

Weekly Iron and Folic Acid Supplementation Program for Adolescents in India

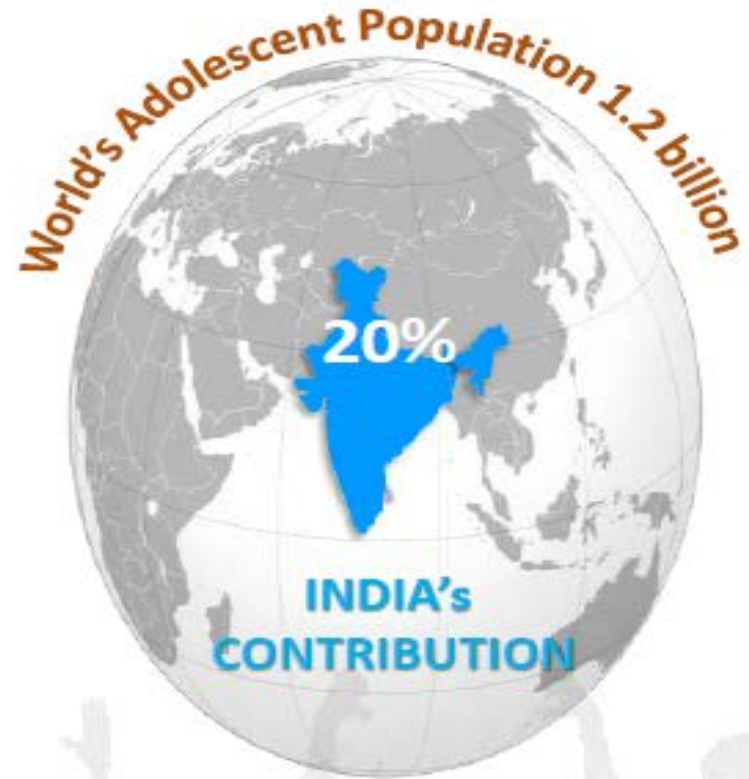


Dr. Sushma Dureja
Deputy Commissioner – Adolescent Health,
Ministry of Health & Family Welfare , Government of India

Structure of the Presentation

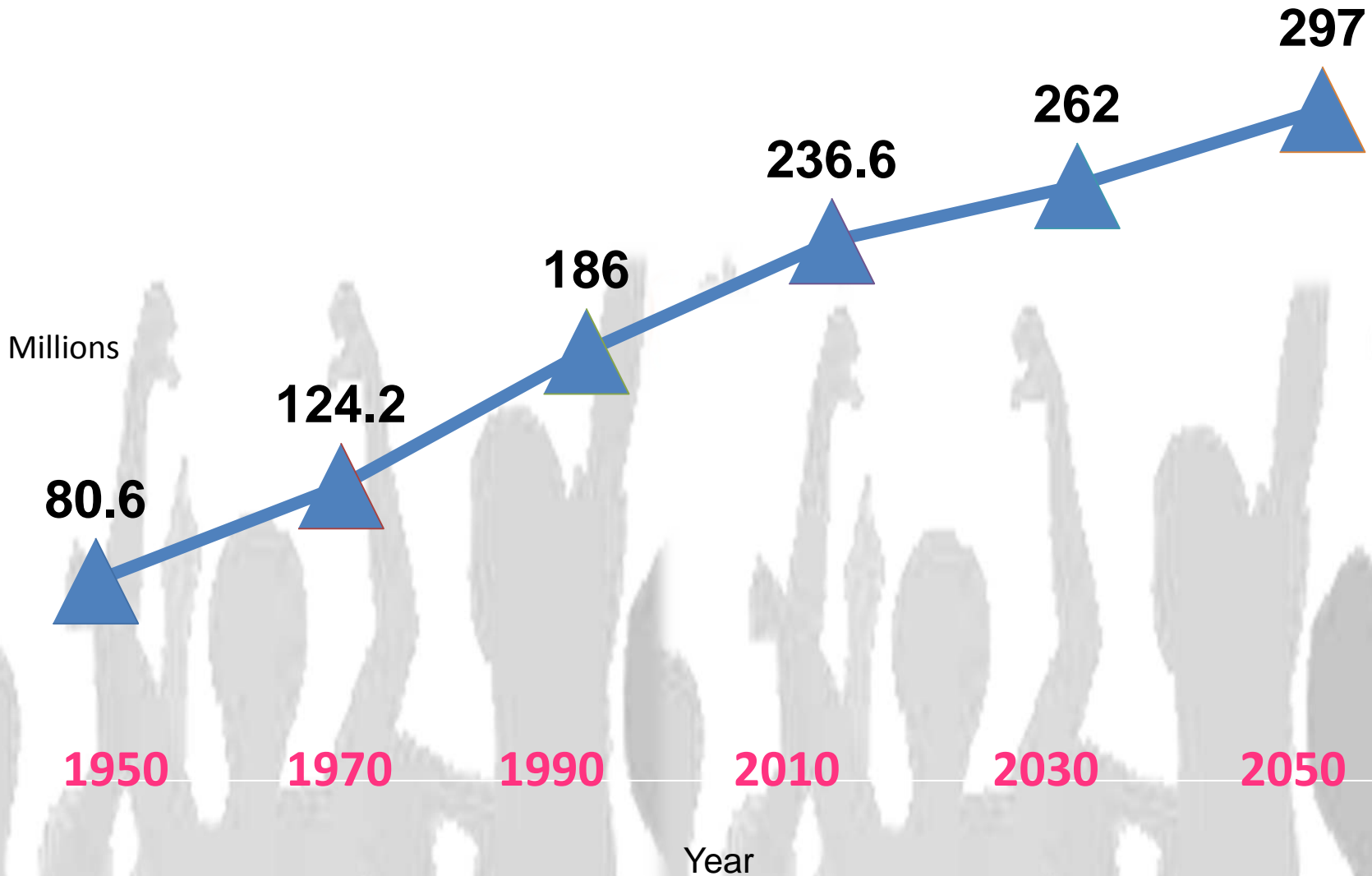
- Adolescents Anaemia in India
- Policies supporting reduction of Adolescent Anaemia
- WIFS Program since year 2000
- WIFS Program Elements
- Success factors
- Challenges
- Achievements

