Summer Training at
National Health Mission, Rajasthan

(April 11 to June 14th, 2016)

Adolescent Health - Weekly Iron Folic Acid Supplementation (WIFS) and Inventory Management (Equipment Management & Maintenance System - e-Upkaran) program

By
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MBA- Rural Management (MBA-RM)
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INSTITUTE OF HEALTH
MANAGEMENT RESEARCH
(WHO Collaborating Centre for District Health System Based on Primary Health Care)

IIHMR UNIVERSITY

TO WHOMSOEVER MAY IT CONCERN

This is certifying that **Mr. Jitendra Kumar Sindhi** student of MBA **in Rural Management from IIHMR University**, Jaipur has undergone summer training at **National Health Mission, Rajasthan** from 11th April, 2016 to 14th June, 2016.

The Candidate has successfully carried out the study designed to him during summer training and his approach to the study has been sincere, scientific and analytical.

The summer training is in fulfillment of the course requirements.

I wish him all success in all his future endeavors.

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TO WHOM SOEVER IT MAY CONCERN

This is to certify that **Mr. Jitendra Kumar Sindhi**, S/O Mr. OmPrakash, student of **IIHMR University** pursuing two years full time **MBA in Rural Management,** successfully completed two months long internship program (From 11th April to 14th June) at **National Health Mission, Rajasthan.** He worked with the Adolescent Health – Weekly Iron Folic Acid Supplementation (WIFS) and Inventory Management (Equipment Management & Maintenance System - e-Upkaran) program.

During the period of his internship program with us, he was found punctual, hardworking and inquisitive.

We wish him all the best in his future endeavors.

(Dr. Prem Singh)
State Nodal officer
Inventory & SCM/ Adolescent Health / UHC
National Health Mission, Government of Rajasthan

Acknowledgement

The internship opportunity I had with NHM, Rajasthan was a great chance for learning and professional development. Therefore, I consider myself as a very lucky individual as I was provided with an opportunity to be a part of it. I am also grateful for having a chance to meet so many wonderful people and professionals who led me though this internship period.

Bearing in mind previous I am using this opportunity to express my deepest gratitude and special thanks to the **Dr. Prem Singh**, State Nodal Officer who in spite of being extraordinarily busy with his duties, took time out to hear, guide and keep me on the correct path and allowing me to carry out my learning at their esteemed organization and extending during the training.

I express my deepest thanks to **Dr. Gautam Sadhu**, Dean School Of Rural Management IIHMRU for taking part in useful decision & giving necessary advices and guidance and arranged all facilities to provide internship in this organization. I choose this moment to acknowledge his contribution gratefully.

It is my radiant sentiment to place on record my best regards, deepest sense of gratitude to **Dr. Arun Jadaun**, Consultant, NHM Rajasthan, for their careful and precious guidance which were extremely valuable for my study both theoretically and practically.

I perceive as this opportunity as a big milestone in my career development and it was a great learning for me. I will strive to use gained skills and knowledge in the best possible way, and I will continue to work on their improvement, in order to attain desired career objectives. Hope to continue cooperation with all of you in the future.

Sincerely,

Jitendra Kumar Sindhi

Abbreviation

ANM	Auxiliary Nurse Midwives
ASHA	Accredited Social Health Activists
CAB	Clinical, Anthropometric and Biochemical
ICDS	Integrated Child Development Services
IFA	Iron Folic Acid
NFHS	National Family Health Survey
NHM	National Health Mission
NRHM	National Rural Health Mission
WIFS	Weekly Iron Folic Acid Supplementation
WHO	World Health Organization

Chapter 1

Organizational overview and its goal

1. Organization Introduction

The National Health Mission (NHM) encompasses its two Sub-Missions, the National Rural Health Mission (NRHM) and National Urban Health Mission (NUHM). The main programmatic components include Health System Strengthening in rural and urban areas- Reproductive-Maternal- Neonatal-Child and Adolescent Health (RMNCH+A), and Communicable and Non-Communicable Diseases. The NHM envisages achievement of universal access to equitable, affordable & quality health care services that are accountable and responsive to people's needs.

