GUIDANCE NOTE ON IMPLEMENTATION OF ANAEMIA MUKTA LAQSHYA ABHIYAN (AMLAN)

INTRODUCTION

Anaemia is a condition in which the number of red blood cells or their oxygen carrying capacity is insufficient to meet the body's physiological requirements. Anaemia is defined as Haemoglobin concentration below established cut off levels in the blood as per WHO criteria. Anaemia is a public health problem in Odisha affecting 64.2% children of 6 months to 59 months age, 65.5% adolescent girls and 61.8% pregnant women as per NFHS - 5. Hence control of anaemia is State priority.

The haemoglobin cut-offs which are used for diagnosing anaemia across ages are described in Table 5.

Table 5: Haemoglobin levels to diagnose anaemia (g/dl)

Population	Anaemia (gm/dl)		
	Mild	Moderate	Severe
Children 6–59 months of age	10–10.9	7–9.9	<7
Children 5–11 years of age	11–11.4	8–10.9	<8
Children 12–14 years of age	11–11.9	8–10.9	<8
Non-pregnant women (15 years of age and above)	11–11.9	8–10.9	<8
Pregnant women	10–10.9	7–9.9	<7
Men (15 years of age and above)	11–12.9	8–10.9	<8

Source: WHO- Nutritional Anaemia: Tools for Effective Prevention and Control, 2017

Govt. of Odisha recognizes that anaemia is posing harmful consequences for maternal and child survival and productivity as a whole. Hence, Department of Health and Family Welfare in collaboration with Departments of School and Mass Education, Women and Child Development, ST & SC Development is going to start a multi-pronged strategy in a mission mode to address all causes of anaemia for accelerating decline in anaemia prevalence among all age groups across the state in all VHSND, UHSND, Govt. & Govt. Aided schools and residential schools.

GOAL AND OBJECTIVES

The overall goal of the state strategy is to accelerate the reduction of prevalence of anaemia in Odisha.

The objectives of the state strategy:

a. To reduce anaemia by 10% (ten percent) among each target beneficiary every year
b. To provide a package of intervention to reduce anaemia by addressing nutritional and non-nutritional causes
c. To increase the awareness of affordable micro-nutrient rich food through household food production (Nutri Garden)

TARGET GROUPS

Target groups are prioritized to the six vulnerable groups:

a. Children aged 6-59 months
b. Children aged 5-9 years
c. Adolescents aged 10-19 years(in School &out of schools)
d. Pregnant women
e. Lactating mother
f. Women in Reproductive Age (20-24 years)

Estimated target Beneficiary (2021-2022)

Sl. No	Beneficiary	Estimated Number
1	6 to 59months	36,35,731
2	5 – 9 years(in School)	27,49,457
3	10 – 19 years (in School and out of school registered in AWC)	36,06,571
4	Pregnant Women	9,38,249
5	Lactating mothers	8,34,742
6	Women of Reproductive age group (20 – 24 years)	19,64,005
	Total:-	**1,37,28,755**

INTERVENTIONS UNDER AMLAN

1. **Strengthening Prophylactic Iron and Folic Acid Supplementation**: Prophylactic Iron and Folic Acid (IFA) supplementation is provided to children, adolescents, women of reproductive age, pregnant women and lactating mothers irrespective of their anaemia status.
2. **Test, Treat and Talk – 3Ts**: It is highly imperative that screening and testing of anemia is important in all age groups so that appropriate treatment may be initiated as per the haemoglobin level of the individual. This will also facilitate not only in creating awareness on their nutritional status but at the same time will trigger nutrition & health care practices among them.Testing and treatment of anaemia, using digital methods and point of care treatment with focus to all target beneficiaries.

Platforms for Test, Treat and Talk

To implement the programme effectively and to ensure maximum coverage of the target beneficiaries, 3 major platforms are designated for ensuring the service deliveries under Test, Treat and Talk. They are:

1. School
2. VHSND / UHND
3. T3 camps

The testing of the beneficiaries categorised under different groups will be done by CHO/ MPHW(F)/ MPHW(M) and so also the treatment. The talk/counselling activities will be carried out by teacher, MPHW(F), AWW and ASHA. The functionaries responsible for Test, Treat and Talk and the service delivery platforms for the beneficiaries of different groups are enumerated in Table below.

