

Annexure 1

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

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

## Format 2 - Class Monthly Register

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

## Format 3 - Monthly School Report

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



### Format 4 - Monthly Block Report for ICDS /Education Dept

State:	District:	Block:	Month/ year:	
No. of ICDS projects in Block:		No. of 6 <sup>th</sup> -12 <sup>th</sup> class schools in Block:		
Target population for the month		Girls:	Boys:	Total:
	In-school			i)
	In-AWC			ii)
Target population of staff	Teachers:	AWW:	Others:	
Supply details				
	IFA tablets	Albendazole tablets		
Date of Supply to Block				
Quantity received by Block				
Date of expiry of tablet				
Opening stock for month:				
Population covered in reporting month		In school (for Block Education Officer )		In AWC (for CDPO)
Adolescent Girls consumed 4/5 IFA tablets per month				
Adolescent Boys consumed 4/5 IFA tablets per month				
Grand Total of adolescents consumed 4/5 IFA tablets per month		a)		b)
Total number of teachers/AWW/other staff consumed IFA tablets:				
Grand Total of IFA Tablets Used In The Month				
Balance IFA Tablets In The Block				
Number of non-compliant adolescents (consumed less than 4 tablets in month )				
Total adolescents with moderate/severe anaemia	Identified			
	Referred			
Total Nutrition Health Education session conducted by nodal teacher in reporting month				
<b>A. Coverage in School: Adolescent given 4/5 IFA tablets in school (a) x 100 = Target adolescent population for the month (i)</b>				
<b>B. Coverage in AWC: Adolescent given 4/5 IFA tablets in AWC (b) x 100 = Target adolescent population for the month (ii)</b>				
<i>If February/August month for de-worming</i>		In school	In AWC	
Girls consumed Albendazole tablets				
Boys consumed Albendazole tablets				
Total adolescents consumed Albendazole tablets				
Total number of teachers/AWW/other staff consumed albendazole tablets:				
BALANCE ALBENDAZOLE TABLETS IN BLOCK				
Remarks on side effects/adverse reactions:				
Signature CDPO / Block Education Officer with name effects				

## Format 5 - District Monthly Report

<b>State:</b>		<b>District:</b>		<b>High Focus (Y/N)</b>	
<b>Reporting month/year:</b>		<b>Total No. of 6-12<sup>th</sup> class schools:</b>		<b>Total ICDS projects:</b>	
<b>Target population for the month</b>		<b>Girls</b>	<b>Boys</b>	<b>Total</b>	
	<b>In school</b>				
	<b>In AWC</b>				
<b>Target adolescent population for the month (*)</b>					
<b>Target population of staff</b>	<b>Teachers:</b>		<b>AWW:</b>	<b>Other:</b>	
<b>Supply Details</b>					
	<b>IFA tablets</b>		<b>Albendazole tablets</b>		
Date of Supply to District					
Quantity received by District					
Batch number of tablets					
Date of expiry of tablets					
<b>Adolescent population covered in the in reporting month</b>		<b>In school</b>	<b>In AWC</b>	<b>Total</b>	
Girls consumed 4/5 IFA tablets per month					
Boys consumed 4/5 IFA tablets per month					
<b>Grand Total of Adolescents consumed 4/5 IFA Tablets(#)</b>					
<b>Target population of staff consumed IFA</b>					
<b>Total IFA Tablets consumed</b>					
<b>Balance IFA Tablets Stock in District</b>					
<b>Number of non-compliant adolescents (consumed less than 4/5 IFA tablets in month )</b>	<b>Girls</b>				
	<b>Boys</b>				
<b>Coverage: Adolescent given 4/5 IFA tablets in the month (#) x 100 = ....% coverage of WIFS</b> <b>Target adolescent population for the month (*)</b>					
<b>Number of Blocks identified with coverage of IFA less than 70% ( provide name as Annexure)</b>					
<b>Adolescents with moderate/severe anaemia</b>	<b>Identified</b>				
	<b>referred</b>				