2. **Programme of National Health Mission** (NHM) is as follows:

2.1 Accredited Social Health Activists

Community Health volunteers called Accredited Social Health Activists (ASHAs) have been engaged under the mission for establishing a link between the community and the health system. ASHA is the first port of call for any health related demands of deprived sections of the population, especially women and children, who find it difficult to access health services in rural areas. ASHA Programme is expanding across States and has particularly been successful in bringing people back to Public Health System and has increased the utilization of outpatient services, diagnostic facilities, institutional deliveries and inpatient care.

2.2 Rogi Kalyan Samiti (Patient Welfare Committee) / Hospital Management Society

The Rogi Kalyan Samiti (Patient Welfare Committee) / Hospital Management Society is a management structure that acts as a group of trustees for the hospitals to manage the affairs of the hospital. Financial assistance is provided to these Committees through untied fund to undertake activities for patient welfare.

2.3 Untied Grants to Sub-Centres

Untied Grants to Sub-Centers have been used to fund grass-root improvements in health care. Some examples include: Improved efficacy of Auxiliary Nurse Midwives (ANM) in the field that can now undertake better antenatal care and other health care services. Village Health Sanitation and Nutrition Committees (VHSNC) have used untied grants to increase their involvement in their local communities to address the needs of poor households and children.

2.4 Health care contractors

NRHM has provided health care contractors to underserved areas, and has been involved in training to expand the skill set of doctors at strategically located facilities identified by the states. Similarly, due importance is given to capacity building of nursing staff and auxiliary workers such as ANMs. NHM also supports co-location of AYUSH services in Health facilities such as PHCs, CHCs and District Hospitals.

2.5 Janani Suraksha Yojna (JSY)

JSY aims to reduce maternal mortality among pregnant women by encouraging them to deliver in government health facilities. Under the scheme cash assistance is provided to eligible pregnant women for giving birth in a government health facility. Large scale demand side financing under the Janani Suraksha Yojana (JSY) has brought poor households to public sector health facilities on a scale never witnessed before.

2.6 National Mobile Medical Units (NMMUs)

Many un-served areas have been covered through National Mobile Medical Units (NMMUs).

2.7 National Ambulance Services

Free ambulance services are provided in every nook and corner of the country connected with a toll free number and reaches within 30 minutes of the call.

2.8 Janani Shishu Suraksha Karyakram (JSSK)

As part of recent initiatives and further moving in the direction of universal healthcare, Janani Shishu Suraksha Karyakarm (JSSK) was introduced to provide free to and fro transport, free drugs, free diagnostic, free blood, free diet to pregnant women who come for delivery in public health institutions and sick infants up to one year.

2.9 Rashtriya Bal Swasthya Karyakram (RBSK)

A Child Health Screening and Early Intervention Services has been launched in February 2013 to screen diseases specific to childhood, developmental delays, disabilities, birth defects and deficiencies. The initiative will cover about 27 crore children between 0–18 years of age

and also provide free treatment including surgery for health problems diagnosed under this initiative.

2.10 Mother and Child Health Wings (MCH Wings)

With a focus to reduce maternal and child mortality, dedicated Mother and Child Health Wings with 100/50/30 bed capacity have been sanctioned in high case load district hospitals and CHCs which would create additional beds for mothers and children.

2.11 Free Drugs and Free Diagnostic Service

A new initiative is launched under the National Health Mission to provide Free Drugs Service and Free Diagnostic Service with a motive to lower the out of pocket expenditure on health.

2.12 District Hospital and Knowledge Center (DHKC)

As a new initiative District Hospitals are being strengthened to provide Multi-specialty health care including dialysis care, intensive cardiac care, cancer treatment, mental illness, emergency medical and trauma care etc. These hospitals would act as the knowledge support for clinical care in facilities below it through a tele-medicine center located in the district headquarters and also developed as centers for training of paramedics and nurses.