Age Group	Test	Treat	Talk	Platform
6 - 59 months	MPHW(F)/ MPHW(M)	MPHW(F)/ MPHW(M)	MPHW(F)/ AWW/ASHA	VHSND/ UHSND/ T3 camp
5 – 9 years	CHO/ MPHW(F)/ MPHW(M)	CHO/ MPHW(F)/ MPHW(M)	Teacher	School
10 – 19 years(in school)	CHO/ MPHW(F)/ MPHW(M)	CHO/ MPHW(F)/ MPHW(M)	Teacher	School
10 – 19 years(out of school)	MPHW(F)/ MPHW(M)	MPHW(F)/ MPHW(M)	AWW	VHSND/UHSND/ T3 camp
Pregnant Women	MPHW(F)/ MPHW(M)	MPHW(F)/ MPHW(M)	MPHW(F)/ AWW/ASHA	VHSND/UHSND/ T3 camp
Lactating mothers	MPHW(F)/ MPHW(M)	MPHW(F)/ MPHW(M)	MPHW(F)/ AWW/ASHA	VHSND/UHSND/ T3 camp
Women of Reproductive age group (20 – 24 years)	MPHW(F)/ MPHW(M)	MPHW(F)/ MPHW(M)	MPHW(F)/ AWW/ASHA	VHSND/UHSND T3 camp

3. **Capacity Building:** Capacity Building is an essential component for successful implementation of any programme. Training will be done for officials from Health, WCD, S&ME and ST & SC department, at all levels from the state to frontline workers to equip them with the essential knowledge and capacity for smooth implementation of the programme.

4. **Year-round social and behaviour change communication (SBCC):** An advocacy and SBCC (Social behaviour change communication) component is needed to raise awareness regarding anaemia and taking urgent action against anaemia, and to promote the behaviour change among the public. SBCC is also critical to improve consumption of IFA tablets as well as consume iron rich and Vit C rich foods as well as maintain hygiene during menstruation and preventing early child marriage which all are important elements in reducing anaemia in the targeted beneficiaries.

5. **Addressing non-nutritional causes of anaemia:** Anemia is not only caused due to Iron deficiency (this most common type of anemia is caused by a shortage of iron in the body), but there are also several causes of anemia, most importantly malaria, haemoglobinopathies and fluorosis in our state. This needs to be addressed to be able to comprehensively reduce anemia within the community.

6. **Dietary improvement:** Dietary improvement aims to improve and maintain micronutrient status through changes in behaviour that lead to an increase in the selection of micronutrient-rich foods and a meal pattern favourable to increased bioavailability. Such changes can bring about important sustainable improvements, not only in anaemia and micronutrient status, but for nutrition in general.

Activities Proposed

1. The beneficiary category of Children 6 to 59 months, Out of school Adolescent girls 10-19 years, Women in Reproductive Age (WRA) 20-24 year, Pregnant Women and Lactating Mother will be tested for haemoglobin estimation at their respective VHSND/UHSND
2. All students studying in class 1st to 12th in Govt and Govt. aided schools will be tested for haemoglobin estimation at their respective schools.
3. After testing for the Hb. level, it should be recorded in the prescribed register by MPHW(F)/CHO/MPHW(M) and School nodal teacher for AMLAN Based on the test results, necessary therapeutic dose is to be prescribed/ referral is to be done to higher centre.
4. Counselling & follow-up

Implementation modalities :

Preparatory Activities

The preparatory activities focus on:

a. Training & capacity building
b. Micro planning
c. Supply chain management
d. Development of communication strategy
e. Accountability framework

a. Micro planning

The overall success of the program depends on the quality of micro plans. The district follows a bottom-up approach in planning for implementation of the programme. MPHW (F) prepares separate micro plan for different group of beneficiaries for smooth implementation of the programme at sub-centre level.

A planning meeting should be arranged by MPHS (F)/MPHS (M) at **Sub-Centre/PHC** level with the participation of concerned CHOs, CRCCs, all school nodal officers/school health ambassadors, ICDS Supervisor , AWW and ASHA for preparation of micro plan for schools, VHSND and UHSND. Discussion should be made on finalization of the modalities required for smooth implementation of Test, Treat and Talk activities under AMLAN adhering to the guidelines. Micro plan should be prepared taking in to consideration the no. of Schools/ VHSND/UHSND session and number of all group of beneficiaries targeted to be tested at VHSND/UHSND session.

The Micro Plan should clearly reflect the followings:

- No. of visit,
- Designation of the service providers (MPHW(F), MPHW (M), CHO),
- Day and month of visit,
- No. of different categories of beneficiaries to be tested per session
- Any other relevant information, as required.

The Micro Plan is to be done in the defined format attached at **Annexure –"1A,1B,1C,1D,1E"**

b. Training and Capacity building

Training of all front-line workers and supportive staffs of H&FW Dept., W&CD Dept., School and Mass Education Dept., ST & SC Development Deptt. is necessary to ensure quality of service delivery, communication, documentation and in administrative support. To ensure quality of training, the District level trainers will facilitate Block Level and sector level trainings. Trained trainers will conduct cascade training using standard training materials shared by State.

