

Guidelines on IFA tablet intake for School going (5-18 yrs.)&out-of-school adolescents(10-18 yrs.)

Anemia is a common serious problem which causes severe impacts during the childhood, Adolescence and pregnancy. Due to socio-cultural reasons it is difficult to meet the increased demand of iron during young age. Therefore, regular intake of IFA tablet with other essential iron rich supplements is advised to adolescents which help in monitoring anemia.

School Going Adolescents:

It is for the school to ensure that all school going adolescents (5-18 yrs.) are taking the IFA tablet every week. The tablet is to be taken under the supervision of the class teacher. The responsibility of the school apart from making certain that the tablet is taken regularly, also lies in inspiring the adolescents to consume iron rich diet through nutrition education and counseling. At the same time, it would also motivate parents through other awareness generation activities at various school forums.

A special instruction and guidelines for teachers, principals, and the headmasters is that they should impart nutrition education and counseling to all school going adolescents.



Out of School Adolescents:

Anganwadi workers and ASHAs to ensure that all adolescents who are out of schools (10-18 yrs.) are taking the IFA tablet weekly. They are responsible for ensuring that every adolescent who does not go to school in their periphery is given the tablet under their supervision. The responsibility of the centers apart from making certain that the tablet is taken regularly also lies in inspiring the community via education and consultation for adolescents to have iron rich diet.



A special instruction for Anganwadi Centers and ASHAs is to provide information on nutrition, education and consultation to all out-of-school adolescents.

Guidelines for IFA supply and administration to School going Adolescents:

1. All adolescents (5-18 yrs.) attending school will be given one Iron Folic Acid (IFA) tablet (100mg of iron and 0.5 mg of folic acid) every week in the school.

2. Each adolescent will be given the IFA tablet on every Thursday under the supervision of the class teacher. If for some reason the tablet is not given on Thursday, it should then be given on the next day.

3. People wise teachers are responsible for administration of IFA and ensure that the adolescents are not given the IFA tablet on empty stomach. The tablet should be given only after the breakfast or after the mid-day meal at school.

4. There is nothing to be worried about in case any adolescents complain of headache, diarrhea, constipation, nausea, jittering or vomiting after taking the tablet. Paramedical staff will be available throughout the day on the day of administration of IFA. But if the aforesaid problems persist even after 2-4 weeks after starting the intake of tablet, then one must consult the doctor.

5. To keep records of the IFA tablet intake each class has been provided with an IFA Distribution Register and every adolescent is given an IFA Record Card. The Register is to be filled by the teacher. They will write the date on which the adolescents are given the tablet and also maintain the IFA stock in it every month.

Each adolescent's IFA Record Card has to be filled by the adolescent themselves under the supervision of the teacher. After taking the IFA tablet on Thursday, all adolescents have to fill the date on their respective cards and show it to their teacher.

6. It is the responsibility of every school to compile every month the IFA tablet compliance figures and present it to the MRP and Paramedical staff. MRP and paramedical staff will then present these figures to the Medical officer. MO and MEO (Mandal level School Health Coordinators) will analyze the data and ensure appropriate actions as per the data available. These figures will then be passed on to the SPHO and DMHO. From district level a compiled report will be forwarded to JBAR cell at state level.

7. The Principal of the school also needs to take measures to ensure that all adolescents take the IFA tablet regularly even during the school's long holidays. For this purpose, the Principal can utilize the services of the existing class monitors and the motivators at community level.

8. The awareness generation IEC material for the Anemia Program will be given to the schools. It consists of a booklet and a poster (for teachers and adolescents) on anemia. This material will be used by the parents/ teachers/students in the meeting and will be used to explain the prevention and treatment of anemia during the parent-teacher meetings.

9. Schools in their daily activities like morning prayers, school functions, exhibitions, and fairs, must include the issue of awareness generation on anemia prevention and control. Education regarding prevention and treatment of anemia and about nutrition should be imparted during these activities. The school must also ensure active participation of parents and of the community in these activities.