2.13 National Iron+ Initiative

The National Iron+ Initiative is an attempt to look at Iron Deficiency Anaemia in which beneficiaries will receive iron and folic acid supplementation irrespective of their Iron/Hb status. This initiative will bring together existing programmes (IFA supplementation for: pregnant and lactating women and; children in the age group of 6–60 months) and introduce new age groups.

3. An Introduction of NRHM

The National Rural Health Mission (NRHM) is a National effort at ensuring effective healthcare through a range of interventions at individual, household, community, and most critically at the health system levels. Despite considerable gains in health status over the past few decades in terms of increased life expectancy, reductions in mortality and morbidity serious challenges still remain. These challenges vary significantly from state to state and even within states.

There has been a progressive decline in budgetary allocation for public health in the country from 1.3% of GDP in 1990 to 0.9% in 1999. Rising inequities are another area of concern. Studies demonstrate that curative services favour the rich over the poor. Only one tenth of the population is covered by any form of health insurance thereby exposing the large majority to the risk of indebtedness in the event of a major illness in the family. Operational integration in policy and programme between various vertical programmes within the health sector, and between health and other related sectors such as drinking water, sanitation, and nutrition has been limited, resulting in a lack of holistic approaches to health. A number of States particularly in North, East and North Eastern parts of the country have stagnant health indicators and continue to grapple with significant morbidity and mortality. The causes for this basically lie in socio-economic factors, underperforming health systems and weak institutional framework.

The National Common Minimum Programmer spells out the commitment of the Government to enhance Budgetary Outlays for Public Health and to improve the capacity of the health system to absorb the increased outlay so as to bring all round improvement in public health services. This Mission seeks to provide effective health care to the rural population, especially the disadvantaged groups including women and children, by improving access, enabling community ownership and demand for services, strengthening public health systems for efficient service delivery, enhancing equity and accountability and promoting decentralization.

3.1 Goals of NRHM and Mission Outcomes

- Reduction in Infant Mortality Rate and Maternal Mortality Ratio by at least 50% from existing levels in next seven years
- Universalize access to public health services for Women's health, Child health, water, hygiene, sanitation and nutrition
- Prevention and control of communicable and non-communicable diseases, including locally endemic diseases
- Access to integrated comprehensive primary healthcare
- Ensuring population stabilization, gender and demographic balance.
- Revitalize local health traditions and mainstream AYUSH
- Promotion of healthy life styles.

4. The Mission outcomes are expected to follow a phased approach and are at two levels:

4.1 National Level

- Infant Mortality Rate to be reduced to 30/1000 live births
- Maternal Mortality Ratio to be reduced to 100/100,000
- Total Fertility Rate to be brought to 2.1
- Malaria mortality reduction rate –50% upto 2010, additional 10% by 2012
- Kala Azar to be eliminated by 2010.
- Filaria/Microfilaria reduction rate: 70% by 2010, 80% by 2012 and elimination by 2015
- Dengue mortality reduction rate: 50% by 2010 and sustaining at that level until 2012

- Japanese Encephalitis mortality reduction rate: 50% by 2010 and sustaining at that level until 2012
- Cataract Operation: increasing to 46 lakhs per year until 2012.
- Leprosy prevalence rate: to be brought to less than 1/10,000.
- Tuberculosis DOTS services: from the current rate of 1.8/10,00, 85% cure rate to be maintained through the entire Mission period.
- 2000 Community Health Centers to be upgraded to Indian Public Health Standards
- Utilization of First Referral Units to be increased from less than 20% to 75%
- 250,000 women to be engaged in 18 states as Accredited Social Health Activists (ASHA).