Sl. No.	Training	Duration	Level	Status
1	Training of block level officials on AMLAN	2 days	District	Completed
2	Training of Sector level officials on AMLAN	1 day	Block	Ongoing
3	Sector level training for frontline workers & Teachers	1 day	Sector	To be held

c. Supply Chain and Indenting Procedure:

Strengthening the procurement and supply chain mechanisms are the key to effective implementation of the programme as various departments and processes are involved. Strengthening the supply chain would ensure timely procurement and last mile delivery of supplies. The detailed indenting procedure at different levels is attached at **Annexure-"2".**

d. Development of communication strategy

A specific communication strategy is to be prepared at district level as per the IEC guidelines (to be communicated by SIHFW separately)

e. Accountability Framework for District Level.

Health & Family Welfare Dept.

ADPHO(FW) will be the Nodal Officer for AMLAN at District level.and DMRCH should remain overall charge of the programme. The RBSK Manager shall look after the activity at Residential schools and Asst. Manager Training and IEC/ BCC shall support training, IEC/ BCC component and also help DMRCH for overall implementation of the programme.

Sr. Pharmacist OSMCL shall ensure uninterrupted supply of drugs and logistics to all service delivery points with the support of pharmacist cum logistic asst. of the district.

Other line Departments

- District Education Officer (DEO) is the AMLAN Nodal Officer for School & Mass Education Department.
- District Welfare Officer (DWO) is the AMLAN Nodal Officer for ST & SC Development Department.
- District Social Welfare Officer (DSWO) is the AMLAN Nodal Officer for Women and Child Development Department.

Joint Director Nutrition is the Nodal Officer of State for AMLAN.

The detailed roles & responsibilities of each stakeholder from village level to district level has been delineated at **Annexure- 3** for kind reference.

<u>Financial Guidelines</u>

The detailed financial guidelines for carrying out all the activities under AMLAN will be shared to district subsequently.

Kit bag with basic essentials for Hb. Estimation is attached in Annexure - 4

ANNEXURE – 1A

Micro Plan Template for Sub Centre Level Planning(Primary School)

Name of the District _____ Name of the Block _____

Name of the PHC _____ Name of the Sub Centre _____

Month / Year of development of Micro Plan _____

Sl. No	Name of the School	Type of School	Total Students enrolled in the School	Students enrolled in 1 to 5 Class			Remarks
				Male	Female	Total	

N.B: Share this document with BPMU for release of necessary funds.

Annexure-1B

Micro Plan Template for Sub Centre Level Planning

AMLAN (In school 5 - 9years)

Name of district_____ Name of Block_____ Name of CHC_____

Name of Sub-Centre: _____ Name of the MPHW(F):_____ Year:_____

Sl.No.	Name of School	1st time screening						Rescreening					
		Targeted beneficiaries for 1st time screening	No. of session required	Teams Required (Specify the designation)		Week/ Month of screening		Targeted beneficiaries for rescreening (50% of enrolment)	No. of session required	Teams Required (Specify the designation)		Week/ Month of screening	
				2 Member team	1 Member team	2 Member team	1 Member team			2 Member team	1 Member team	2 Member team	1 Member team
	A	250	3	MPHW(F) & MPHW(M)	MPHW(F)	1st Mon/April	3rd Mon/Apr	125		MPHW(F) & MPHW(M)	MPHW(F)	1st Mon/July	3rd Mon/July
	B												
	C												
	D												

ANNEXURE – 1C

Micro Plan Template for Sub Centre Level Planning(Upper primary and High school)

Name of the District _____ Name of the Block _____

Name of the PHC _____ Name of the Sub Centre _____

Month / Year of development of Micro Plan _____

Sl. No	Name of the School	Type of School	Total Students enrolled in the School	Students enrolled in 6 to 12 Class			Remarks
				Male	Female	Total	

N.B: Share this document with BPMU for release of necessary funds.

Annexure-1D

Micro Plan Template for Sub Centre Level Planning

AMLAN (In school 10 -19years)

Name of district_____ Name of Block_____ Name of CHC_____

Name of Sub-Centre: _____ Name of the MPHW(F):_____ Year:_____

Sl.No.	Name of School	1st time screening						Rescreening					
		Targeted beneficiaries for 1st time screening	No. of session required	Teams Required (Specify the designation)		Week/ Month of screening		Targeted beneficiaries for rescreening (50% of enrolment)	No. of session required	Teams Required (Specify the designation)		Week/ Month of screening	
				2 Member team	1 Member team	2 Member team	1 Member team			2 Member team	1 Member team	2 Member team	1 Member team
	A	250	3	MPHW(F) & MPHW(M)	MPHW(F)	1st Mon/April	3rd Mon/Apr	125		MPHW(F) & MPHW(M)	MPHW(F)	1st Mon/July	3rd Mon/July
	B												
	C												
	D												

