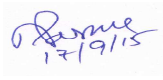
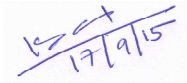
Mission Tejaswee

A drive against Anaemia

Operational Guideline



Consultant Child Health



Consultant Maternal Health

Child Health & Maternal Health Division
National Health Mission Assam
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Introduction & Rationale

Anemia, a manifestation of under-nutrition and poor dietary intake of iron is a serious public health problem among pregnant women, infants, young children and adolescents. The magnitude of Anemia together with the associated adverse health, development and economic consequences, highlights the need for intensified action to address this public health problem. Data suggests that 7 out of every 10 children aged 6-59 months in India are anemic. In fact the percentage of children with any anemia in India has increased from 74.3 percent in NFHS II to 78.9 percent in NFHS III. Anemia is also a major public health problem in Assam. The situation is very grave in Assam when compared to other states of the country. Around 72 percent of women are anemic in Assam and 77.3 percent of children aged 6-35 months are anemic according to NFHS-III.

All women with anemia are to be given IFA tablets as a part of routine activity. The percentage as per HMIS 2014-15 depicts IFA coverage as 90.6 percent and anemia among pregnant women is 59 percent. Trends in coverage of children aged 6-35 months who received IFA syrup has decreased from 27.1 percent in AHS (10-11) to 26.3 percent in AHS (11-12) in most of the districts and the state as a whole. Prevention and control of anemia is one of the key strategies of the Health, Nutrition and Population Sector Programmes for reducing maternal, neonatal and childhood mortality and improving maternal, adolescent and childhood health status. The Department of Health & Family Welfare and NHM, Assam has decided to initiate a special drive for prevention and treatment of anemia especially amongst children, adolescents and women.

About Mission Tejaswee

A set of activities to be implemented in an intensified manner from 1stOctober till 31st October 2015 for prevention and treatment of anemia across the state with equal focus on all 27 districts. The activities mainly include: intensification of advocacy activities, awareness generation activities, administration of IFA syrup to children 6-60 months by ASHA, distribution of IFA tablets by ANM to pregnant woman and lactating mothers with a goal to intensify ANC drive for ensuring high coverage of IFA tablet consumption.

Objective

The main objective is to ensure high coverage of ANC package including IFA administration in pregnant women, effective efforts to increase the administration and compliance of IFA syrup among children aged 6-60 months.

Areas under focus (for pregnant women):

It will be a state wide drive with special focus on -

- Areas with vacant sub-centres: No auxiliary nurse midwife (ANM) posted for more than three months.
- Villages/areas with three or more consecutive missed VHNDs: ANMs on long leave or other similar reasons.

- High risk areas (HRAs) such as
  - Urban slums with migration
  - Nomadic sites or Brick kilns
  - Construction sites
  - Other migrant settlements (riverine areas with shifting populations)
  - Underserved and hard to reach populations (forested and tribal populations, hilly areas etc.)
  - Tea gardens
- Small villages, hamlets etc., clubbed with another village for VHND sessions and not having independent VHND sessions

Strategy

The two main components of this drive will be:

- Operational planning
- Communication planning

The operational framework has been illustrated in Figure 1

Figure 1- Operational Framework of Mission Tejaswee

Steps for implementing Mission Tejaswee

The roll out of Mission Tejaswee requires meticulous planning at all levels. The special sessions under Mission Tejaswee should be conducted in areas that are unreached or poorly reached for ANC services to ensure good coverage of ANC and IFA drive. Prior to conducting these sessions, estimation must be done in such areas for enlisting pregnant mothers and preparing due lists. The steps for rolling out Mission Tejaswee have been illustrated in Figure 2

