is filled correctly.

Class - The class teacher will use monitoring register at school/class level as per (Annexure 2). Information will be entered each week in this register. At the end of the month, the class teacher will need to compile the information on the number of girls and boys who have taken 4 IFA tablets per month (5 tablets in case of 5 weeks in a month). Similar exercise would also need to be carried out for Albendazole tablets. In case of girls and boys who are not able to consume 4 /5 IFA tablets in a month the reason for non-compliance is to be mentioned in the remarks column of the format and will be compiled in school report.

School - The nodal teachers would consolidate all the information from the class reporting formats on the monthly school-reporting format (Annexure- 3) and submit it to the school principal. The school principal will review the information in the monthly school reporting format, counter sign it and submit it to the block level officials on a monthly basis. A copy of this monthly school report will also be sent to the ANM.

In every school, a school WIFS committee is to be formed headed by the Principal /Head Master with participation of the Nodal teachers, student representatives and ANM for regular monitoring and management of the programme. The committee will be headed by the School Principal and co-chaired by the Nodal teacher and will be responsible for monitoring the following:

- Compliance in consumption of the tablets
- Regular IEC and Nutrition and Health Education session
- Record keeping at class level
- Transfer of correct information from recording registers to the reporting format
- Timeliness of the submission of monthly reports
- Ensuring timely IFA and Albendazole distribution
- Proper storage of IFA and Albendazole tablets

Block Level Monitoring:

- The Block Education Officer will review the monthly report from each school and consolidate the reports for all schools in the block and submit it to the District Education Officer as per Annexure 4.

District Level Monitoring:

The District Education Officer will need to consolidate all the block level reports and prepare a district level report (Annexure 5) which will be submitted to the District Health Department with a copy to the State Education Department. District Health Department will forward the same to State.

At the district level, the **District WIFS Advisory Committee** will be formed with participation from Health, Education and Women and Child Development Departments. The function of the committee will be to monitor the progress of the programme and resolve programmatic issues. The Committee would need to meet every quarter with the participation of Health, Women and Child Development and Education Block officials. Yearly meeting with nodal teachers could be organized to further streamline the implementation of programme . Committee would monitor the following:

- Status of implementation of the programme and timeliness of the submission of monthly reports
- Facilitate convergence and ensure use of community based platform like VHNDs for community mobilization and awareness
- Training
- Timely and adequate supply and distribution of IFA and Albendazole tablets
- Provision and usage of IEC materials

State level: The State Health Department will prepare a monthly report as per Annexure 9 and monitor the progress in the programme. The State Health Department will share the monthly report with MoHFW.

At the State level, the **State WIFS Advisory Committee** will be formed with participation from Health (including Nodal Officer for Adolescent Health, Nodal Officer, School Health Programme, IEC Divison , Training Division and Procurement Wing), Education and Women and Child Development Departments. The function of the committee will be to monitor the progress of the programme and resolve programmatic issues. The Committee would need to meet every quarter. Committee would monitor the following:

- Status of implementation of the programme and timeliness of the submission of monthly reports
- Facilitate convergence
- Training
- Timely and adequate supply and distribution of IFA and Albendazole tablets
- Provision and use of IEC and counseling materials
- Ensuring quality control

Interface with the Health and the school system:

ANM will serve as an interface between the Health and the School system and ensure that the programme is rolled out smoothly. The ANM would make quarterly visit plan under the supervision of MO-PHC for visiting schools in her catchment area. The visits can be spread over the quarter or can be clustered in particular month depending on work rationalization done by the MO-PHC. This will be reflected in the ANM's monthly report as per Annexure 6.The monthly reports will be compiled by MO-PHC as per Annexure 8 and will be forwarded to District Health Department.