20 % of Adolescents (10-19 years) in world are from India



In absolute numbers, India has the largest adolescent population in the world : **253 million**

India's Adolescent Population – the Future Generation

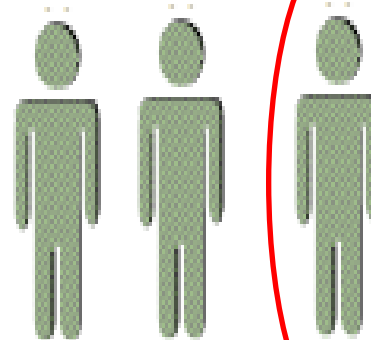
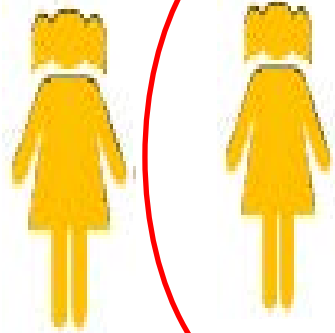


Anaemia among Indian Adolescents

56 % Anaemic
1.7 % Severely Anaemic

30% Anaemic
1.3 % Severely Anaemic

**1 out of 2
Adolescent
girls are
anaemic**



**1 out of 3
Adolescent
boys are
anaemic**

**It is important to address anaemia
among both adolescent GIRLS and
BOYS.**

A STRATEGIC APPROACH TO REPRODUCTIVE, MATERNAL, NEWBORN, CHILD AND ADOLESCENT HEALTH (RMNCH+A) IN INDIA



For Healthy Mother and Child



Ministry of Health & Family Welfare
Government of India
January, 2013



RMNCH+A

डॉक्यूमेंट नं० एस्ए-33004/99

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स्वास्थ्य और परिवार कल्याण मंत्रालय
(भारतीय स्वास्थ्य सुरक्षा और मानक प्राधिकरण)

अधिसूचना

नई दिल्ली, 17 फरवरी, 2015

का. सं. 1-83 एल/एस सी आई-पी ए एन-अधि./एफ एस एस ए आई-2012-खाद्य सुरक्षा और मानक (फ्लोरोसिल और रेडिएशन) (संशोधन) विनियम, 2013 का प्रारूप, खाद्य सुरक्षा और मानक अधिनियम, 2006 (2006 का 34) की धारा 92 की तब-बाब (1) की अनुसूचीनुसार भारतीय खाद्य सुरक्षा और मानक प्राधिकरण की अधिसूचना सं. 1-83/एस सी आई-पी ए एन-अधि./एफ एस एस ए आई-2012, तारीख 16 मई, 2013 द्वारा भारत के राजपत्र, आचारधारा, भाग III, खंड 4 में प्रकाशित किये गये थे जिसमें उन व्यक्तियों से, जिनके उससे प्रभावित होने की सम्भावना थी, उस तारीख से, जिसको उक्त अधिसूचना वाले राजपत्र की प्रतियां जनता को उपलब्ध कराई गई थी, सात दिन की अवधि की समाप्ति के पूर्व आशय और सुझाव मांगे गये थे,

और उक्त राजपत्र की प्रतियां 22 अगस्त, 2013 को जनता को उपलब्ध करावा दी गई थीं;

और उक्त प्रारूप विनियमों के सम्बन्ध में जनता से प्राप्त आक्षेप और सुझावों पर भारतीय खाद्य सुरक्षा और मानक

Govt. of India 12th Five Year Plan: Reducing anaemia among women and girls by 50% (28% by 2017)

Policies

**Revised IFA schedule for
Pregnant & Lactating
Women – 180 tab + 180
tab**

M-13-015/01/2014 - H-64
Ministry of Health & Family Welfare
Government of India
MH-Division

Office Memorandum

Nirman Bhawan, New Delhi
Dated the 19th Nov, 2014

Subject: Revised Operational strategy for Oral Iron for Pregnant women-reg.