4.2 Community Level

- Availability of trained community level worker at village level, with a drug kit for generic ailments
- Health Day at Anganwadi level on a fixed day/month for provision of immunization, ante/post natal checkups and services related to mother & child healthcare, including nutrition
- Availability of generic drugs for common ailments at Sub-centre and hospital level
- Good hospital care through assured availability of doctors, drugs and quality services at PHC/CHC level
- Improved access to Universal Immunization through induction of Auto Disabled Syringes, alternate vaccine delivery and improved mobilization services under the programme

- Improved facilities for institutional delivery through provision of referral, transport, escort and improved hospital care subsidized under the Janani Suraksha Yojana (JSY) for the Below Poverty Line families
- Availability of assured healthcare at reduced financial risk through pilots of Community Health Insurance under the Mission
- Provision of household toilets
- Improved Outreach services through mobile medical unit at district-level.

Chapter 2

WIFS Initiative and its objectives

1. Weekly Iron and Folic Acid Supplementation Programme

Adolescence is a period of transition from childhood to adulthood. It is characterized by rapid physical, biological and hormonal changes resulting in psycho-social, behavioral and sexual maturity in an individual. It is the second growth spurt of life and both boys and girls undergo different experiences in this phase. During this period in life there is a significant increase in nutritional requirements, especially for iron. Anaemia, a manifestation of under-nutrition and poor dietary intake of iron is a public health problem, not only among pregnant women, infants and young children but also among adolescents. Anaemia in India primarily occurs due to iron deficiency and is the most widespread nutritional deficiency disorders in the country today. The prevalence of anaemia in girls (Hb< 13g%) is high as per the reports of NFHS-3 and the National Nutrition Monitoring Bureau Survey. According to NFHS 3 data, over 55 percent of both adolescent boys and girls are anaemic. Adolescent girls in particular are more vulnerable to anaemia due to rapid growth of the body and loss of blood during menstruation. According to NFHS-3 almost 56% of adolescent girls aged 15-19 years suffer from some form of anaemia. More than 39% adolescent girls (15-19 years) are mildly anaemic while 15% and 2% suffer from moderate and severe anaemia respectively while during NFHS-2 the prevalence was 41%, 18% and 2% for mild, moderate and severe anaemia among 15-19 year olds indicating that there has not been much of change in the trends. In India, the highest prevalence of anaemia is reported between the ages 12-13 years, which also coincides with the average age of menarche.

2. Objective of Weekly Iron and Folic Acid Supplementation (WIFS) Programme

The Ministry of Health and Family Welfare, Government of India has launched the Weekly Iron and Folic Acid Supplementation (WIFS) Programme to reduce the prevalence and severity of nutritional anaemia in adolescent population (10-19 years).

2.1 Target groups Weekly Iron and Folic Acid supplementation

Programme will be planned and implemented for the following two target groups in both rural and urban areas: A. Adolescent girls and boys enrolled in government/government aided/municipal schools from 6th to 12th classes. B. Adolescent Girls who are not in school. The WIFS programme will also cover married adolescent girls. Pregnant and lactating adolescent girls will be given IFA supplements, according to current guidelines for antenatal and postnatal care through the existing health system of NRHM.

2.2 Formula of IFA Supplements Calculation

Adequacy of IFA and Albendazole tablets will be calculated using the following formula [4] –

- IFA tablets for the year = (52 x Total number of children in 6 to 10th standards) + (52 tablets /per teacher /year). An additional 20 % stock as buffer will be added.
- Albendazole tablets Requirement per year = (2 x number of children in 6th to 10th standards) + 10 % stock as buffer.

Availability of IFA tablet will be calculated by using the following formula –

- Number of weeks IFA was available / 52 * 100

3. Strategy for Prevention of Anaemia in Adolescents

Under the WIFS programme for adolescents, IFA supplements are to be distributed free of cost on a weekly basis to the target groups in categories A and B. In addition to IFA supplements, Albendazole tablets for de-worming are to be administered twice a year to the same target groups.

- Administration of Weekly Iron and Folic Acid Supplementation (WIFS). Each IFA tablet containing 100mg elemental iron and 500µg folic acid for 52 weeks in a year.
- Screening of target groups for moderate/severe anaemia and referring these cases to an appropriate health facility.
- Biannual de-worming (Albendazole 400mg), six months apart, for control of worm infestation.
- Information and counseling for improving dietary intake and for taking actions for prevention of intestinal worm infestation.