Timelines for submission of monitoring formats (In school): Table 1

	Level	Functionary	Form	Submitted to	Submission Date
1	School	Class teacher with Principal as cosignatory	Monthly School Report Annex 3	Block Education Officer with a copy to the ANM	Before the 5th of the following month
2	Block level	Block Education Officer	Block report for ICDS / Education department (monthly) Annex 4	District Education Officer	Before the 7th of the following month
3	District level	District Education Officer	District report (monthly) Annex 5	District Health Department with a copy to the State Education Department	By the 10th of the following month
Interface with health and the school system					
1	School level	ANM	ANM's report Annex 6	MO-PHC	Before the 5th of the following month
2	Facility level	MO-PHC	MO-PHC's Monthly Report Annex 8	District RCH Officer Nodal Officer for RCH	Before the 7th of the following month
3	District	District RCH Officer /Health Department	District report (monthly) Annex 5 – after compilation of information on the relevant section of the forms	State Health Department	By the 10th of the following month
4	State	Director, RCH / Nodal Officer for ARSH	State Report (monthly) Annex 9	MoHFW	By the 20th of the following month

Chapter 3:

Strategy for Implementation of WIFS through ICDS system

B. Implementation of WIFS through ICDS system for out of school adolescent girls

For the out-of-school girls, IFA and Albendazole tablets will be supplied by the MoHFW/State Directorate of FWH but programme will be implemented through the Integrated Child Development Services (ICDS) programme under the Ministry of Women and Child (Fig I). The District and Block Project Officer of ICDS i.e DPO and CDPO will implement the project in coordination with District Chief Health /Medical Officers CMO and Block Medical/Health Officer.

Out-of-school adolescent girls in the age group of 10-19 years (married and unmarried) will be provided IFA and Albendazole tablets free of cost under the "Rajiv Gandhi Programme Scheme for the Empowerment of Adolescent Girls" (SABLA) through the Anganwadi Centres (AWC). In non SABLA districts, the programme will be implemented through the ICDS mechanism. In the urban areas, the network of AWC in slums and Urban Health Centres will be utilized to provide IFA and Albendazole to adolescent girls (both married and unmarried).

Goals: To institute a community based Weekly IFA Supplementation (WIFS) programme for control of anaemia among out-of-school adolescent girls in a given ICDS area.

Objectives:

- Ensure that all adolescent girls (including married girls) in age group 10-19 years are given a tablet of IFA once a week and six monthly dose of Albendazole (400mg) tablet for de-worming.
- To inform adolescent girls of the correct dietary practices for increasing iron intake.
- To inform adolescents girls of the significance of preventing worm infestation and encourage adoption of correct hygiene practices, including use of footwear to prevent worm infestation.

B.1 ProgrammeManagement: Roles and Responsibilities

Key activities for implementing WIFS programme through the ICDS platforms are: estimation of IFA and de-worming tablets, maintaining supply and stocks, training/capacity building, monitoring, reviewing progress, and planning IEC. Details of these are explained in the sections below:

Distribution of IFA through ICDS platforms: Role of field level functionaries

- The platform of Kishori Samooh will be utilized for mobilizing adolescent girls in the districts implementing SABLA scheme. In other districts AWW with the help of ASHA will

mobilize adolescent girls at the AWC on a fixed day (preferably a Monday) at a fixed time preferably after the noon meal.

- One IFA tablet will be provided to each girl by AWW and she will ensure direct consumption of IFA tablet by adolescent girls. AWW will advise the girls that IFA tablets are not taken on an empty stomach and to the extent possible ensure that the girls have eaten a meal prior to taking the IFA tablet.

- AWW will screen adolescent girls for presence of moderate/severe anaemia by examining the nail bed and tongue pallor.

- Adolescent girls with moderate/severe anaemia will be referred to a nearby health facility.

- In case a girl complains of uneasiness /any side effects, the AWW will refer her to the ANM.

- Each girl will be guided to maintain individual compliance cards by the AWW. The AWW will be trained on maintenance of the Individual Compliance Card.

- Two fixed months- **August and February** in year will be allocated for administering Albendazole to all adolescent girls on 'WIFS Day".