ANNEXURE – 1E

Micro Plan Template for Sub Centre Level Planning (VHSND)

Name of the District _____ Name of the Block _____

Name of the PHC _____ Name of the Sub Centre _____

Month / Year of development of Micro Plan _____

Sl.No.	Name of village	No. of beneficiary in different category					Total Beneficiary	No. of months required for total screening	Remark
		6-59m	Out of school adolescent girls	WRA 20-24 years	Pregnant woman	Lactating mother			

N.B: Share ***this document with BPMU for release of necessary funds.***

Annexure –"2"

Indenting Procedure and Supply Chain Management

Indenting Procedure (VHSND/UHSND)

Sub-centre level

- The MPHW(F) will prepare the annual indent basing on the number of beneficiary due for testing based on ICDS survey register.
- They will calculate the annual requirement/indent for both prophylactic and therapeutic dose. The calculation is as follows:

6m to 59 m

Total no. of 6m to 59m children *2bottle IFA syrup (1bottole – 50ml) + anaemic children identified nearly 50% i.e. 50% of total 6m to 12m children*1bottle + 50% of total 13m to 59m children*2bottle of IFA syrup.

WRA 20 -24 years

Total Number of WRA 20 -24 years*52 IFA red tablets + anaemic cases identified (nearly 50% of WRA)*2*90)

Pregnant woman

Total no. of pregnant woman*180 + Anaemic pregnant woman (nearly 50%)*360

Lactating mother

Total no. of Lactating mother *180 + Anaemic Lactating mother (nearly 50%)*360

- Before placing the annual indent, the stock in hand must be taken into consideration and deducted from the total indent.
- The MPHW(F) should place the annual indent regularly

CHC Level

- The annual indents received from all MPHW(F) will be compiled in CHC and the annual indent of the CHC shall be prepared.
- The MO I/C shall share the annual indent to the CDM &PHO

District Level

- The annual indents received from all CHC will be compiled in the office of CDM & PHO and the annual indent of the district shall be prepared.
- The CDM-PHO shall communicate the district annual indent of IFA Tablet/syrup to the Director, Family Welfare.

State Level

- The Director, Family Welfare shall communicate this annual indent to MD, OSMCL for timely procurement and distribution of the drugs.

Supply Chain

- OSMCL will ensure supply of the district wise requirement of IFA tablets /syrup to district warehouses as per their indent.
- The Senior Pharmacist of District ware houses, in coordination with DMRCH, shall ensure the supply of IFA tablets/syrup to the block warehouses.
- The block Pharmacist, in coordination with BPM, shall ensure the supply of IFA tablets/ syrup Sub centre.
- The MPHS (F)/MPHS(M) in turn shall distribute the tablets/syrup to the MPHW(F) as per the indent placed by her.

Indenting Procedure(School)

School Level

- The School Health Ambassador/ Nodal teacher will prepare the annual indent basing on the number of children studying in class 1st to 12th as per the enrollment register.
- They will calculate the annual requirement/indent for both prophylactic and therapeutic dose. **The calculation procedure:**:
    - For class 1st to 5th :
      (Total Number of children in the school * 52) + (Anaemic children identified in the school (nearly 50% of enrolment)*1*60).
    - For class 6th to 12th :
      (Total Number of adolescents in school * 52) + (Anaemic adolescent girls identified in school (nearly 50% of enrolled girls)*2*90) + (Anaemic adolescent boys identified in school (nearly30%) * 2 * 90).
- Before placing the annual indent, the stock in hand must be taken into consideration and deducted from the total requirement.
- The school headmaster should place the annual indent regularly during starting of the academic session with their concerned CRCC.

CRCC Level

- The CRCC will collate the annual indents received from all the schools under her/his cluster and prepare the annual indent of her/his cluster.
- Then the annual indent of the cluster will be shared with the Block Education Officer (BEO).

Block Level

- The annual indent block will be prepared by BEO office after compilation of indents received from CRCCs.
- The BEO will share the block annual indent with the CHC Medical Officer I/C with a copy to the District Education Officer (DEO).
- The CHC Medical Officer I/C will I communicate the block annual indent of IFA Blue and pink tablet received from the education department with the CDM-PHO.

District Level

- The annual indents received from all the BEOs will be compiled in the office of District Education Officer by the MDM Programmer
- The DEO shall share the compiled district annual indent with the CDM-PHO of the concerned district with a copy marked to the State Nodal Officer, MDM.
- The CDM-PHO shall communicate the district annual indent of IFA Blue and Pink Tablets received from the education department with the Director, Family Welfare.