Universal screening of pregnant women for anaemia is a part of ante-natal care and all pregnant women are provided iron and folic acid tablets during their ante-natal visits through the existing network of sub-centers and primary health centres and other health facilities as well as through outreach activities at Village Health & Nutrition Days (VHNDS). Under the National Iron+ Initiative, iron and folic acid supplementation is being given across life stages including pregnant, lactating women and adolescent girls at health facilities and during outreach activities.

The present duration of taking oral iron for pregnant women has been revised and now all the pregnant women in the 2nd & 3rd trimester is recommended to take oral iron and folic acid tablet (each containing 100 mg elemental iron and 0.5 mg folic acid) once daily preferably after morning meal / lunch. This has to be consumed for a period of six months during pregnancy and continued till six months post-partum. In case, she is anaemic, the dose is to be doubled i.e. two tablets one after morning meal / lunch and another after evening meal / dinner is to be taken orally.

Tea, coffee, milk or milk based products should not be consumed with oral iron since it interferes with its absorption. If calcium tablets are also being taken, at least 2 hours gap is required between the two since calcium interferes with the absorption of iron. Ideally if both Calcium and Iron is to be taken, Calcium should be taken before morning and evening meals and Iron after morning and evening meals.

(Signature)
(Dr. Dinesh Baswal)
Deputy Commissioner (MH)

Food Fortification

- Wheat
- Double Fortified Salt

To
Principal Secretary (I&FW) of all the States and UTs

Copy for information to:

- MD (NIM) of all the States and UTs
- State MH Nodal Officer of all the States and UTs



Guidelines for Control of Iron Deficiency Anaemia



National Iron+ Initiative

Towards infinite potential in an anaemia free India



National Iron Plus Initiative (NIPI) -Life cycle approach for Iron Deficiency Anaemia

1. 6m – 5 yrs
2. 6 – 10 yrs
3. Adolescents
4. WRA
5. PLW



Operational Framework Weekly Iron and Folic Acid Supplementation Programme for Adolescents



Ministry of Health and Family Welfare
Government of India

Weekly Iron Folic Acid Supplementation for Adolescent Girls and Boys

**Scaling up Weekly Iron And Folic Acid
Supplementation (WIFS) in India :
since year 2000**



UNICEF Initiated a Pilot to Control **Adolescent Anaemia**

Starting: Year 2000

Target: Govt. school-going and out-of-school adolescent girls in 20 districts in 5 states

Platform: Govt. schools,
Anganwadi centres (village level child development center)

Channel: Nodal teachers (responsible for providing IFA to students), field level frontline workers (Anganwadi center) and peer educators

**Weekly IFA + Biannual Deworming +
Nutrition Health Education**

Progress of Weekly Iron And Folic Acid Supplementation Programme

2000 – 05

Initial Phase



- UNICEF initiated a pilot in 20 districts of 5 states
- Expanded to 52 districts of 13 States* by end of 2005
- Covering 8.8 million adolescent girls

2006 – 11

Consolidation Phase



- Expanded to all districts of 13 states* by 2011
- Covering 27.6 million adolescent girls