- ANM will undertake quarterly Nutrition and Health Education session on "Anaemia in adolescent and benefits of IFA supplements" in convergence with SABLA /ICDS and will record date and attendance in monthly format. ANM will also receive copy of consolidated monthly report from AWW as per Annexure 7A.

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

- AWW will encourage all adolescent girls to be tested for anaemia at appropriate health facility.

B.2 Procurement and Supply of IFA and Albendazole

State Health and Family Welfare Department will undertake the procurement and supply for IFA and Albendazole tablets. The state HFW Department will ensure timely supply to the District ICDS officer or DPO

- IFA supplies will be provided to the AWC on an annual basis.

- The AWW will estimate annual requirements for their respective AWCs. After the estimation AWW will report the IFA requirements to the Block CDPO in the format given below

- The annual requirement for IFA supplements and Albendazole tablets will be estimated as per the format in the box below:

Estimation of IFA and Albendazole:

- Estimating IFA tablet Supply = (Number of adolescent girls registered with ICDS x 52 tablets) + (52 tablets/ year for each AWW + 52 tablets/ year for ASHA).
- An additional 20% is to be added for ensuring adequate stock supply.
- Estimating De-worming tablet supply = (Number of adolescent girls registered with ICDS x 2 tablets of Albendazole) + 10% as buffer stock.

Name and address of Anganwadi Centre: .....Total Number of Adolescent Girls: .....

Total IFA tablets required : .....

Total Albendazole tablets required :.....

Signature (AWW)

Block Level

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

District level

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

State level

State Health and Family Welfare Department will undertake the procurement and supply for IFA and Albendazole tablets and will ensure timely supply to the District Health Officers.

B.3 Monitoring

At the adolescent girl level: self-monitoring using the Individual compliance card (Annexure 1).

Monitoring by AWWs

- The AWW will be responsible for maintenance of Individual Compliance Card/ Kishori Card.
- At the Anganwadi Center (AWC) level: the Anganwadi Worker (AWW) will compile the monthly data of IFA consumption by adolescent girls for their Anganwadi Center as per Annexure 7A and will forward it to Sector Supervisor. A copy of the monthly report will be shared with ANM. The monitoring report for the WIFS programme will be integrated with the ICDS monthly progress reports.
- AWW will maintain a supply-compliance register.

Sector level monitoring

The supervisor will compile the information from all the AWCs (received in Annexure 7A) in the monthly reporting (Annexure 7B) format and submit it to the CDPO.

Block Level Monitoring:

The Block Officials/CDPO will be responsible for monitoring the programme and compiling the monthly data using the block level reporting format (Annexure 4) which will then be submitted to the District ICDS Officer.

District Level Monitoring:

District ICDS Officer will be responsible for monitoring the programme and compiling the monthly data using the district level reporting formats which will then be shared with District RCH/Health Officer (Annexure 5). The District ICDS will forward the report of their districts to District RCH /Health Officer with a copy to the State Director ICDS, Department of Women and Child Development.

At the district level, the **District WIFS Advisory Committee** will be formed with participation from Health, Education and Women and Child Development Departments. The function of the committee will be to monitor the progress of the programme and resolve programmatic issues. The Committee would need to meet every quarter with the participation of Health, Women and Child Development and Education block officials. Yearly meeting with nodal teachers could be organized to further streamline the implementation of project. Committee would monitor the following:

- Status of implementation of the programme and timeliness of the submission of monthly reports
- Facilitate convergence and ensure use of community based platform like VHNDs for community mobilization and awareness
- Training
- Timely and adequate supply and distribution of IFA and Albendazole tablets
- Provision and use of IEC and use of counseling materials

State level Monitoring:

The State Health Department will prepare a monthly report as per Annexure 9 and monitor the progress in the programme. The State Health Department will share the monthly report with MoHFW. At the State level, Health and WCD Departments are responsible for providing feedback for decision making and improving programme performance.