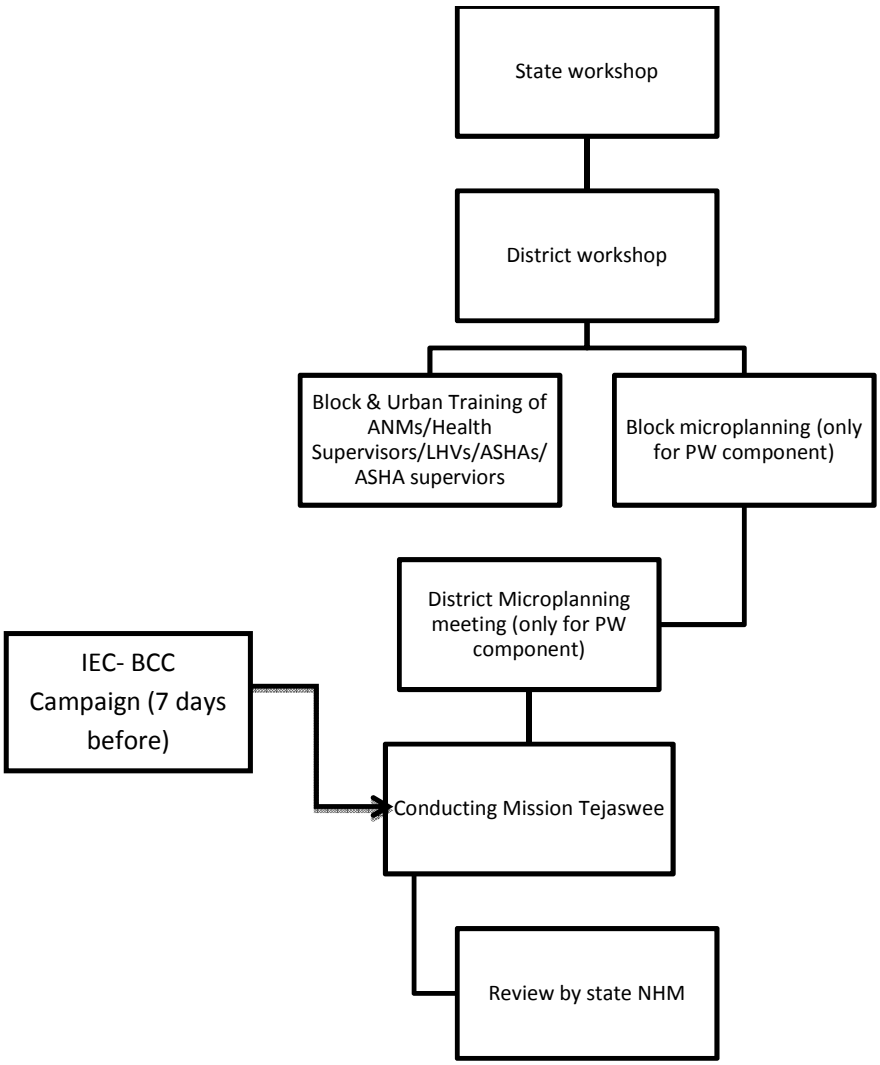

Figure 2. Steps for implementing Mission Tejaswee

State Level activities

One day orientation training of District Nodal Officer for Mission Tejaswee, DME and DCM will be planned

Technical support: UNICEF

District Level activities

Trained personnel will conduct training for ASHA/ASHA supervisors & ANMs on Mission Tejaswee. Involve other relevant departments including ICDS, PRI, and UNICEF, at state and district levels.

- Ensure identification of nodal officer for urban areas in the district. He/she will facilitate micro-planning in urban areas of the district.
- Ensure proper display of IEC materials (as per prototypes)
- Deploy senior district-level health officials to priority blocks for monitoring and ensuring accountability framework. They should visit these blocks and provide oversight to activities for roll out of Mission Tejaswee, including participation in trainings and monitoring of activities.

Guidelines for IFA supplementation among children aged 6 – 60 months:

1. Age group: The children between the age group **6-60 months** are included in the program as they are the most vulnerable group.
2. Dose: Children 6-60 months should be given **1 ml of IFA syrup** containing **20mg of elemental iron** & **100mcg of folic acid** biweekly for 100 doses in a year.
3. Regime: Administration of IFA syrup will be on **Wednesday** and **Saturday** of each week throughout the year.
4. Bottle specification:
   (a) **Date of opening** of the bottle must be clearly written on the packet and bottle.
   (b) Only one bottle will be opened at one time. After finishing the bottle next bottle to be opened.
5. Service delivery: IFA syrup administration will be done by **ASHA** at **AWC/VHND** without fail.
6. Time of administration: **Ensure** that IFA syrup is administered **half an hour** after the child has been **breastfed/fed one meal of semisolid or solid food.**
7. Preservation of IFA bottle: IFA Syrup must be **stored away from children in a clean dry place away from sunlight.**
8. Benefits of regular intake of IFA syrup in **physical** and **cognitive development** of the child e.g. improvement in well-being, attentiveness in studies and intelligence etc.
9. Precautions for oral therapy:

(a) IFA syrup **should not be administered** to ill children. Before administering IFA Syrup, mother/caregiver is specifically asked about whether the child is **having any illness** e.g. fever, diarrhoea, dysentery, vomiting etc. If so, to stop giving IFA Syrup, then after one week reassess and restart after recovery.