2012 onwards

Govt. Universalization

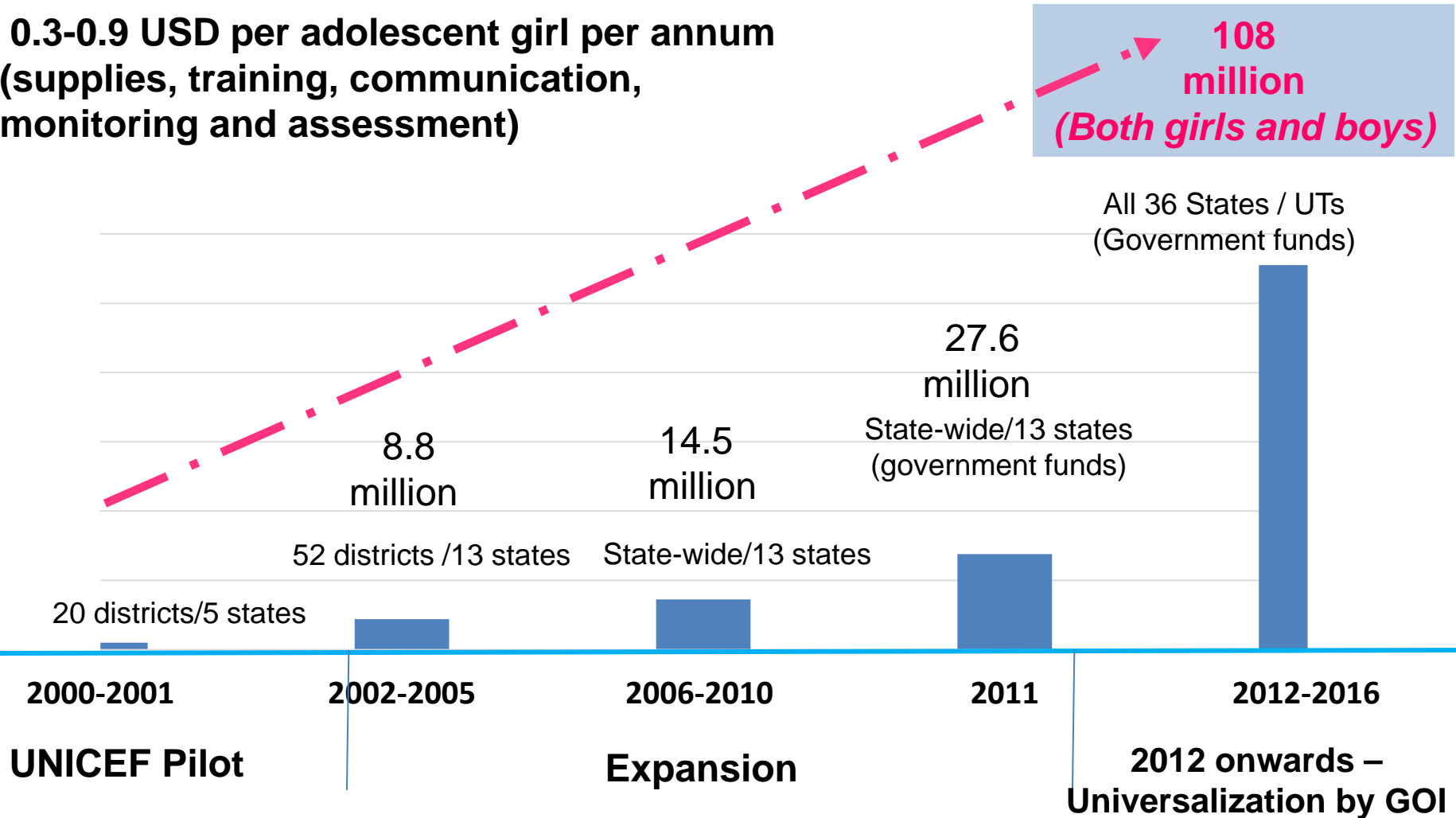


- Government of India launched the Nation-wide 'WIFS' Programme in 2012
- Targeting 108 million adolescent girls and boys both

* UNICEF supported

Program Coverage: From Pilot to Universalization (2000 to 2016)

0.3-0.9 USD per adolescent girl per annum
(supplies, training, communication,
monitoring and assessment)



Adolescent girls only

Implementing WIFS across India

**WITH JUST ONE BLUE PILL
A WEEK, WE WENT FROM
LAZY AND SLOW,
TO ALWAYS-ON-THE-GO!**



The blue pill and a regular healthy diet increased the iron content of our blood and helped us become more energetic and more active.

SOLID BANO INDIA
A Government of India initiative to help remove iron deficiency in children!

Standard operational guidelines for: plans, training, reporting, review, convergence and supply

WIFS - Program Elements

Objective of WIFS

To reduce the prevalence and severity of nutritional anaemia in adolescent population (10-19 years).

Target groups

School going Adolescent Girls and Boys (6th to 12th classes)