The WIFS programme will be implemented in urban and rural areas and will target adolescent boys and girls in school; and out-of-school adolescent girls (both married and unmarried). The WIFS strategy involves a "fixed day'' approach for IFA distribution. It is recommended that Monday be the day on which all schools and Anganwadi Centres distribute weekly IFA tablets, with one additional designated day for missed out beneficiaries. To ensure high compliance supervised consumption of the IFA tablets is recommended. The programme also encourages and provides for the consumption of IFA tablets by the frontline workers such as AWW, ASHA, and teachers to enhance the value of IFA among adolescents and community members.

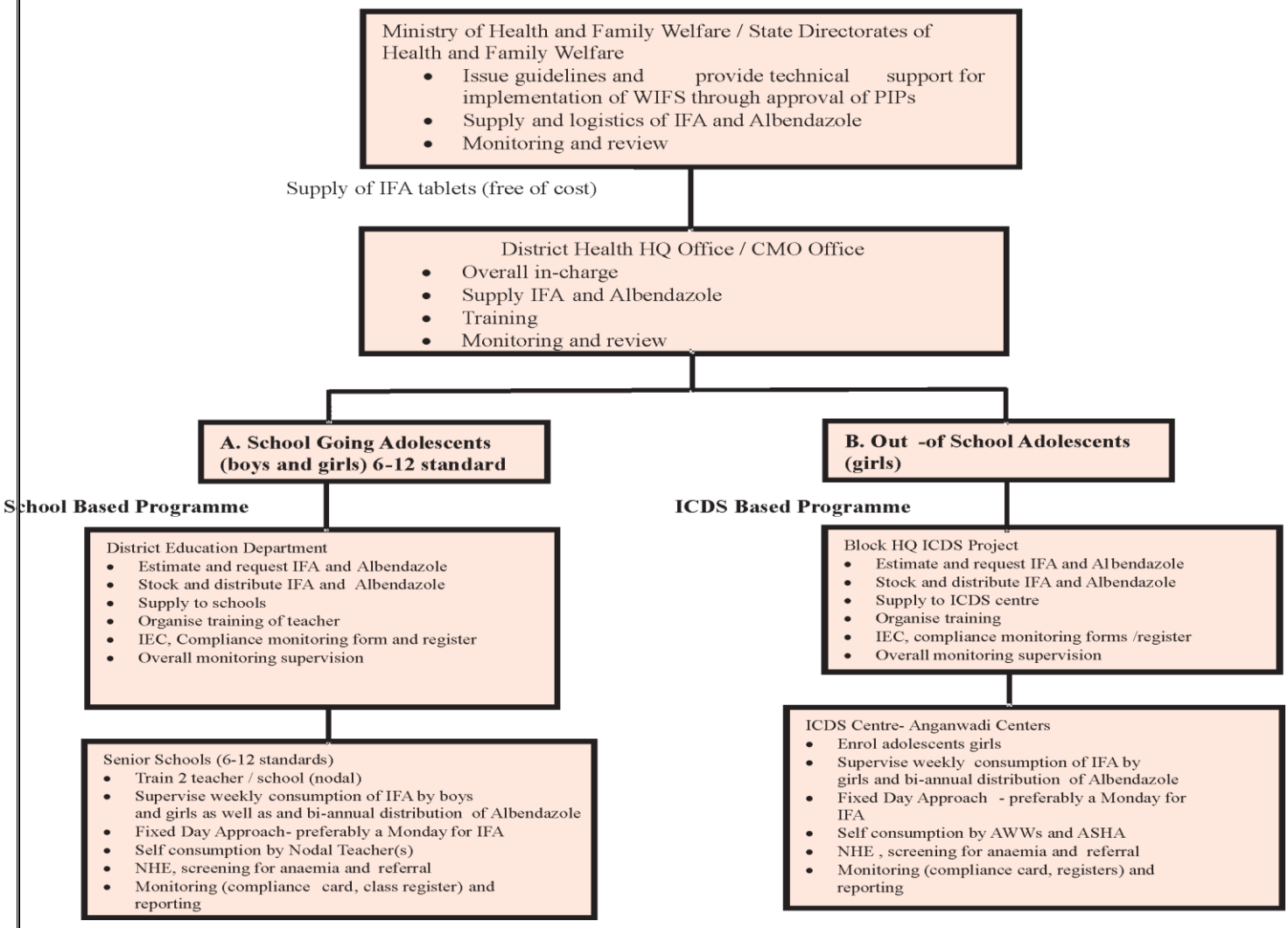
In order to screen adolescents for moderate/severe anaemia, AWW and teachers will be trained to identify adolescents with moderate/severe anaemia through the simple method of

