

OFFICE OF THE COMMISSIONER OF HEALTH & FAMILY WELFARE AND MISSION
DIRECTOR (NHM), TS::HYD

Rc.No. 278-1/MHN/JSSK/2017

Date: 26.05.2022

Sub:- CHFWMHN - Guidelines on distribution of Iron & Folic acid - regarding

- Ref:-
1. Guidelines for control of Iron Deficiency, National Iron+ Initiative issued by MoHFW, Government of India
 2. National guidelines for deworming in pregnancy, issued by MoHFW, Government of India
 3. National guidelines for calcium supplementation during pregnancy and lactation, issued by MoHFW, Government of India

1. In reference 1st cited, Ministry of Health and Family Welfare, Government of India has issued guidelines for control of iron deficiency anaemia. The main features of the guidelines are as follows:

- i. Starting from 4th month of pregnancy (i.e. second trimester), daily one iron and folic acid (IFA) tablet has to be consumed by pregnant women till birth of the child (about 180 days) and continued for another 180 days after delivery (postpartum period).
- ii. If the pregnant women were found to be mildly anaemic (10 to 10.9 gram/dl) or moderately anaemic (between 7 to 9.9 gram/dl), then two tablets of iron and folic acid tablets have to be given (one tablet twice daily till Hb is 11 gram/dl, thereafter one tablet daily).
- iii. Intra-venous iron sucrose (IVIS) may be considered as the first line of management in pregnant women who are detected to be moderately anaemic even after consuming iron & folic acid tablets for one month. One dose of IVIS has to be administered on alternate days over a period of 10 days. After one month of administering IVIS, haemoglobin has to be tested. If the haemoglobin increases by 1 gram/dl, then oral iron & folic acid to be given. If the haemoglobin does not increase by 1 gram, then the pregnant women has to be referred to higher centre.
- iv. In case of severe anaemia (< 7 gram/dl) at any time of pregnancy and moderate anaemia in the last trimester, the pregnant women have to be referred to higher centre.

2. In reference 2nd cited, Ministry of Health and Family Welfare, Government of India has issued guidelines for deworming in pregnancy and recommended Albendazole as drug of choice for deworming of pregnant women. A single dose of albendazole tablet (400 mg) in second trimester is recommended.

3. In reference 3rd cited, Ministry of Health and Family Welfare, Government of India has issued guidelines on calcium supplementation during pregnancy and lactation. The main features of the guidelines are as follows:

- i. Starting from 4th month of pregnancy (i.e. second trimester), daily two calcium tablets have to be consumed by pregnant women till birth of the

child (about 180 days) and continued for another 180 days after delivery (postpartum period).

- ii. One calcium tablet should be taken in the morning/afternoon after meal and the second tablet with the evening/night meal.
- iii. Calcium tablets should not be taken on empty stomach since it causes gastritis. Calcium and iron folic acid (IFA) tablets should not be taken together since calcium inhibits iron absorption. There should be two hours gap between consumption of iron & folic and calcium tablets.

4. In order to strengthen the implementation of the above guidelines, the following instructions are issued:

- i. The District Medical and Health Officer (DMHO) shall estimate the required quantities of Iron & Folic Acid (IFA) capsules, albendazole tablets and calcium tablets based on the number of pregnant women in their districts.
- ii. Based on the estimate, DM&HOs shall send indent to central drug store (CDS) and lift sufficient stocks for the above tablets and supply to PHCs.
- iii. PHC Medical Officers shall ensure distribution of these tablets to all sub-centre ANMs under their jurisdiction based on their estimates.
- iv. The ANM will ensure that ASHAs under her have sufficient stock of IFA capsules and calcium tablets for distribution to pregnant woman.
- v. ASHAs shall distribute IFA capsules and calcium tablets to pregnant/lactating women sufficient for 10 days during home visit and replenish every 10 days.
- vi. Albendazole tablet (one tablet, 400 mg) should be given to the pregnant women during the second trimester.
- vii. ANMs shall conduct mandatory screening of all pregnant women for haemoglobin level every month at their doorstep using digital hemoglobinometers and the results shall be entered in KCR kit portal on the same day.
- viii. If the haemoglobin levels of the pregnant/lactating women are not improving despite using the required drugs, the ANM shall take the responsibility of accompanying them to the higher hospital for further investigations and management as mentioned in para 1.
- ix. ANMs shall follow-up on pregnant women who have been moved in from other places and ensure that no pregnant or lactating women misses the requisite tablets.
- x. ASHAs will be given booklets for monitoring the IFA tablets consumption by the pregnant/lactating women. The progress of each pregnant / lactating women shall be maintained therein meticulously.
- xi. The PHC medical officer has the primary responsibility for implementing this activity and they shall review this activity every week.
- xii. The DMHO shall review this activity on a monthly basis. The consolidated PHC wise data shall be shared with the Joint Director (MHN) every month.