Adolescent Girls who are not in school

108 million adolescent girls and boys

Interventions

Fixed day, Fixed site

Weekly Blue IFA (100mg elemental Iron and 500µg folic acid) round the year

De-worming (Albendazole 400mg) every six months

Screening and Referral

Nutrition & Health Education counselling

**1.
Budget
Allocations**

**2.
Procurement &
Supply Chain
Management**

**3.
Orientation
Trainings**

**4.
Convergence**

**5.
Awareness
Generation
Activities**

**6.
Emergency
Response System**

Essential components of program implementation

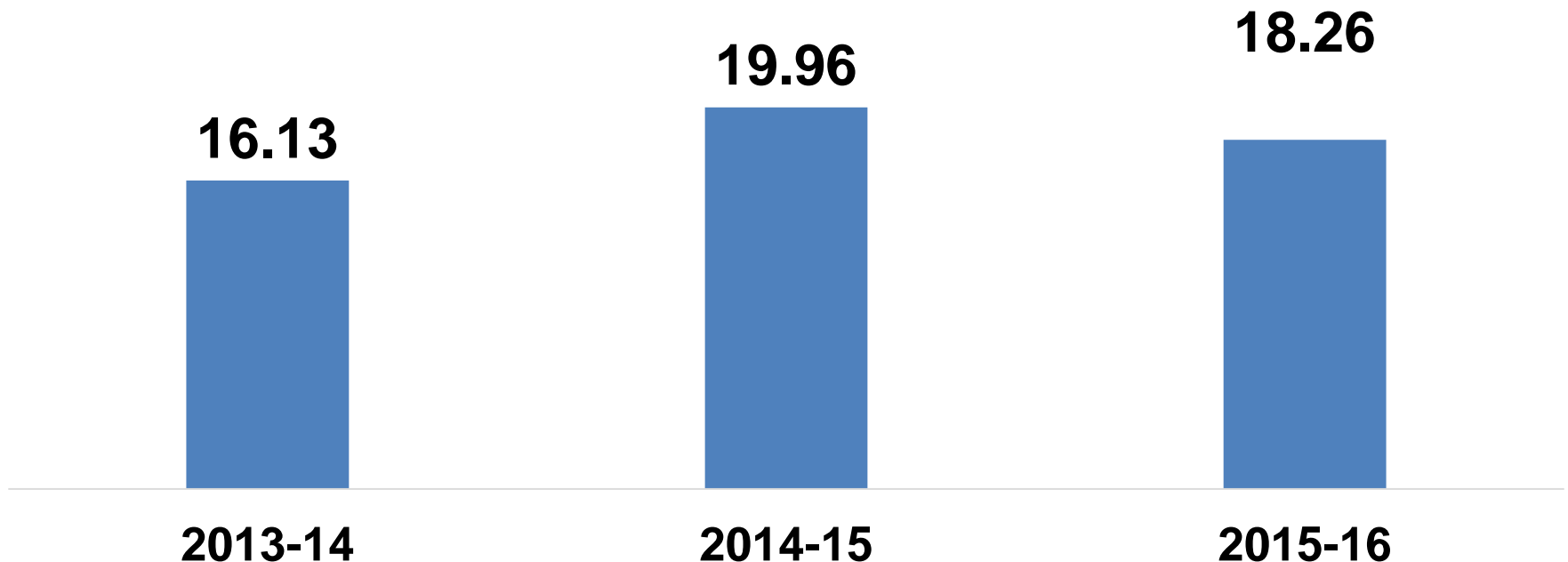
**7.
Supportive
Supervision**

**8.
Reporting &
Review**

**9.
Operational
Research**

Government of India Allocates Sufficient Funds for WIFS: Annual Plan of Ministry of Health and family Welfare

Dedicated fund allocation in the State annual plans for effective implementation of WIFS Programmes; Funds are utilized for procurement of WIFS iron-folic acid tablets, training, reporting, printing, awareness generation, review meetings etc.



Figures in Million USD

Branding of IFA tablet as 'BLUE WIFS-IFA'

- Blue coloured WIFS IFA to identify from other different types of IFA tablets
- Standard Specification of WIFS – IFA tablet

Ferrous Sulphate and Folic Acid Tablets (For NCB/ICB)

A. Specific requirements

Item: Iron and Folic acid tablets (By brand name of IFA-WIFS) shall conform to the general requirements of Tablets given in IP and the requirements given in the Annexure. The drug shall be currently registered in India and shall meet all requirements of the licensing authorities.

Description:

Iron and Folic Acid Tablets (IFA-WIFS) contain Ferrous Sulphate and Folic Acid. They are enteric coated and blue coloured (Indigo Carmine)

Each enteric coated tablet shall contain:

	Large
Dried Ferrous Sulphate IP equivalent to ferrous iron	100 mg
Folic Acid IP	0.5 mg



Free of cost from Schools and Anganwadi centers

Innovations for improved program implementation and coverage

- Branding of IFA tablet
- Fixed Day – Fixed Site
 - ✓ WIFS Day
 - ✓ School and Anganwadi centers as platform
 - ✓ National Deworming Day – Feb. and Aug.
- Simplification and streamlining of reporting mechanism
- Establishing Emergency Response System across all health facilities



**Ministry of Health and Family Welfare /
State Directorate of Health and Family Welfare**

Supply of IFA tablets (free of cost)

District Health HQ – Chief Medical Officer

- Over all in-charge
- Supply of IFA and Albendazole
- Training
- Reporting, monitoring, review

**A. School-going Adolescents (boys
and girls) 6 – 12th standard**

**B. Out of School Adolescents
(girls)**

School Based Program

AWC Based Program

District Education Department

Block HQ ICDS project

- Estimate & request IFA + Albendazole
- Stock & distribute IFA + Albendazole
- Supply to schools / Anganwadi centers
- Support to Health for organizing trainings
- IEC, compliance, monitoring form, registers
- Overall monitoring and supervision