State Level

- The annual indents received from all the DEOs will be compiled in the office of State Nodal Officer, MDM and the compiled annual indent of the state will be communicated to the Director, Family Welfare.
- The Director, Family Welfare will communicate this annual indent to MD, OSMCL for timely procurement and distribution of the drugs.

Supply chain and role of Odisha State Medical Corporation Ltd. (OSMCL)

- OSMCL will ensure supply of the district wise requirement of IFA Blue and Pink tablets to district warehouses as per their indent.
- The senior pharmacist of district ware houses, in coordination with DMRCH/RBSK-RKSK Manager, shall ensure the supply of IFA Blue and Pink tablets to the block warehouses. The CDM-PHO shall communicate the block wise supply detail with the DEO.
- The block pharmacist, in coordination with BPM, shall ensure the supply of IFA Blue and Pink tablets to CRCCs of respective cluster. The CHC Medical Officer shall communicate the CRCC wise supply of tablets with the concerned BEO.
- The Crccs in turn shall receive the tablets from CHC and distribute the tablets to the schools as per the indent placed by the school Head Master

Indenting Procedure (Out of school Adolescent girls 10-19yrs)

AWC Level

- The AWW will prepare the annual indent basing on the number of out of school Adolescent girls (10-19 yrs).
- She will calculate the annual requirement/indent for both prophylactic and therapeutic dose. **The calculation procedure:**:

  (Total Number of out of school Adolescent girls * 52) + (Anaemic out of school adolescent girls identified (nearly 50% of enrolled out of school adolescent girls)*2*90)
- Before placing the annual indent, the stock in hand must be taken into consideration and deducted from the total requirement.
- The AWW should place the annual indent regularly during starting of the financial year with their concerned sector supervisor (ICDS).

Sector Level

- The sector supervisor (ICDS) will collate the annual indents received from all the AWCs under her/his cluster and prepare the annual indent of her/his cluster.
- Then the annual indent of the cluster will be shared with the Block CDPO.

Block Level

- The annual indent of the block will be prepared by CDPO office after compilation of indents received from sector supervisors.
- The CDPO will share the block annual indent with the CHC Medical Officer I/C with a copy to the District Social Welfare Officer (DSWO).
- The CHC Medical Officer I/C will communicate the block annual indent of IFA Blue tablet received from ICDS with the CDM-PHO.

District Level

- The annual indents received from all the CDPOs will be compiled in the office of DSWO Office and the district level indent will be prepared.
- The DSWO shall share the compiled district annual indent with the CDM-PHO of the concerned district with a copy marked to the Director, ICDS & Social Welfare.
- The CDM-PHO shall communicate the district annual indent of IFA Blue received from the DSWO to the Director, Family Welfare.

State Level

- The annual indents received from all the DSWOs will be compiled in the state(WCD Dept.) and communicated to the Director, Family Welfare.
- The Director, Family Welfare will communicate this annual indent to MD, OSMCL for timely procurement and distribution of the drugs.

Supply chain and role of Odisha State Medical Corporation Ltd. (OSMCL)

- OSMCL will ensure supply of the district wise requirement of IFA Blue tablets to district warehouses as per their indent.
- The senior pharmacist of district ware houses, in coordination with DMRCH/RBSK-RKSK Manager, shall ensure the supply of IFA Blue tablets to the block warehouses. The CDM-PHO shall communicate the block wise supply detail with the DSWO.
- The block pharmacist, in coordination with BPM, shall ensure the supply of IFA Blue tablets tablets to the CDPO.
- The CDPO shall supply the tablets to the sector supervisor who in turn will supply to the AWWs as per the indent placed by them.

For Residential Schools

- HM should calculate the annual requirement and indent Iron and Folic Acid tablet to WEO as per estimated requirement for both prophylactic and therapeutic dose with a copy marked to CRCC for information. The calculation is as follows:

  The calculation procedure :

  - For class 1st to 5th(IFA Small Pink Colour)
    (Total Number of children in the school * 52) + (Anaemic children identified in the school (nearly 50% of enrolment)*1*60).
  - For class 6th to 12th (IFA Large Blue Colour)
    (Total Number of adolescents in school * 52) + (Anaemic adolescent girls identified in school (nearly 50% of enrolled girls)*2*90) + (Anaemic adolescent boys identified in school (nearly30%) * 2 * 90).

  Before placing the annual indent, the stock in hand must be taken into consideration and deducted from the total requirement.

Block Level

- The annual indents received from all the Head Masters of residential schools, will be compiled in the office of WEO and the annual indent of the block shall be prepared and shared to CHC Medical Officers with a copy marked to M.O. MHT.