comparing the color of their own nail beds and tongue with those of adolescents for the presence of pallor. However, these techniques will only be used for referring the adolescents to a Primary Health Center where blood Haemoglobin levels would need to be tested and those found anaemic will be given treatment for management of anaemia. States may include Haemoglobin testing for school children at least biannually through the School Health Programme.

The Ministry of Health and Family Welfare (MoHFW) is the nodal Ministry for the Weekly Iron Folic and Acid Supplementation Programme. MoHFW is responsible for policy formulation, technical support, yearly planning of the WIFS programme including the allocation of resources for supply of IFA and Albendazole tablets, developing resource material for IEC/BCC, establishing monitoring systems and reviewing the programme progress.

This Operational Framework lays out the roles and responsibilities of the MoHFW and State Health Departments in implementing the WIFS programme through the school and the ICDS system. It defines the monitoring and review mechanisms and specifies the points of convergence between the Health, Education and Women and Child Departments to ensure joint accountability for successful programme implementation. The critical point of convergence is the District Health Department where both the District Education and ICDS systems are expected to converge. The Operational Framework is organized as follows:

Weekly Iron and Folic -Acid Supplementation Programme (WIFS): Roles and Responsibilities



4. Objectives of the internship

- To analyze the current reporting system and develop an alternative reporting system – WIFS
- To find out the reasons for low coverage of WIFS Programme.
- Strengthen the reporting process and increase the coverage of WIFS
- To know the consumption rate in school students.

Some other task which completed on daily basis

- Analyze reports of e-upkaran program and to explore the current status of equipments in all public health facilities of Rajasthan.
- Send a reminder letter to PMOs, CMHOs and DNOs regarding Equipment verification**.**
- Generate a report everyday regarding equipment verification status

5. Issues Identified in WIFS intervention

5.1 **Coverage:**- Anaemia is an issue in adolescent health and almost 80% of child who are in class 6 to 12 are facing this problem and to control this problem WIFS is a great initiative although to control this problem a WIFS programme is running from July 2013 in all over India and it is a great initiative by Govt. of India to control anaemia in adolescent child but still there are lot of challenges faced by GoI as spending huge money and big advertisement is not making program success in any state. In Rajasthan there is only 20% of coverage recorded and mostly states are not running this program. Coverage is a big problem for every state.

5.2 **Communication between departments:-** WIFS is running in every state with the help of Department of Education for school going child and WCD for non school going child but lack of communication this program is facing challenges. Without appropriate communication Health, Education and WCD departments could not able to run this program successfully in every state. Without proper communication among these three departments pushing this program in a well and huge money is wasted in every manner.

5.3 **Reporting: -** Success of every program depends on successful reporting by stakeholders but unfortunately WIFS program not getting proper reports and this is creating a big problem. Without proper reporting program cannot be monitored and gaps, demand, success rate, coverage of programme and anaemia status of child cannot be measured. Here proper reporting is a big issue for Department of Health.

5.4 **Ownership: -** Program implementation is not a big issue for any organization but running program successfully is matter. And here ownership works very effectively but in WIFS program there are ownership is a big challenge. This program is depends on three department Health, WCD and Education. To run this program successfully all three department should take ownership and run this program by full of their potential to make child anaemia free.