10. To ensure the regular availability of IFA tablets, the school Nodal Teacher/ANM must regularly maintain the stock update in the IFA Distribution Register or separate stock handbook.

11. State will supply the required IFA tablets to DMHOs. From here, the supplies will be forwarded to the senior public health officers (SPHOs) of all CHNCs. Thereafter, every SPHO will supply the IFA tablets to the Medical officers of the Primary Health centers /Urban Health centers in their jurisdictions.

From Health centers IFA tablets will be supplied to schools through paramedical staff of health with the support of Mandal Resource Persons (MRPs).

12. The school teachers/Principals are supposed to inform their respective paramedical staff of health and Mandal Resource Persons (MRPs) about the availability and the requirement of IFA tablets at least one month in advance.

Guidelines for IFA supply and administration to Out of School Adolescents:

1. All out-of-school adolescents (10-18 yrs.) will be given one Iron Folic Acid (IFA) tablet (100mg of ferrous iron and 0.5 mg of folic acid) every week on Thursday at the Anganwadi Centre of their area.

2. It is the duty of the AWW and ASHAs to give IFA tablet at AWCs to the adolescents who are not listed at Schools.

3. Each adolescent will be given the IFA tablet on every Thursday under the supervision of the Anganwadi Worker/ASHA. If for some reason the tablet is not given on Thursday, it should then be given on the next day.

4. Supervisor/Anganwadi Worker/ASHA /Parents must ensure that the adolescents are not given the IFA tablet empty stomach. The tablet should be given only after they have been fed at home or after the nutritious meal at Anganwadi Centre.

5. There is nothing to be worried about in case any adolescent complains of headache, diarrhoea, constipation, nausea, jittering or vomiting after taking the tablet. But if the aforesaid problems remain even after 2-4 weeks after taking the tablet, then one must get it checked by the doctor.

6. To keep records of the IFA tablet intake, each AW Centre will be provided with an IFA Distribution Register and every adolescent is given an IFA Record Card. The Register is to be filled by the Anganwadi Worker/ASHA. They will write the date on which the adolescents are given the tablet and also maintain the IFA stock in it every month. Each IFA Record Card has to be filled by the AWW and on every Thursday (or any other day on which the adolescents takes the tablet) the date of taking the tablet has to be written on the card.

7. It is the responsibility of every Anganwadi Centre to compile every month the IFA tablet consumption figures and present it to the Supervisor and MPHA(F). The MPHA(F) will compile the data of her jurisdiction and present the data to the MO at PHC/UHC level. MO and MEO will analyze the data and ensures appropriate actions as per the data available. The Medical officer will present the transcript of these figures to SPHO (Senior Public Health Officer) of Health Department at CHNC level. Thereafter, these figures will be sent to District Medical and Health Officer (DMHO) at the district level and to JBAR cell of Health department at state level.

For this, reporting formats are made available to assist at every level in the collection of figures.

8. The awareness generation material for the Anemia Program will be given to the Anganwadi Centers. It consists of a booklet on anemia for Supervisors, Anganwadi Workers, ASHA and ANM, a leaflet for adolescents and posters for Anganwadi Centers and Sub-health centers.

9. Anganwadi Workers and ASHA will use this awareness generation material during their house visits to counsel on the prevention and treatment of anemia to the adolescents and their parents.

10. To ensure the regular availability of IFA tablets, the Anganwadi Workers/ASHAs must maintain the stock regularly.

11. State will supply the required IFA tablets for both school going and out of school going adolescents to DMHOs. From here, the supplies will be forwarded to the senior public health officers (SPHOs) of all CHNCs. Thereafter, every SPHO will supply the IFA tablets to the Medical officers of the Primary Health centers /Urban Health centers in their jurisdictions.

From Health centers MOs will ensure the supply of IFA tablets to all Anganwadi Centers through concerned MPHA (F) during their joint sector meetings at PHC level.

12. The Anganwadi Workers are supposed to inform their respective MPHA (F) about the availability and requirement of IFA tablets at least one month in advance to ensure uninterrupted supply of IFA tablets.

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