District Level

- The annual indents received from all the WEOs will be compiled in the office of District Welfare Officer and the annual indent of the district shall be prepared.
- The DWO shall share the district annual indent with the CDM-PHO of the concerned district with a copy marked to the RBSK Manager of concern districts and Joint Director ST & SC Dev. Dept.
- The CDM-PHO shall compile the district annual indent of IFA Blue Tablet received from the education department and ST&SC Dev. Dept. and shared with the Director, Family Welfare.

State Level

- The annual indents received from all the DWOs will be compiled in the office of Joint Director ST & SC Dev. and the annual indent of the state shall be prepared and will be communicated to the Director, Family Welfare.

- The Director, Family Welfare shall communicate this annual indent to MD, OSMCL for timely procurement and distribution of the drugs.

Supply Chain

- OSMCL will ensure supply of the district wise requirement of IFA Blue tablets to district warehouses as per their indent.

- The Senior Pharmacist of District ware houses, in coordination with DMRCH, shall ensure the supply of IFA Blue tablets to the block warehouses. The CDM-PHO shall communicate the block wise supply status with the DEO & DWO.

- The block Pharmacist, in coordination with BPM, shall ensure the supply of IFA Blue tablets to CRCCs of respective cluster and WEO in block level for residential schools. The CHC Medical Officer shall communicate the CRCC wise supply of tablets with the concerned BEO and supply of tablets for residential schools to WEO.

- The CRCCs/WEOs in turn shall distribute the tablets to the schools as per the indent placed by the school Head Master.

Annexure – 3

Role and responsibility of service providers

MPHW (F)

1. HW (F) should finalize the micro plan for school by considering the due lists prepared based on the student enrolment register of the school and for VHSND/UHSND considering the due lists prepared based on the ICDS survey register of AWC. The Micro Plan will be shared with the concerned CRCC, MPHS(F)and M.O. I/C CHC for their information and planning of the activity.
2. The HW (F) should visit the school/VHSND/UHSND as per the approved micro plan along with the kit bag (attached at **Annexure-"5"**) for test and treat.
3. She should do line listing of all groups of beneficiaries and test for Hb. Estimation by using digital haemoglobin meter with the help of school nodal Teacher/school health ambassador, AWW and ASHA.
4. She should provide prophylactic doses to non-anaemic students, therapeutic doses to mild and moderate cases and refer severe anaemic cases to nearest CHC/SDH/DHH for their management.
5. She should maintain separate register for Schools and VHSNDs/UHSNDs.
6. She should maintain a common register for all beneficiaries and separate register for identified mild, moderate and severe anaemic cases.
7. She should regularly follow-up the identified anaemic cases and should do the follow-up test after 3 months of completion of therapeutic doses. If the haemoglobin level increases but not achieving normal range then the beneficiary will continue therapeutic dose of IFA tablet for next 3 months. If there is no improvement even after this, She/he should be referred to nearest CHC/SDH/DHH for further investigation and screening for hemoglobinopathies and other non-nutritional causes of anaemia.

Multi Purpose Health Worker (Male)

1. The Health Worker (Male) should actively Participate and provide all required support to HPHW (F) during preparation of Micro Plan.
2. He should accompany with MPHW (F) or visit alone to school and VHSNDs/UHSNDs as per micro plan and test those line listed for Hb. Estimation by using digital haemoglobin meter with the help of school nodal teacher/school health ambassador, AWW and ASHA.
3. He should provide prophylactic doses to non-anaemic cases, therapeutic doses to mild and moderate cases and refer severe anaemic cases to nearest CHC/SDH/DHH for their management.
4. He should regularly follow-up the identified anaemic cases and should do the follow-up test after 3 months of completion of therapeutic doses.

Community Health Officer (CHO)

1. The Community Health Officer will also actively participate and provide all required support to MPHW (F) during preparation of microplan.
2. She/he will accompany with MPHW (F) as per micro plan and test those line listed for Hb. estimation by using digital haemoglobin meter with the help of AWW and ASHA.
3. She/he will provide prophylactic doses to non-anaemic beneficiaries, therapeutic doses to mild and moderate cases and refer severe anaemic cases to nearest CHC/SDH/DHH for their management.
4. She/he will maintain a different register for different category of beneficiaries and she/he also maintains separate register for identified mild, moderate and severe anaemic cases.
5. She/he will regularly follow-up the identified anaemic cases and will do the follow-up test after completion of therapeutic doses for all beneficiaries as per respective treatment guidelines If the haemoglobin level increases but not achieved normal range then continue therapeutic dose of IFA tablet for next 2 or 3 months. If there is no improvement even after this, she/he should be referred to nearest CHC/SDH/DHH for further investigation and screening for hemoglobinopathies and other non-nutritional causes of anaemia.