5.5 **Myth: -** India is a very big country and population is a big problem here. Indian people are socially very active and mostly people believe on what others say. Although IFA Tablets don't have any side effects but if anyone is not following direction to take it than Vomit, Headache may be occur but it is a normal condition and with the help of a doctor

we can overcome by this condition easily. But in many school when these symptoms noted people created myths that these tablets are not safe for children and we should not consume it. Hearing this other people and school also acted same and now many school and parents are not supporting this programme. So here is a big need of counseling of people and school, and make them aware that these supplements are for their well being and there is no harm to take it. Only there is a need to follow some direction when we take these tablets, which we can follow easily.

Chapter 3

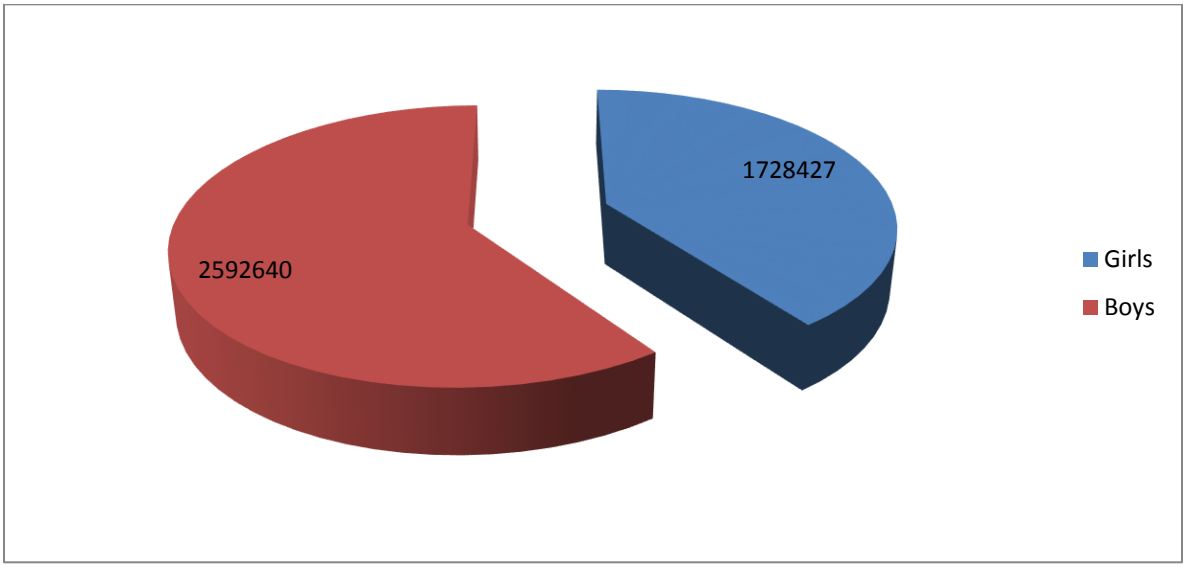
Findings and Possible suggestions

1. Findings

Reporting from the schools is main problem for this programme. Some schools are reporting on time and some are not. It was observed that mostly schools are not reporting on time. If WIFS is getting report on time than its authentication is not confirmed.

To identify this problem all schools that are doing reporting online for this programme analyzed and lots of issues found as follows.

Total School in Rajasthan	Total Students	Boys	Girls
13653	43210677	2592640	1728427



Total schools in Rajasthan is 13653 and in these schools all classes are covered almost there are 1728427 are girls. All girls are necessarily required IFA (Blue or Pink) supplement. All schools are doing reporting by hand and for class 6th and 8th there is online reporting system.

To identify problems in reporting all online reports analyzed and given result that what is the main problem there.

There were two question is every school reporting? And if yes then what is the main problem? to found answer of these two question almost every school of Rajasthan's online reports downloaded from the Shala Darshan portal and analyzed.