(b) IFA Syrup **must not be administered** to children with known case of haemoglobinopathies/ history of repeated Blood transfusion.

(c) IFA syrup **should not be started /administered** in malnourished children till weight gain. The nutritional status of children should be assessed by MUAC (Mid Upper Arm Circumference less than 11.5 cm) to ensure that IFA syrup is not given to children with Severe Acute Malnutrition (SAM).

10. Minor side effects: Inform mother/caregiver about the **possibility of dark colored stool**. Assure them that this is a normal phenomenon.
11. How to overcome: Any **untoward symptoms bring the child to nearest Health Institution, immediately to inform** ANM, Block medical Officer and District Health Office.

12. Incentive: **ASHA** to be incentivized **@ Rs. 1/- per child** for ensuring consumption of at least 7 doses of IFA syrup **per month.**

13. Record Keeping**/Reporting** Mechanism:

Annexure	***Name of the Format***	***Person Responsible***	***Level***	***Frequency***
Annex.1	Compliance Card	ASHA	Village	Biweekly
Annex.2(a)	ASHA Register	ASHA	Village	Biweekly
Annex.3	ASHA Reporting Format	ASHA	Village	Monthly
Annex.4(a)	ASHA Supervisor Reporting Format (for compiling)	ASHA Supervisor	Sub center	Monthly
Annex.4(b)	Sub-center Reporting Format (Summary Sheet)	ASHA Supervisor	Sub center	Monthly
Annex.5(a)	Block Reporting Format (for compiling)	BCM	Block	Monthly
Annex.5(b)	Block Reporting Format (Summary Sheet)	BCM	Block	Monthly
Annex.6(a)	District Reporting Format (for compiling)	DCM	District	Monthly
Annex.6(b)	District Reporting Format (Summary Sheet)	DCM	District	Monthly

14. Monitoring: **Monitoring checklist** to be used by appointed officials at all levels during session site supervision for effective implementation of the program.

Guidelines for IFA supplementation among pregnant women:

Target Beneficiaries: Pregnant women

1. Regime: IFA supplementation (100 mg elemental iron and 500 mcg of folic acid) every day for at least 100 days, starting after the first trimester, at 14–16 weeks of gestation followed by the same dose for 100 days in post-partum period. Nutrition counselling is being provided during antenatal/postnatal check-ups and during monthly Village Health & Nutrition Day (VHND) to pregnant women.

2. During this campaign, a supply of one month i.e. 30 tablets will be given to each pregnant women who has not yet received any dose of IFA
3. Focus should be on left out areas
4. While handing over IFA tablets, adequate counselling should be done in order to get better compliance
5. ASHA to ensure provision of IFA supplements to pregnant women who are not able to come for regular antenatal checkups through home visits. She will also monitor compliance of IFA tablets consumption through weekly house visits
6. Management of Anemia based on Hb levels

Hb Level	Dose
9-11gm/dl	2 IFA tablets (1 in the morning and 1 in the evening) per day for at least 100 days (at least 200 tablets of IFA). • Hb levels should preferably be reassessed at monthly intervals. If on testing, Hb has come up to normal level, discontinue the treatment. • If it does not rise in spite of the administration of 2 tablets of IFA daily and dietary supplementation, refer the woman to the next higher health facility for further management.
8–9 gm/dl	**Hb level between 8–9 gm/dl** • Before starting the treatment, the woman should be investigated to detect the cause of anaemia. • Oral IFA supplementation as for Hb level 9–11 gm/dl. Hb testing to be done every month. • Depending on the response to treatment, same course of action as prescribed for Hb level between 9–11 gm/dl.
7–8 gm/dl	**Hb level between 7–8 gm/dl** • Before starting the treatment, the woman should be investigated to diagnose the cause of anaemia. • Injectable IM iron preparations (parenteral iron) should be given if iron deficiency is found to be the cause of anaemia. • IM iron therapy in divided doses along with oral folic acid daily if women do not have any obstetric or systemic complication; repeat Hb after 8 weeks. If the woman has become non-anaemic, no further medication is required: if Hb level is between 9–11 gm/dl, same regimen of oral IFA prescribed for this range. • If woman with Hb between 7–8 gm/dl comes to PHC/CHC in the third trimester of pregnancy, refer to FRU/MC for management.
<7gm/dl	**Hb level between 5-7 gm/dl** • Continue parenteral iron therapy as for Hb level between 7–8 gm/dl. Hb testing to be done after 8 weeks • If the woman becomes non-anaemic, no further medication is required: if Hb level is between 9–11 gm/dl, same regimen of oral IFA prescribed for this range • Depending on the further response to treatment, same course of action as prescribed for Hb level between 9–11 gm/dl Hb level less than 5 gm/dl • Evidence for injectable IV sucrose preparation: under Randomised Control Trial of GOI • Immediate hospitalisation irrespective of period of gestation in hospitals where round-the-clock specialist care is available for intensive

