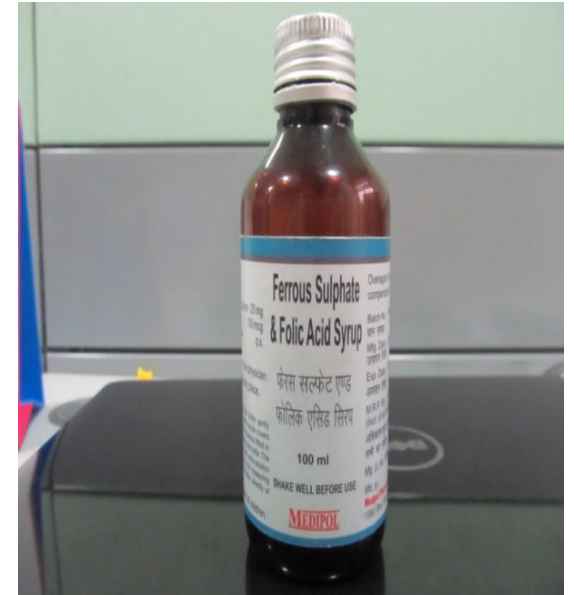


# National Iron Plus Initiative

## Overview of Programme



Orientation of DEO/BEO/ABEO

The **National Iron Plus Initiative (NIPI)** is an attempt to look at the Iron Deficiency Anaemia comprehensively **across all life stages** including adolescents and women in reproductive age group who are not pregnant or lactating.

# Implementation of Iron plus Initiative in State NHM PIP

Age group	Activities to be taken Up		
	2014-15	2015-16	2016-17
Children (6 months- 5 years) through AWC and ASHA:	√	√	√
Children (5 years -10 years) through schools	√	√	√
Children (5 years -10 years) out of school	-	-	√
Adolescents (10- 19 years) through schools	√	√	√
Adolescents (10- 19 years) through AWC	√	√	√
Pregnant and lactating woman through VHNDs	√	√	√
Woman of reproductive age group	-	-	√

**National Iron Plus Initiative is the broader umbrella which encompasses all the programmes for all the categories of population for addressing anemia holistically. This programme shall cover following age groups & categories in a phased approach**

# IFA supplementation programme & service delivery

Age Group	Intervention/Dose	Regime	Service delivery
6 – 60 months	1ml of IFA syrup containing 20mg of elemental iron & 100mcg of folic acid	Biweekly throughout the period 6-60months of age & deworming for children 12months & above	Through ASHA Inclusion in MCP Card
5 – 10 years	Tablets of 45mg elemental iron & 400mcg of folic acid	Weekly throughout the period 5-10 years of age & biannual de-worming	In school through teachers
10 -19 years	100mg elemental iron & 500mcg of folic acid	Weekly throughout the period 10-19yrs of age & biannual de-worming	In school through teachers & for out of school children through AWC
Pregnant & Lactating women	100mg elemental iron & 500mcg of folic acid	1 tablet daily for 180 days, starting after the first trimester, at 14-16 weeks of gestation. To be repeated for 180 days post-partum	ANC/ANM/ASHA Inclusion in MCP Card
Women in reproductive age group	100mg elemental iron & 500mcg of folic acid	Weekly throughout the reproductive period	Through ASHA during house visit for contraceptive distribution

# Known Side Effects of IFA

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## 1. Epigastric discomfort

- Nausea, diarrhoea or constipation

## 2. Dark stools

- Body excretes the iron it does not need

## 3. Metallic taste

These effects gradually reduce when IFA is taken on full stomach and taken regularly.

# Side effects of IFA

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## 1. Not Universal

- Does not occur to everybody

## 2. Not Frequent

- Circumstances in which you consume it determine whether it occurs—first time, empty stomach

## 3. Not a serious adverse event

- Has never caused disability or death

# To reduce/avoid side effects what? Do's and Dont's

## How to take IFA tablet –Do's and Don'ts

### Dos

- Take single tablet
- Swallow the tablet
- Eat on full stomach
- Take one glass of water after having the tablet

### Don'ts

- Don't chew
- Don't crush
- Don't break
- Don't take on empty stomach
- Don't take with milk

# Administration IFA syrup –Do's and Don'ts

## Do's

- ANM should give first dose under supervision during VHND after counseling
- Always administer on full stomach
- Administer syrup half an hour after food
- Keep the bottle in cool & dark place away from reach of children
- Counsel parents on minor side effects
- Keep the lid of bottle tightly closed after supplementation