MPHS (F)/MPHS (M)

1. Planning meeting should be arranged by MPHS (F)/MPHS (M) at sub-centre level with the participation of concerned CRCCs, all school nodal officers/school health ambassadors, CHO, MPHW(M), MPHW(F) and ASHA for preparation of micro plan.
2. Validate the micro plan prepared by MPHW(F).
3. Monitor the testing session site and give hand holding support for any improvement.
4. Validate the report of MPHW(F) and share to CHC.
5. She/he should assess the anaemia load of her sector and propose for organise T3 camp.

AWW

1. Support the MPHW (F) during preparation of the micro plan
2. AWW should inform the beneficiaries along with 10 -19 years out of school girls and their family member prior to the testing session to ensure full attendance in VHSND.
3. Support MPHW (F)/MPHW (M)/CHO to organise the Test, Treat and Talk session in the VHSND.
4. She will maintain a common register for all beneficiaries and separate register for identified mild, moderate, and severe anaemic cases.
5. AWW will inform the parents 10 -19 years out of school girls about their Hb. status, give information about time and frequency of drug consumption and Do's and Don'ts related to anaemia and monitor the IFA consumption through home visits. She will ensure it by checking the entry of consumption of IFA tablet in follow up card.
6. She will calculate and indent the annual requirement/indent for both prophylactic and therapeutic dose of IFA Tablet Blue colour for 10 -19 years out of school girls. The calculation is as follows:

   10 – 19 years out of school girls
   Total Number of out of school girls*52) + Anaemic out of school girls identified (nearly 50% of registered girls)*2*90)

ASHA

1. Support the MPHW(F) during preparation of the Micro Plan.
2. ASHA should inform Head master/ Head mistress and school nodal teacher/ school health ambassador and beneficiaries of VHSNDs/UHSNDs 2 to 3 days prior to the testing session to ensure full attendance of the school and VHSNDs/UHSNDs.
3. Facilitate MPHW(F)/MPHW(M)/CHO to organise the Test, Treat and Talk session in the schools, VHSNDs/UHSNDs.
4. ASHA should inform the parents of all students and out of school adolescent girls about their Hb. Status, give information about time and frequency of drug consumption and Do's and Don'ts of anaemia and also monitor the IFA consumption through home visits. She will ensure it by checking the entry of consumption of IFA tablet in follow up card.
5. Ensuring compliance of taking IFA regularly.

School Nodal teacher/ School Health Ambassador

1. Organise the test, treat and talk session at the school as per micro plan.
2. Line listing all students of class 6th to 12th in a register and fix time for each class for testing, without interrupting other classes.
3. She/he should arrange drinking water in the session site and also provide two dustbins, one for disposal of sharp material like lancets and another for other waste materials.
4. She/he should record the Hb. status of all students in a common register and separate register for identified mild, moderate and severe anaemic cases.
5. She/he should indent Iron and Folic Acid tablet (Each tablet containing 60 mg elemental Iron + 500 mcg Folic Acid, sugar-coated, blue colour) from the CRCC as per estimated requirement.
6. If the adolescent is having Haemoglobin is more than the cut off levels, she/he should be provided with Prophylactic dose, Weekly, 1 Iron and Folic Acid tablet (Each tablet containing 60 mg elemental Iron + 500 mcg Folic Acid, sugar-coated, blue colour) in schools after the mid-day meal for class 6th to 8th and for 9th and 12th class students after prayer session.
7. If Haemoglobin is >8–<11.9 g/dl for12-19years and >8-11.4gm/dl for 10- 11 years(mild and moderate anaemia),two IFA Blue tablets (each with 60 mg elemental iron and 500 mcg folic acid), once daily, for 3 months, orally after meals. The students of class 6-12 will be administered two IFA Blue tablets daily by class teachers of their respective classes. The student of class 6-8 will be administered IFA Blue tablets daily after 1 hour of consuming Mid-Day meal and students of class 8-12 will be administered after prayer class for three months.If there are any school holidays, the students will be handed over the IFA Blue tablets to consume at their home. Prior to handing over the tablets, the parents/guardian of the students must be informed.
8. The compliance should be recorded in the follow up card by the students and must be ensured by the class teacher.
9. School nodal teacher will counsel the adolescents about causes and consequences of anaemia, how to prevent and control anaemia, need for IFA supplementation, locally available Iron rich Foods, Enhancer and Inhibitor of Iron absorption, Non-nutritional causes of Anaemia and their management(using the flip book and IEC material displayed in school)
10. She/he should arrange for transportation of severe anaemic students to nearest CHC/SDH/DHH for their further investigation and treatment.
11. She/he should also follow-up the anaemic cases and ensure the consumption of IFA tablet.
12. She/he should provide filled-up Follow-up card to all students and give information about time and frequency of drug consumption and Do's and Don'ts of anaemia.
13. To create awareness in weekly activity among students about causes and consequences of Nutritional, Non-nutritional anaemia, dietary diversity, Do's and Don'ts of anaemia, she/he should discuss regularly in their prayer meeting.