	personalised care and decision for blood transfusion (packed cell transfusion)

Precautions on taking IFA tablets

- Intake of doses as per regime, should be taken regularly and must complete the treatment
- Ideally, tablets should be taken on empty stomach for better absorption. In case of gastritis, nausea, vomiting etc., advise to take one hour after meal or at night
- If constipation occurs, advise to drink more water and add roughage to diet
- IFA tablets should not be consumed with tea, coffee, milk or calcium tablets
- IFA treatment should always be supplemented with diet rich in iron, vitamins (particularly Vitamin C), protein, minerals and other nutrients e.g. green leafy vegetables, whole pulses, jaggery, meat, poultry and fish, fruits and black gram, groundnuts, ragi, whole grains, milk, eggs, meat and nuts, etc.

Reporting Format: Soft copies will be shared.

Emergency Response System Guidelines

1. All the district and block level officials with paramedical staff under Health and Family Welfare department should be oriented on the Special IFA drive (Mission Tejaswee) for children and pregnant women.
2. The Emergency Services should be available at all levels of Health Institutions.

Following are the steps to be followed at different levels in connection with the Special IFA Drive and Emergency Response System.

Steps at District Hospital/SDCH/BPHC/CHC/PHC/MPHC/SHC/SD

i) *Before the* Special IFA drive (Mission *Tejaswee*)

- Ensure that district hospital/SDCH/BPHC/CHC/PHC/MPHC/SHC/SD in-charges have information regarding the programme (Special IFA drive) and remain alert during the period of Special IFA drive
- Ensure availability of basic drugs in the dispensaries/health centres and with the mobile health teams so that drugs can be utilized during emergency.

ii) *During the* Special IFA drive (Mission *Tejaswee*)

1. The OPDs are to be kept in readiness to respond to any adverse event.
2. Ensure mobilization for emergency response treatment during the program.
3. Provide priority based response to cases of adverse effects.
4. Ensure accurate reporting of the incident.

Responsibility of Joint DHS /Additional Chief Medical & Health Officer (Addl. CM&HO) (FW)

i) *Activities before the* Special IFA drive (Mission *Tejaswee*)

1. Ensure prior preparations of the teams for Emergency Response.
2. Share phone numbers of Emergency Response teams with ASHAs and ANMs.
3. Ensure every team is equipped with basic drugs which may be required during emergency if any.

4. Disseminate information to the staff regarding the Special IFA drive (Mission *Tejaswee*) and ERS, i.e., for transportation of children/ Pregnant Women with adverse effects, 108/102 ambulance services should be provided.

ii) *During the* Special IFA drive (Mission *Tejaswee*)

1. Ensure health teams are in place at the **BPHC/CHC/PHC/MPHC/SHC/SD** during the month of special drive.
2. In case of information of adverse effect, depute the nearest team to the place for emergency response.
3. Conduct supervision and monitoring of the Special IFA drive programme physically by the Joint DHS/his representative.
4. 108/102 ambulances are to be stationed at major points for prompt transportation of children or pregnant women with adverse effects.

There are some harmless but expected mild side effects of IFA

The most common mild side effects of iron supplementation include:

1. Epigastric discomfort–nausea, diarrhoea or constipation
2. Dark stools
3. Metallic taste

These happen most when the iron tablet/syrup is taken for the first time, since the body may find it little difficult to digest. These side effects disappear once you take the tablet/syrup regularly for a few days or weeks as the body adjusts to the iron tablets/syrups. Dark stools are harmless. The body takes the iron it needs and the extra iron comes out of body through feces. These side effects are not universal, not frequent (<1%) and have never led to any adverse event (disability or death).

