

**Operational Guidelines for Weekly IFA
Supplementation Programme for the
Community Based Intervention**

Guidelines for Anganwadi Workers

GUIDELINES FOR ANGANWADI WORKER

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.

Strategy:

- ✚ Administration of weekly iron-folic acid supplements (WIFS). (IFA tablet containing 100mg elemental iron and 500 microgram Folic acid) for 52 weeks in a year, on a fixed day preferably Monday.
- ✚ Screening of target groups for moderate/severe anaemia and referring these cases to an appropriate health facility for management of anaemia.
- ✚ Biannual Albendazole (400mg), six months apart, for control of worm infestation.
- ✚ Information and counseling for improving dietary intake and for taking actions for prevention of intestinal worm infestation.

Role of AWW:

1. Estimation of Requirement and storage

- ✚ Annual supplies of IFA and Albendazole tablets should be stored in a clean, dry and dust free area away from the direct sunlight.
- ✚ Anganwadi worker will estimate annual requirements for IFA and Albendazole tablets

Estimation of IFA and Albendazole Tablets

- **IFA tablets for the year = (Number of adolescent girls registered with ICDS x 52 tablets) + (52 tablets/ year for each AWW + 52 tablets/ year for ASHA). An additional 20 % stock as buffer to be added.**
- **Albendazole tablets for the year = Number of adolescent girls registered with AWC x 2 tablets of Albendazole. An additional 10 % stock as buffer to be added.**

- ✚ After estimating IFA and Albendazole tablets requirements adolescent girls and AWW, the AWW will forward the requirement to the ICDS Supervisor in the form prescribed below:

STOCK REQUIREMENT UNDER WIFS PROGRAMME
Name of Village:
Address of AWC:
Total Number of out-of-school Adolescent Girls registered with AWC:
Total number of AWW:
Annual requirement is for the year 20.....
Total IFA tablets required:
Total Albendazole tablets required:
Signature (AWW)

2. IFA tablet distribution and screening

- ✚ Out-of –school girls in 10-19 years age group should be given IFA and Albendazole tablets
- ✚ Both unmarried and married non-pregnant girls to be reached
- ✚ In SABLA districts platform of Kishori Samooh will be utilized for mobilizing adolescent girls.
- ✚ 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 should be provided to each girl every week on the fixed day.

- ✚ Ensure direct consumption of IFA tablet by adolescent girls under supervision.
- ✚ Ensure provision of safe drinking water for IFA tablet consumption
- ✚ IFA tablets are to be taken after meal (after half hour to one hour gap) .
- ✚ AWW will orient girls on how to fill Individual Compliance cards.
- ✚ AWW to consume IFA tablets themselves
- ✚ If the girl misses out on the consumption of the IFA tablet, ASHA should be asked to track the girl and ensure IFA tablet consumption. The next week tablet will be given on fixed day only.
- ✚ AWW will screen adolescent girls for presence of moderate/severe anaemia by assessing nail bed, palmar, conjunctival and tongue pallor. (*Continue weekly IFA supplementation in an adolescent with significant anaemia till the time she is tested for haemoglobin level in health facility and started on treatment of anaemia*)
- ✚ Girls with significant pallor should be referred to appropriate nearby health facility for management of anaemia.
- ✚ Minor side effects such as black stools, nausea and vomiting can occur in few cases, but side effects are often transitory and the frequency of side-effects of WIFS is much lower than with daily doses. Also side effects decrease over time
- ✚ In case a girl complains of uneasiness /any side effects, the AWW will refer her to the ANM.
- ✚ AWW should inform girls about benefits of IFA supplementation such as:

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

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

3. Albendazole Tablet distribution

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

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

4. Monitoring by AWWs

- ✚ The AWW will be responsible for maintenance of Individual Compliance Card(Annexure 1)
- ✚ 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.
- ✚ AWW will maintain a supply-compliance register

KEY ACTIVITIES

- **10-19 years out-of-school girls to be given IFA and Albendazole Tablets**
- **Both unmarried and married non-pregnant girls to be reached**
- **Weekly Fixed day approach**
- **Supervised consumption of weekly IFA tablet to be ensured**
- **IFA tablet to be given after meals (Lunch)**
- **Screen girls for pallor and refer**
- **Bi-annual (six months apart) distribution of Albendazole tablets**
- **Filling of Individual compliance cards**

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
			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 reprocessed by the 5th circle in the event there is a fifth week in the month

ANNEXURE 7 A

Format 7A - Monthly format for Aganwadi centre

Name of AWC/Village			Area Code					Block				
Name of AWW			Month/Year					District				
Supply Details												
			IFA tablets					Albendazole tablets				
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 st W	2 nd W	3 rd W	4 th W	5 th 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						

ANNEXURE 7B

Format 7B - Monthly Report for ICDS Supervisor

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

COMMON IRON RICH FOODS

CHANA SAG



SPINACH



KANTEWALI CHAULAI



ONION STALKS



MUSTARD LEAVES



FENUGREEK LEAVES (METHI)











MINT



ARVI KA SAG



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

SEETHAPHAL



MUTTON



COMMON VITAMIN C RICH FOODS

CABBAGE



DRUMSTICK LEAVES



CORIANDER LEAVES



AMLA



SAMPLE ADOLESCENT BALANCED DIET

10 – 12 years Adolescents Boys

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

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

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

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

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

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

10 – 12 years Adolescent girl

Menu

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

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

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

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

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

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

13 – 18 years Adolescent girl

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

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

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

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

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

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

13 – 18 years Adolescent Boys

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

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

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

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

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

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