<b>Format 5 - District Monthly Report</b>				
<b>If <u>February/August</u> for De-Worming</b>		<b>In school</b>	<b>In AWC</b>	<b>Total</b>
Girls consumed Albendazole tablet				
Boys consumed Albendazole tablet				
<b>Grand Total of Adolescents Given Albendazole Tablets :</b>				
<b>Target population of staff consumed Albendazole Tablets</b>	<b>Teachers /AWW</b>			
	<b>Other</b>			
<b>Balance Albendazole Tablets stock in District</b>				
		<b>Planned</b>	<b>Conducted</b>	
Total school visits by ANMs in reporting month				
Total number of VHNDs session on Adolescent Anaemia in the reporting month by ANM				
Total Nutrition Health Education session conducted by nodal teacher in reporting month				
<b>Remarks on side effects/adverse reactions</b>				
<b>District Health Officer /District Programme Officer ( ICDS) /District Education Officer</b>				

## Format 6 -ANM Monthly Report

<b>Name of ANM</b>		<b>Village:</b>		<b>PHC:</b>		<b>Month/Year:</b>				
<b>Block:</b>		<b>District:</b>		<b>State:</b>						
<b>Total No. of 6-12<sup>th</sup> class govt./aided/municipal Schools under Sub-centre:</b>										
<b>Total number of AWC under sub-centre:</b>										
	Name of schools	Date of visit	Number of adolescents (10-19 years) consumed 4/5 IFA tablets		Number of non compliant adolescents		Number of adolescents referred for anaemia		Number of NHE conducted by Teacher	Signature of Head Master
			Girls	Boys	Girls	Boys	Girls	Boys		
1										
2										
3										
4										
5										
	<b>Total visit conducted</b>									
	<b>VHNDs session on anaemia</b>									
	Date of conducting VHNDs session on anaemia									
	Name of villages where session were conducted									
	Average Number of girls Attended the session									
	Remarks on side effects/adverse reactions									
	<b>Signature of ANM</b>									



## Format 7A - Monthly format for Aganwadi centre

Name of AWC/Village		Area Code		Block							
Name of AWW		Month/Year		District							
<b>Supply Details</b>											
		<b>IFA tablets</b>		<b>Albendazole tablets</b>							
Date of Supply to AWC											
Quantity received by AWC											
Batch number of tablets											
Date of expiry of tablets											
Sno	Name of girl/Father's name	Age of girl	Date of consuming 4/5 IFA tablets ( week wise)					Consume 4/5 IFA tablets (Yes/No)	Reason for non-compliance (less than 4 IFA tablets per month)	Identified for moderate/severe anemia (Y/N)	Date of consuming Albendazole tablets
			1 <sup>st</sup> W	2 <sup>nd</sup> W	3 <sup>rd</sup> W	4 <sup>th</sup> W	5 <sup>th</sup> W				
Girls ingested 4/5 IFA tablets:							Number of non-compliant girls:		Number of anaemia girls		Girls ingested Albendazole:
TOTAL IFA distributed :							Common Reason of non compliance:		<u>Identified:</u>		Total Albendazole given:
Balance stock of IFA at AWC:									<u>Referred:</u>		Balance stock of Albendazole at AWC:
Remarks on side effects/adverse reactions						Signature Aganwadi Worker		Signature ICDS Supervisor			