## Don'ts

- Do not give on empty stomach
- Do not give to SAM children with MUAC less than 11.5 CM
- Do not give to ill children (with fever, diarrhea, vomiting, ARI or any other illness)
- Don't administer IFA syrup immediately after feeding milk/food
- Expired IFA syrup should never be distributed for consumption
- Do not give IFA to Children with family history of sickle cell anaemia/ thalassaemia



# What is Emergency Response System (ERS):

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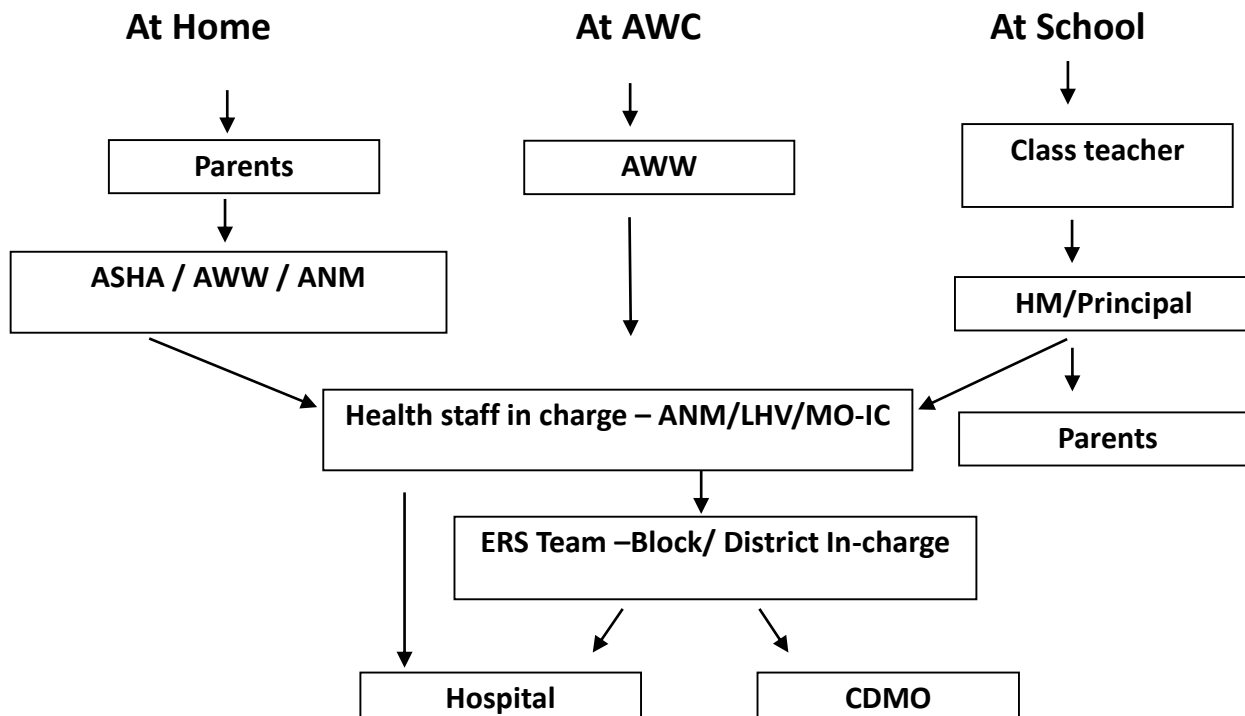
A system to prepare the institutions for handling or responding to the adverse events following IFA or Albendazole supplementation

# ERS Implementing Body

STATE LEVEL	DISTRICT LEVEL	BLOCK LEVEL
Director Family Welfare	CDMO	MO/IC ( <b>Convener</b> )
Additional Dir.-Child Health / JD-CH	ADMO, FW ( <b>Convener</b> )	BPM, NHM
Joint Director-Tech, NHM	DPM, NHM	LHV
DD, Nutrition ( <b>Convener</b> )	DMRCH, NHM	PHEO
Nodal Officer, MDM	DPHCO	BEO (S&ME Dept.)
DD IE, OPEPA	DEO (S&ME Dept.)	CDPO (ICDS,WCD Dept)
Nodal Officer, WCD	DPC (S&ME Dept.)	WEO (ST&SC Dev.)
Nodal Officer, ST&SC Dev	DSWO (WCD Dept.)	
Consultant-Adolescent Health, NHM	DWO (ST&SC Dev.)	
Consultant, NIPI (UNICEF)		

# Flow chart for the management of adverse event following IFA supplementation & Deworming:

Child with side effects following IFA supplementation / Albendazole ingestion



*Thank you*

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