- xiii. The review format is enclosed as Annex I. An illustration to explain the manner in which format has to be maintained is at Annex II.
5. The District Medical & Health officers shall take further necessary action in the matter


Commissioner of Health & Family Welfare


(212)

To
All District Medical & Health Officers in the state

Copy submitted to Secretary to Government, HM&FW Department
Copy to Director of Public Health and Family Welfare
Copy to Commissioner, TVVP
Copy to Director of Medical Education
Copy to all District Collectors in the state
Copy to PS to Hon'ble Minister for HM&FW

ANNEX I

MONTHLY FORMAT TRACKING ADMINISTRATION OF IFA, CALCIUM TABLETS & ALBENDAZOLE TABLETS

Name of ASHA:

Sub-centre:

PHC:

District:

Month:

S.no	Particular	Performance during the month
1	Number of pregnant women registered	
2	No of pregnant women carried forward from previous months	
3	Number of home visits madeto ANCs during the month	
4	Number of Iron Folic Acid capsules distributedto ANCs during the month	
5	Number of Calcium tablets distributed to ANCs during the month	
6	Number of Albendazole tablets distributed to ANCs during the month	
7	Number of lactating (postnatal)women during the month	
8	Number of home visits madeto lactating women during the month	
9	Number of Iron Folic Acid capsules to lactating women distributedduring the month	
10	Number of calcium tablets to lactating women distributed during the month	

Note: Above format has to be submitted by ANM, MO and DM&HO after consolidation of ASHA formats every month.

ANNEX II

ILLUSTRATION TO EXPLAIN THE MANNER IN WHICH THE FORMAT HAS TO BE MAINTAINED

Illustration of filling the format for sub-centre Gudimalla under PHC M.V.Palem in Khammam district is given below:

Illustration for ASHA to fill the format

Step 1: Calculate the number of pregnant women in your area

1. For every 1000 population,
 - a. Estimated pregnant women – 2
 - b. Carried forward ANC's from previous months - 4
2. Total pregnant women in your area = 6 (a+b)
3. Check if all 6 are in their 2nd trimester. If yes, start the IFA capsules, calcium tablets and one dose of albendazole tablets as per the guidelines.

Step 2: Calculate number of anaemic pregnant women in your area

1. Count the mild or moderately pregnant women in your area out of total pregnant women
2. Let us assume there are 3 mild or moderately anaemic pregnant women out of the 6 ANC's
3. Hence, there are 3 normal and 3 anaemic pregnant women
4. Home visits to be made – 3 in a month (once every 10 days)
 - a. Total home visits for the ASHA – 3 home visits X 6 pregnant women = **18 visits**

Step 3: Calculate the drug requirement

Iron Folic Acid (IFA) Capsules

1. Per month 3 home visits per pregnant woman are to be done by the ASHA
2. Calculate the requirement of IFA capsules as below:
 - a. Normal pregnant women – 3
 - b. Tablets to be distributed – 3 pregnant women X 30 tablets (10 tablets once in every 10 days) = 90 tablets
 - c. Anaemic pregnant women – 3
 - d. Tablets to be distributed – 3 pregnant women X 60 tablets (20 tablets once in every 10 days) = 180 tablets
 - e. Total tablets required per month in her area (c+e) = 90+180 = **270 per month**

Albendazole

1. Calculate the requirement of albendazole tablets as below:
 - a. Total pregnant women in second trimester = 6
 - b. Total tablets required per month – 6 pregnant women X 1 tablet in the second trimester = **6 tablets**

Calcium tablets

2. Calculate the requirement of calcium tablets as below:
 - a. Total pregnant women = 6
 - b. Total tablets required per month – 6 pregnant women X 60 tablets = **360 tablets** (20 tablets once in every 10 days) per month

Similarly, the requirement for post-natal women has to be calculated. Albendazole tablet need not be given to post-natal women.

Consolidation shall be done at Sub-centres, PHCs and DMHO level.

Example of one sub-centre, PHC and DMHO of Khammam district is given below:

1. ASHA worker of Gudimalla sub-centre fills the data as mentioned in the illustration above.
2. The ANM of sub-centre Gudimalla consolidates the reports of 10 ASHAs under her and submits the report to PHC MV Palem Medical Officer
3. PHC MV Palem medical officer likewise collects data from all 13 PHCs under their jurisdiction and consolidates for review and further sharing with the DMHO
4. The DMHO of Khammam, collects data from all 24 PHCs and 4 UPHCs and consolidates the data, reviews and shares with JD (MHN) by 5th of every month.