**Format 7B - Monthly Report for ICDS Supervisor**

<b>State:</b>	<b>District:</b>	<b>Block:</b>
<b>Name of Sector:</b>	<b>Name of Project:</b>	
<b>Number of AWCs in sector:</b>	<b>Name of ICDS Supervisor:</b>	
<b>Target population of girls for the month in Sector:</b>		<b>Month/year;</b>
<b>Supply Details</b>		
	<b>IFA</b>	<b>Albendazole</b>
Date of supply of IFA tablets to Sector:		
Quantity of IFA tablets received by Sector :		
Batch Number of IFA tablets:		
Date of expiry of IFA tablets :		
<b>Adolescent population covered in reporting month</b>		
<b>Total Girls consumed 4/5 IFA tablets per month</b>		
<b>Total number of AWW/other staff given IFA tablets</b>		
<b>Total IFA Tablets used</b>		
<b>Balance IFA tablets stock</b>		
<b>Total girls with moderate/severe anaemia</b>	<b>Identified:</b>	
	<b>Referred:</b>	
<b>Number of non-compliant girls</b>		
<b><i>If February/August/other month for de-worming</i></b>		
<b>Total Girls consumed Albendazole tablets</b>		
<b>Total number of AWW/other staff given Albendazole</b>		
<b>Total Albendazole Tablets consumed in Sector</b>		
<b>Balance Albendazole tablets stock in Sector</b>		
<b>Remarks :</b>		
<b>ICDS Supervisor ( name and signature)</b>		

## Annexure 8

## Format 8 MO-PHC monthly report

Name of MO In-charge:	Name of PHC:	Month/Year:
Block:	District:	State:
Total No. Of villages under PHC:	Total No. of ANM (regular + contractual) under PHC	

Sn o.	Name of ANM	Regular '® / Contractual '©	No of visit by ANM in reporting month		Session on anaemia conducted in reporting month at VHNDs	No. of girls Session attended by at VHNDs	Referred adolescents tested for Haemoglobin at sub-centre		Number of incidences of side effects managed	
			School				Boys	Girls	In-school	In AWC
			Planned	Conducted						
1										
2										
3										
4										
5										
6										
7										
<b>Total:</b>										

**Signature of Medical Officer In-charge PHC**

## Format 9 - State Monthly Report

State:		No. of District:		No. of High Focus Districts:	
No. of districts with WIFS programme:		No. of High focus district with WIFS programme:		Month/ year:	
Total No. govt .schools with 6-12 <sup>th</sup> classes:			Total AWC:		Total Blocks :
Target population for the month		Girls	Boys		Total
	In school:				
	In AWC :				
	Total				
Target adolescent population of the month (*):					
<b>Supply Details</b>					
		<b>IFA</b>		<b>Albendazole</b>	
Date of supply to State:					
Quantity of tablets procured by State :					
Batch Number of tablets:					
Date of expiry of tablets :					
Date of supply to Districts from states					
Adolescent population covered in the state in the reporting month			In school (DoE)	In AWC (ICDS)	Total
Girls consumed 4/5 IFA tablets per					
Boys consumed 4/5 IFA tablets per					
Grand Total of adolescents consumed 4/5 IFA tablets(#)					
Target population of staff consumed IFA					
Total IFA Tablets consumed in the state					
Balance IFA Tablets Stock in State					
Adolescents with moderate/severe anaemia identified					
Adolescents with moderate/severe anaemia referred					
Coverage : $\frac{\text{Adolescent given 4/5 IFA tablets in the month}(\#)}{\text{Target adolescent population of the month}(*)} \times 100 = \dots\dots\% \text{ monthly coverage of IFA}$					
Number of Districts/Blocks identified with coverage of IFA less than 70%		Blocks			
		District			

## Format 9 - State Monthly Report contd...

Albendazole tablets distribution report for De-worming month				In school	In AWC	Total
Girls consumed Albendazole tablets						
Boys consumed Albendazole tablets						
Grand Total of adolescents given Albendazole(a)						
Coverage : <u>Adolescent given Albendazole tablets in the month(a)</u> x 100 = .....% monthly coverage Albendazole Target adolescent population of the month(*)						
Total Albendazole tablets consumed in state						
Balance stock of Albendazole tablets in state						
SUMMARY OF COVERAGE						
			IFA	Albendazole		
Adolescents	In school:	Boys				
		Girls				
	In AWC:	Girls				
		Total				
Staffs in School & AWC	Teachers					
	AWW					
	Other					
	Total					
Balance tablets available at State level						
No of District reported stock out in reporting month						
No of Block reported stock out in reporting month						
Remarks about side effects/adverse reactions in state:						
Signature Director RCH State Health and Family Welfare Department						

## **ANNEXURE 10**

### **Guidelines on consumption of WIFS tablets**

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