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

Source: World Population Prospects: The 2012 Revision
India’s Adolescent Population – the Future Generation

The graph shows the estimated population of adolescents in millions from 1950 to 2050. The population is projected to increase from 80.6 million in 1950 to 297 million in 2050.
3 out of every 4 people are affected by iron deficiency and anaemia worldwide.

India being one among the severely affected.

Source: The Micronutrient Initiative
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.
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

Food Fortification
- Wheat
- Double Fortified Salt
Weekly Iron Folic Acid Supplementation for Adolescent Girls and Boys

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
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
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

2000 – 05 Initial Phase

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)

20 districts/5 states
52 districts /13 states
State-wide/13 states
All 36 States / UTs (Government funds)

14.5 million
8.8 million
108 million
(Both girls and boys)
State-wide/13 states (government funds)

14.5 million
27.6 million

27.6 million
All 36 States / UTs (Government funds)

2012 onwards –
Universalization by GOI

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.

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

**Interventions**

- **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**

**Fixed day, Fixed site**

- 108 million adolescent girls and boys
1. Budget Allocations

2. Procurement & Supply Chain Management

3. Orientation Trainings

4. Convergence

5. Awareness Generation Activities

6. Emergency Response System

7. Supportive Supervision

8. Reporting & Review

9. Operational Research

Essential components of program implementation
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.

<table>
<thead>
<tr>
<th>Year</th>
<th>Figures in Million USD</th>
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<tbody>
<tr>
<td>2013-14</td>
<td>16.13</td>
</tr>
<tr>
<td>2014-15</td>
<td>19.96</td>
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<tr>
<td>2015-16</td>
<td>18.26</td>
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</table>
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**

<table>
<thead>
<tr>
<th>Item:</th>
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<tbody>
<tr>
<td>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.</td>
<td></td>
</tr>
</tbody>
</table>

**Descriptive:**

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:

- Dried Ferrous Sulphate IP
- equivalent to ferrous iron
- Folic Acid IP

<table>
<thead>
<tr>
<th>Item:</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Large</td>
<td>100 mg</td>
</tr>
<tr>
<td>0.5 mg</td>
<td></td>
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</tbody>
</table>

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

- 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

District Education Department
- 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

B. Out of School Adolescents (girls)

Block HQ ICDS project

School Based Program
- 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

AWC Based Program
- 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

**EDUCATION**
- 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

**HEALTH**
- 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

**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

New Delhi, dated: 13th November, 2015

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

S.C. KHUNITA
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 intergenerational 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,

(B.P. Sharma)

(S.C. Khunita)

(V. Somasundaran)

(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
INDIA WIFS: The ten make-or-break elements

1. Partnership with academic/training institutes
2. Preventing supply stock outs
3. Emergency Response System for managing adverse effects
4. Sustained positive engagement with media
5. Branding and celebrities
6. Basket of services On fixed day
7. Reinventing strategies for un-reached
8. Convergence needs highest authority’s leadership and Political Commitment
9. Use of evidence and partner’ coalitions
10. Techno-managerial unit at state level
Sensitizing community and parents regarding Nutrition related issues amongst adolescents

Capacity building of large number of functionaries

Convergence

Positive media publicity

Challenges

Reporting from Schools and AWCs

Supportive Supervision

Schools lacking ownership, Lack of preparedness or confidence in schools

Timely procurement and Supply Chain Management

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.

Undesirable effects were temporary.

Peers, parents and media key influencers.

Number of times side effects were faced:

- Once: 88%
- Twice: 9%
- All three times: 3%
Media advocacy launched by Health Minister and Celebrity/Youth icon linked WIFS Media Campaign

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

Questions and sharing experiences are welcome