Side effects can also be reduced by following certain do's and don'ts:

How to take IFA tablet –Do's and Don'ts	
Dos • ***Give the syrup or tablet on full stomach*** • ***Take one glass of water after having the tablet (for adult)***	*Don'ts* *For tablets* • ***Don't chew*** • ***Don't crush*** • ***Don't break*** • ***Don't take on empty stomach*** • ***Don't take with milk*** *For syrup:* • ***Don't give it to child on empty stomach***

Guidelines for IEC/BCC Activities for Mission Tejaswee:

1. Two sets of leaflets have been developed for Mission Tejaswee. One type of leaflet is on **Anaemia and importance of IFA Syrup for children (6 months to 5 years)** to be distributed

by ASHAs. Another type is on **Anaemia and importance of IFA Tablets for pregnant women** to be distributed by ANMs.

2. Orientation of ASHAs to be done at sect oral level. After the training, ASHAs are to be responsible to distribute the leaflets (20 per ASHA) on IFA Syrup. Before distribution the trainer should explain the contents of the leaflet to the ASHAs.
3. Similarly, after the orientation of the ANMs, the leaflets on IFA Tablets for pregnant women are to be handed over to the ANMs (20 per ANM). ANMs are responsible to distribute the leaflets to the pregnant women.
4. DMEs will be responsible for preparing the route plan for Miking in consultation with BPMs focussing on hard to reach areas/Tea garden areas. Miking content should be as per leaflet. The Audio jingles developed by State HQ also to be used.
5. Audio/Visual spots developed by state HQ to be utilized for local cable TV/Community Radio.
6. Banners per SCs and other Health institutions should be hanged properly and should be visible.
7. DMEs will be responsible for proper execution of all IEC/BCC activities.

Capacity Building:

Level	Participants	Trainers	Duration	Timeline
State level workshop	Nodal Officer MT DME/ DCM	SPMU / UNICEF	1 day	14th Sep
District level Workshop	SDMHO, BCM, BPM, NCMC Counsellor, BDM, DPM/ BEE/LHV /HE/Dieticians	Nodal Officer, DME, DCM	1 day	18th -21st Sep
Block level monthly meeting	ANMs/ LHV/ BEE	SDMHO	One day	22-28th Sep
Sector Level training	ASHA / ASHA Supervisor	SDMHO, BCM, BPM, BDM	One day	22nd -28th Sep

District level training:

- One day Planning cum orientation workshop at the district level
- Facilitators will be District Nodal officers and others who are trained at the state level
- Participants are from the block which includes SDM&HO and BPMU consultants
- Discussion about various aspects of MT and how to go for the special drive

Agenda

Time	Topic	Methodology
9.30 AM	Registration	
10.00 AM-10.30 AM	Inauguration and Introduction	
10.30-11.00 AM	Overview of Mission Tejaswee , A drive against anemia	PPT
11.00-11.15 AM	Tea Break	
11.15-12.30 PM	NIPI (6-60 month): IFA syrup administration by ASHA during Mission Tejaswee	PPT
12.30-1.45 PM	NIPI(PW) : IFA tablet by ANM during Mission Tejaswee	PPT
1.45-2.30 PM	Lunch break	
2.30-3.15 PM	IEC and BCC activity in Mission Tejaswee	PPT
3.15-3.30 PM	ERS during Mission Tejaswee	PPT
3.30-3.45	Tea break	
3.45-4.30	Open Discussion	

Block level training

- One day sensitisation workshop at the block level for ANMs regarding IFA supplementation to the PW during Mission Tejaswee
- Monthly meeting platform will be used for capacity building of ANM
- Issues to be discussed
  - Line listing of severely anaemic PW during the drive
  - Discussion of all planning documents related to MT
  - Identification of priority area for the campaign
  - Stock Assessment of IFA tablet
  - Reporting of any untoward event during MT campaign
  - Incentive to ANM for identification and reporting of severely anaemic mother in HPDs
  - Ensuring availing total ANC campaign

Training of ASHA & ASHA Supervisors

- One day sector level training of ASHA and ASHA supervisor
- Facilitator will be SDM& HO and BPMU consultant

Topics to be discussed

- Biweekly IFA syrup supplementation by ASHA
- Process of supplementation in Mission Tejaswee which includes do's and don'ts
- How to fill various documents during Biweekly supplementation by ASHA
- Reporting mechanism for NIPI like compliance card
- Incentive to ASHA for supplementation
- How to counsel the mother during supplementation especially on iron rich food,
- Stock management of IFA syrup
- Reporting of any untoward events due to IFA supplementation