At the State level, the **State WIFS Advisory Committee** will be formed with participation from Health (including Nodal Officer for Adolescent Health, Nodal Officer, School Health Programme, IEC Divison, Training Division and Procurement Wing), Education and Women and Child Development Departments. The function of the committee will be to monitor the progress of the programme and resolve programmatic issues. The Committee would need to meet every quarter. Committee would monitor the following:

- Status of implementation of the programme and timeliness of the submission of monthly reports
- Facilitate convergence
- Training
- Timely and adequate supply and distribution of IFA and Albendazole tablets
- Provision and use of IEC and counseling materials

Table 2 - Timelines for submission of monitoring formats (out of school): Table 2

	Level	Functionary	Form	Submitted to	Submission Date
1	AWC	AWW	Monthly Format for AWW Annex 7A	Sector Supervisor	Before the 5th of the following month
2	Sector level	Sector Supervisor	Monthly Format for AWW Annex 7B	Block ICDS Project Officer with a copy to ANM	Before the 7th of the following month
3	Block level	CDPO	Block report for ICDS/ Education Department (monthly) Annex 4	District ICDS Officer	By the 9th of the following month
4	District level	District ICDS Officer	District report (monthly) Annex 5	District RCH Officer with a copy to State Director ICDS	By the 12th of the following month
5	District level	District RCH Officer	District report (monthly) Annex 5	State RCH / Nodal Officer for ARSH	By the 15thof the following month
6	State	RCH / Nodal Officer for ARSH	State Report (monthly) Annex 9	MoHFW	By the 20th of the following month

Stakeholder matrix

Since provision of IFA Supplementation will be through various stakeholders across departments and levels, a matrix of roles and responsibilities summing up the two previous sections is provided in Table 3 below; this may be used as an affective framework for convergence.

Table 3: Stakeholders and their Responsibilities

I At Central Level	Stakeholders - Ministry of Health and Family Welfare, Department of Education and Ministry of Women and Child Development, • Formulate and implement WIFS strategies and policy. • Establish monitoring mechanism. • Allocate resources – financial, human and organizational • Develop resource material • Establish convergence mechanism with WCD and HRD ministries • Develop IEC/BCC strategy
II At State Level	• Propose budget required for activities under WIFS programme-IEC, printing of resource material, training/orientation, and monitoring formats. • Ensure adherence to guidelines issued by MoHFW including fixing Monday as national WIFS day and February and August as National De-worming days. • Ensure uninterrupted procurement and supply of IFA and Albendazole tablets to district. • Ensure IEC/BCC activities for creating demand and ensuring high compliance. This will be supported by branding, product positioning exercise aimed at promoting usage. • Manage resources • Consolidate district requirement for state level supply • Set up quality control committee • Set up distribution system for supply to districts • Conduct quarterly meeting to review the programmewith Education and WCD Department through the State WIFS Advisory Committee. • Consolidate monitoring data received from district on a monthly basis and share it with centre. • Ensure adequate shelf life of procured medicines. • Ensure printing of resource material and completion of sensitization sessions of district officer before launch of the programme • Ensure convergence with SABLA scheme.

III	At District Level – District Health Dept, district Education Dept and District ICDS dept.	• Ensure "fixed day" (preferably Monday)strategy is put in operation for in schools and for out-of-school adolescent girls at AWC • Ensure provision of IEC material and activities to ensure high compliance and demand generation. • Consolidate block level requirement of IFA and Albendazoletablets for district level supply • Ensure timely supply of IFA/Albendazoletablets to District education Department and ICDS District Programme Officer. • Set up distribution system from District Health Society to District Education Department and District ICDS department. • Compile monthly monitoring reports on coverage of school based and out of school programmes and share with the State Health Department as per the time line. • Conduct quarterly meeting to review the programme with Education and ICDS department through the District WIFS Advisory Committee. • Ensure completion of training/orientation sessions and provision of resource material to block officers, teachers, ICDS supervisor, ANM, AWW,ASHA and MO-PHC **District Education Dept and District ICDS Dept.** • Ensure monitoring of programme along with monthly data collection from block level. • Consolidate monitoring data received from block by end of every month and share with District Health Department. • Ensure uninterrupted supply of IFA and de-worming tablets at block level (schools and AWC) • Ensure completion of training/orientation sessions of block officers, teachers, ICDS supervisor, ANM, AWW,ASHA and MO-PHC • Ensure IEC material is displayed at school; AWC and; health facility
IV	At Block Level	Block Education Officer and CDPO/ICDS Officer • Consolidate requirements from schools and ICDS projects for block supply and share with district level. • Set up distribution system for schools and AWC