Senior Schools (6 – 12th standard)

- Train 2 teachers
- Supervise Weekly consumption by girls + boys + bi-annual deworming
- Fixed day approach
- Self consumption by nodal teachers
- NHE, screening for anaemia, referral
- Monitoring and reporting

Anganwadi centers

- Enroll adolescent girls
- Supervise Weekly consumption by girls + bi-annual deworming
- Fixed day approach
- Self consumption by Anganwadi worker
- NHE, screening for anaemia, referral
- Monitoring and reporting

Inter-Ministerial Convergence is the key factor

- ✓ Issue guidelines – technical support
- ✓ Allocate funds
- ✓ Capacity building – Field workers, teachers
- ✓ Logistics and distribution (IFA, Albendazole, Reporting formats, IEC materials)
- ✓ Health and Nutrition education
- ✓ Emergency Response System
- ✓ Media Advocacy
- ✓ Monitoring and Convergent Reviews

EDUCATION

- ✓ Submit indent of drugs to health
- ✓ Distribution of IFA to all schools – clubbed with Mid-day Meal
- ✓ Weekly (Monday) Supervised consumption of IFA by Teachers
- ✓ IEC/Awareness activities with students and parents
- ✓ Reporting

HEALTH

ICDS

- ✓ Submit indent of drugs to health
- ✓ Distribution of IFA to all Out of School girls – through Anganwadi centers
- ✓ Weekly (Monday) Supervised consumption of IFA by workers
- ✓ IEC/Awareness activities
- ✓ Reporting

Reporting and Monitoring integrated into Information System of each Ministries

Joint Letter of commitment for WIFS Implementation

Secretaries of 3 nodal ministries

M-12015/154/2013-MCH(AH)WIFS
GOVERNMENT OF INDIA

:2:

New Delhi, dated: 13th November, 2015

B.P. SHARMA
Secretary
M/o Health and Family Welfare

S.C. KHUNTIA
Secretary
D/o School Education & Literacy

V. SOMASUNDARAN
Secretary
M/o Women and Child Development

Dear Chief Secretary,

This has reference to the Weekly Iron and Folic Acid Supplementation (WIFS) Programme being implemented across the country by Ministry of Health and Family Welfare in coordination with the Ministry of Women and Child Development and Ministry of Human Resource Development. As you are aware, almost half of the girls and one third of the boys between 15-19 years in India are anaemic. Besides having adverse effects on physical development and mental ability of adolescents, anaemia also has an intergeneration impact when girls with low reserves of iron become mothers.

WIFS was launched in 2012 with the aim to reduce the prevalence and severity of nutritional anaemia amongst adolescents. It aims to reach school going adolescents in government, government aided, municipal and residential schools in classes 6th – 12th through schools and out of school adolescent girls between 10-19 years of age through anganwadi centres. However, even after 3 years of implementation the coverage continues to remain suboptimal.

Concerted efforts from the three departments at the State, District and Block level are required to ensure effective implementation and increased coverage of the programme. We seek your support for the same through active participation of the departments of Health, School Education and Women & Child Development in the programme at the State, District and Block level.

The following steps are suggested to strengthen the coordination amongst the three departments for the WIFS Programme:

1. Nomination of Nodal Officers for WIFS at the State and District level in the respective departments and their active involvement in the implementation of the programme including regular participation in convergence meetings for WIFS.

2. Capacity building of teachers and anganwadi workers on WIFS by Health Department.
3. Strengthening the supply chain to ensure availability of IFA and Albendazole tablets at Schools and Anganwadi Centres.
4. Ensuring supervised weekly ingestion of IFA by adolescents, deworming and organizing nutrition and health education sessions at Schools and Anganwadi Centres.
5. Ensuring regular data recording and reporting to enable effective programme monitoring.
6. Joint reviews and visits for monitoring of the programme at the field level.

We are sure you will extend your much needed support for WIFS programme and under your guidance the programme would be able to achieve successful implementation and optimal coverage in your State/UT.

Looking forward to your support in this regard.