1. He will do line listing of all beneficiaries (10 -19 out of school girls, women of reproductive age 20 -24 years, pregnant woman, lactating mother and 6m – 59m children) and test for Hb. estimation by using digital haemoglobin meter with the help of AWW and ASHA.
2. He will provide prophylactic doses to non-anaemic beneficiaries, therapeutic doses to mild and moderate cases and refer severe anaemic cases to nearest CHC/SDH/DHH for their management.
3. He will maintain a different register for different category of beneficiaries and he also maintains separate register for identified mild, moderate and severe anaemic cases.
4. He will regularly follow-up the identified anaemic cases and will do the follow-up test after completion of therapeutic doses for all beneficiaries as per respective treatment guidelines. If the haemoglobin level increases but not achieved normal range then continue therapeutic dose of IFA tablet for next 2 or 3 months. If there is no improvement even after this, she/he will be referred to nearest CHC/SDH/DHH for further investigation and screening for hemoglobinopathies and other non-nutritional causes of anaemia.

Community Health Officer (CHO)

6. The Community Health Officer will also actively participate and provide all required support to MPHW (F) during preparation of microplan.
7. She/he will accompany with MPHW (F) as per micro plan and test those line listed for Hb. estimation by using digital haemoglobin meter with the help of AWW and ASHA.
8. She/he will provide prophylactic doses to non-anaemic beneficiaries, therapeutic doses to mild and moderate cases and refer severe anaemic cases to nearest CHC/SDH/DHH for their management.
9. She/he will maintain a different register for different category of beneficiaries and she/he also maintains separate register for identified mild, moderate and severe anaemic cases.
10. She/he will regularly follow-up the identified anaemic cases and will do the follow-up test after completion of therapeutic doses for all beneficiaries as per respective treatment guidelines If the haemoglobin level increases but not achieved normal range then continue therapeutic dose of IFA tablet for next 2 or 3 months. If there is no improvement even after this, she/he should be referred to nearest CHC/SDH/DHH for further investigation and screening for hemoglobinopathies and other non-nutritional causes of anaemia.

AWW

7. Support the MPHW (F) during preparation of the micro plan
8. AWW should inform the beneficiaries along with 10 -19 years out of school girls and their family member prior to the testing session to ensure full attendance in VHSND.
9. Support MPHW (F)/MPHW (M)/CHO to organise the Test, Treat and Talk session in the VHSND.
10. She will maintain a common register for all beneficiaries and separate register for identified mild, moderate, and severe anaemic cases.
11. AWW will inform the parents 10 -19 years out of school girls about their Hb. status, give information about time and frequency of drug consumption and Do's and Don'ts related to anaemia and monitor the IFA consumption through home visits. She will ensure it by checking the entry of consumption of IFA tablet in follow up card.
12. She will calculate and indent the annual requirement/indent for both prophylactic and therapeutic dose of IFA Tablet Blue colour for 10 -19 years out of school girls. The calculation is as follows:

    10 – 19 years out of school girls
    Total Number of out of school girls*52) + Anaemic out of school girls identified (nearly 50% of registered girls)*2*90)

ASHA

1. Support the MPHW(F) during preparation of the microplan.
2. ASHA will inform the beneficiaries and their family member prior to the testing session to ensure full attendance in VHSND.
3. Support MPHW (F)/MPHW (M)/CHO to organise the Test, Treat and Talk session in the VHSND.
4. She will maintain a common register for all beneficiaries and separate register for identified mild, moderate and severe anaemic cases.
5. ASHA will inform the parents of 6m to 59m children about their Hb. status, give information about time and frequency of drug consumption and Do's and Don'ts related to anaemia and also monitor the IFA consumption through home visits. She will ensure it by checking the entry of consumption of IFA tablet in follow up card.

ANNEXURE -4

Kit bag with basic essentials for Hb. estimation should consist of:

Logistics	Quantity
Digital haemoglobin meter	1/2/3(according to no. Of person visited)
Strips	100-200 (as per micro plan, no. Of cases tested)
Lancets	100-200 (as per micro plan, no. Of cases tested)
Alcohol swabs	100-200 (as per micro plan, no. Of cases tested)
Spirit (if alcohol swab is not available)	spirit
Cotton	cotton roll
Batteries(AA size or Coin battery, Alkaline Battery)	AA size: 2Coin
2 Gloves (non-sterile)	10 pairs
BMWM Logistics	Red and Black Bags along with Puncture proof containers
Follow-up Card	100-200 (as per micro plan, no. Of cases tested)