	• Ensure uninterrupted supply of IFA and de-worming tablets to schools and AWC • Ensure proper storage of IFA and de-worming tablets in schools and AWC • Consolidate monitoring data received from schools and AWC and share with district on monthly basis • Conduct quarterly meeting to review the programme • Ensure display of IEC material in schools and AWC
V At school and AWC level	Teachers and Aganwadi worker • Distribute Weekly IFA supplements to target population • Ensure distribution of Individual compliance cards to beneficiary and their regular filling up by the beneficiaries. • Effectively counsel adolescents for influencing behavior for dietary modifications and regular WIFS consumption • Identify constraints and take timely actions for resolving compliance problems • Filling up of formats for monthly reporting and monitoring. • Monitor supply and consumption of WIFS. • Ensure biannual de-worming of target groups. • Proper storage of IFA and Albendazoletablets. • Screening target groups for presence of anaemia • Refer adolescent detected with moderate/severe anaemia to health facility for management and care • Share monthly report with ANMAuxiliary Nurse Midwife • Undertake quarterly visit to schools to supervise programme • Organize quarterly Adolescent anaemiaNutrition and Health Education session on VHNDs and Kishori Divas • Filling up of monthly format and submitting to MO-PHC.MO-PHC/MO • Ensure display of IEC material in PHC and schools • Forward compiled monthly ANM report to District Health Department • Ensure treatment management of moderate /severe anaemia.
VI Adolescent girls in school / out of school and other WRA	• Awareness of significance of anaemia and its prevention • Consume supplements regularly and manage side effects • Report on constraints to health care provider / teachers - side effects or inaccessibility of supply

Chapter 4:

Capacity Development and Training

IX. Capacity Building and Training

Functionaries across levels will be provided training and resource material to help build up skill sets to effectively implement and monitor the programme. Table 2 presents an overview of training at various levels.

The resource material will focus on importance of preventing iron deficiency (ID) and anaemia; measures for the prevention of ID including dietary sources of iron; significance of WIFS and; Nutrition and Health Education. Additionally, emphasis will be on imparting skills for screening of moderate to severe cases of anaemia, supply and logistic management for IFA, ensuring compliance of IFA supplements and filling up monitoring formats.

Table 4: Capacity building

At State level	District Health Officer, District Education Officer and District Programme Officer ICDS (DPO) along with Training of Trainers
In School WIFS Programme	
I At district level	Block Education Officer, Block Extension educator, Block Health Officer /Block Medical Officer
II At block level	Nodal teachers for WIFS (Preferably science teachers)
Out-Of –School WIFS Programme	
I At district level	Child Development Project Officer (CDPO), Block Medical Officer, Supervisors
II At Block level	AWW, ASHA, ANM

X. Evaluation

Evaluation, including process and impact evaluation, will be an integral part of the WIFS programme. Process evaluation will provide information on effectiveness and constraints of strategy. Impact evaluation will be undertaken as part of the annual National Health Surveys. In these surveys, haemoglobin levels and anaemia prevalence will be measured using a standardized laboratory technique.

XI. Quality Control

An external quality monitoring cell preferably a State level quality control committee for IFA tablet will be established for periodic inspection and for ensuring standards prescribed for quality are maintained for the WIFS programme.

In addition to above, random batches will be taken from the supplies of the State (post-delivery) and will be periodically tested (quarterly/six monthly) by MoHFW in identified labs separately for monitoring quality.

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