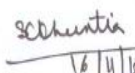
With warm regards,

Yours sincerely,

Yours sincerely,

Yours sincerely,


(B.P. Sharma)
(बी.पी. शर्मा)
(B. P. SHARMA)
Secretary (Health & F.W.)
सचिव एवं परिवार कल्याण विभाग
Ministry of Health & F.W.
भारत सरकार/Govt. of India
नई दिल्ली/New Delhi


(S.C. Khuntia)
(स. सुभाष चन्द खुंटिया)
(Dr. SUBHASH C. KHUNTIA)
Secretary/Secretary
भारत सरकार/Govt. of India
न.स.श. विभाग/Min. of H.R.D.
विद्या विद्या और जनशिक्षण विभाग
D/o School Education & Literacy
नई दिल्ली/New Delhi


(V. Somasundaran)
(वि. सोमसुन्दरान)
(V. SOMASUNDARAN)
Secretary/Secretary
भारत एवं बाल विकास विभाग
Ministry of Women & Child Dev.
भारत सरकार/Govt. of India
नई दिल्ली/New Delhi

To

Chief Secretaries of all States/UTs

Partners supporting WIFS Programme

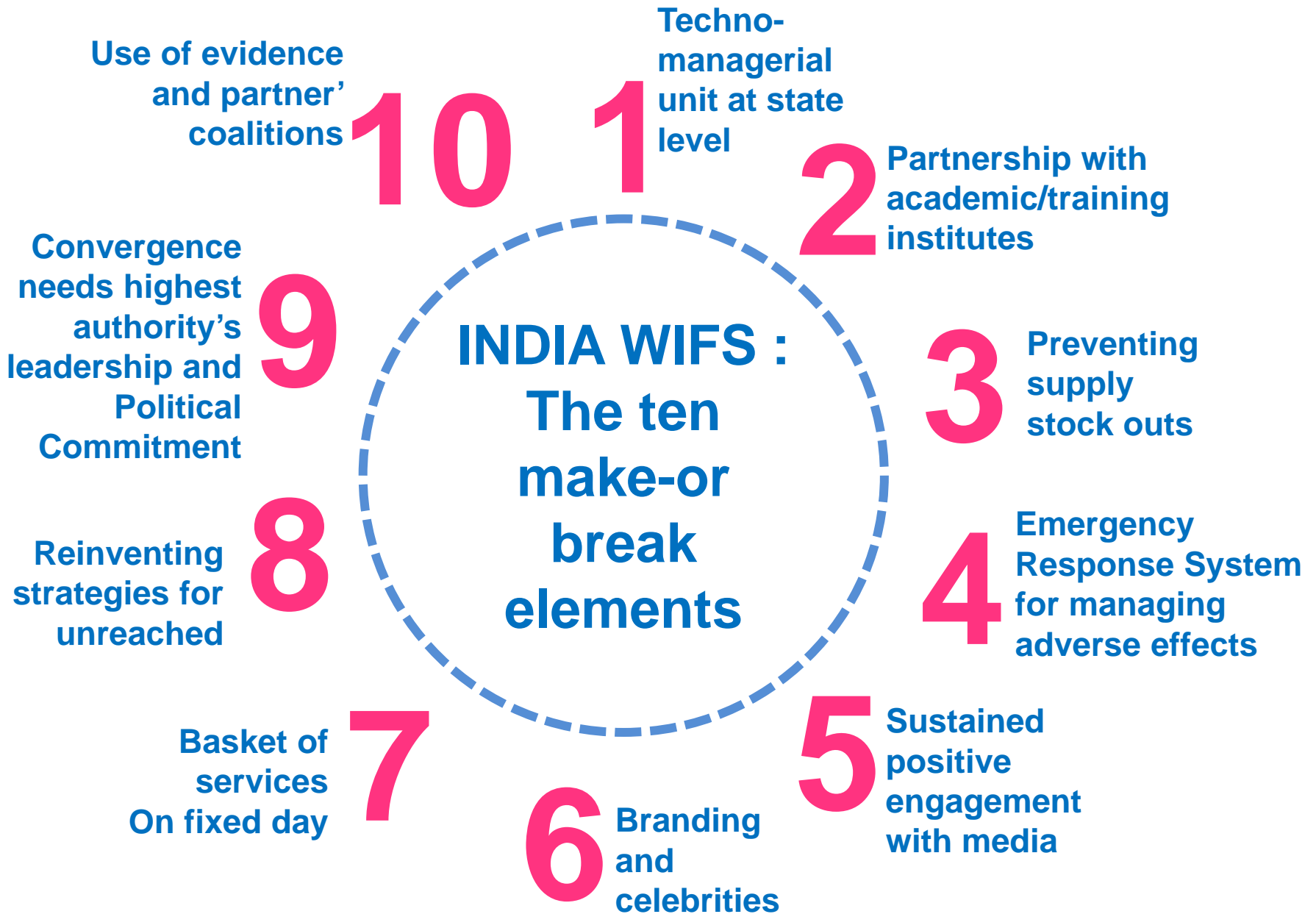


UNICEF providing technical and dedicated human resource support for WIFS at national level and in 14 high burden States of India

Technical Resource Group (TRG) of experts, Govt. of India for Adolescents

Indian Council of Medical Research (ICMR), Govt. of India

Academia – Medical Colleges



**Sensitizing
community and
parents regarding
Nutrition related
issues amongst
adolescents**

Convergence

**Schools lacking
ownership, Lack of
preparedness or
confidence in
schools**

**Capacity building of
large number of
functionaries**

Positive media publicity

**Timely
procurement and
Supply Chain
Management**

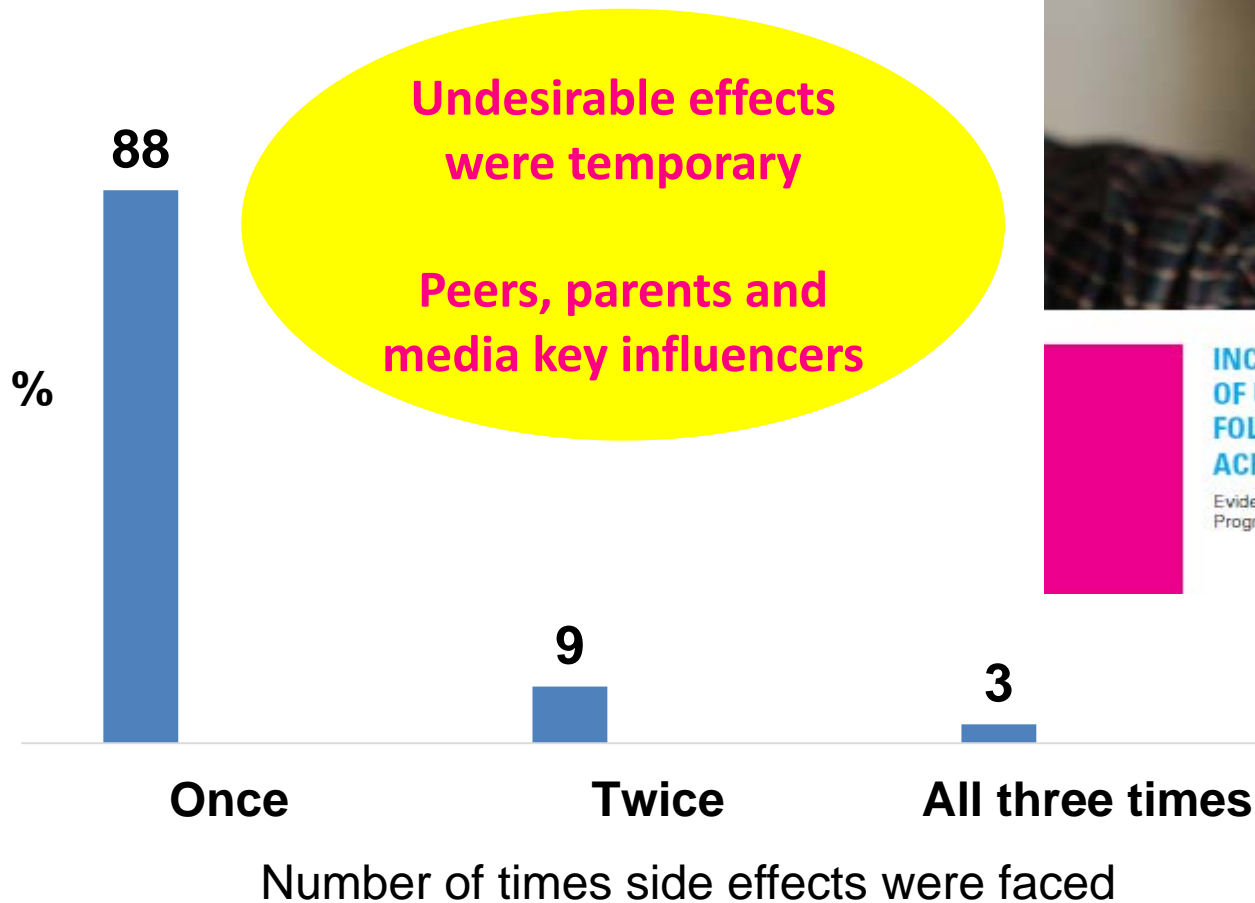
Challenges

**Reporting from
Schools and
AWCs**

**Supportive
Supervision**

**Adherence to WIFS
consumption
protocols
&
Management of
adverse effects**

GoI-UNICEF study (2013-14) shows the incidences of facing any undesirable effects reduced to only 3% by the third weekly IFA consumption



INCIDENCE AND DETERMINANTS OF UNDESIRABLE EFFECTS FOLLOWING IRON AND FOLIC ACID SUPPLEMENTATION

Evidence from the Weekly Iron and Folic Acid Supplementation Programme for Adolescents in Delhi and Haryana



Media advocacy launched by Health Minister and Celebrity/Youth icon linked WIFS Media Campaign

Video links : https://www.youtube.com/watch?v=0f_phM6dX5c

http://nrhm.gov.in/images/pdf/programmes/ah/iec/video/Priyanka-Chopra-Promotion_of_WIFS.mp4



Questions and sharing experiences are welcome