1.1 Reporting format for WIFS

क्रम	विवरण	गोलियों की संख्या		
		WIFS गुलाबी गोली (कक्षा 1 से 5)	WIFS नीली गोली (कक्षा 6 से 8)	
9.1	वर्तमान स्टाक उपलब्धता			
9.2	वार्षिक आवश्यकता (यह सूचना प्रथम प्रपत्र में ही भरी जाए)			

क्रम	विवरण	WIFS गुलाबी गोली (कक्षा 1 से 5)			WIFS नीली गोली (कक्षा 6 से 8		
		बालक	बालिका	कुल	बालक	बालिका	कुल
9.3	निर्धारित अवधि में प्रतिमाह 4/5 WIFS गुलाबी/नीली गोलियों का सेवन करने वाले विदयार्थियों की संख्या						
9.4	निर्धारित अवधि में प्रतिमाह 4/5 से कम WIFS गुलाबी/नीली गोलियों का सेवन करने वाले विदयार्थियों की संख्या						
9.5	निर्धारित अवधि में प्रतिमाह 4/5 WIFS गुलाबी/नीली गोलियों का सेवन करने वाले शिक्षकों की संख्या						
9.6	लक्षणों के आधार पर सामान्य/गम्भीर एनिमिया के विदयार्थी जिन्हें चिकित्सकीय परामर्श हेतु रैफर किया गया हैं						
9.7	पेट के कीडों की रोकथाम के लिए अगस्त/फरवरी माह में एल्बेंडाज़ोल टेबलेट खाने वाले विदयार्थियों की संख्या						
9.8	राष्ट्रीय बाल स्वास्थ्य कार्यक्रम की मोबाइल हैल्थ टीम द्वारा स्वास्थ्य जाँच किए गए विदयार्थियों की संख्या						
9.9	राषट्रीय बाल स्वास्थ्य कार्यक्रम की मोबाइल हैल्थ टीम द्वारा कितने विदयार्थियों का रैफरल कार्ड बनाया गया						

This is the column no. 9 in the portal and in this column every details about the programme given 9.1 and 9.2 indicating the details about the stock and demand of school which stated that how much stock is left in the school of IFA supplements and how much they need now to provide. In both column schools fills the details about it and by seeing this column schools send the demand to the state for the IFA Supplements.

From the column 9.3 to 9.9 there are every detail about the students and given IFA supplements to them.

1.2 Enrollment Details of the Students

कक्षा	कुल नामांकन		नामांकन में से CWSN		इस सत्र में आयु अनुरूप /वंचित बच्चों का प्रवेश		80 प्रतिशत से ऊपर उपस्थिति		60 से 79 प्रतिशत तक उपस्थिति		60 प्रतिशत से कम उपस्थिति	
	B	G	B	G	B	G	B	G	B	G	B	G
1												
2												
3												
4												
5												
6												
7												
8												

This is the enrollment column of the school students who are in class 1 to 8. By filling this schools cleared that there are how many students who are coming regularly and who are lacking behind. This column is very helpful in the WIFS reporting and coverage because if it is filled clearly then it will be very easy to know the actual no. of students who are regularly coming in the school and are taking IFA supplements. As IFA is compulsory for every student than this column will be very beneficial for the reporting. If reporting is not properly than department can use this column to know estimated students who are actually taking IFA supplements. but unfortunately mostly schools are not filling this column.

2. Issues and their possible suggestion to address the problem related to reporting

There are total **3718061** students details are online and schools were reporting for these student and from every district schools reports were analyzed and it was found that reporting format is not updated by the schools as there were lots of problems in the reports as follows:

2.1 **There is confusion in reporting system: -** It is not clear that when reporting should be done, should it done monthly basis or quarterly. This is the main reason of low reporting from the schools. There is no deadline for them to do reports as there no monitoring for online reporting. If a schools in filling wrong data then no one can identified it. Authenticity of the data is low and schools are just doing formality to fill the data online. To cop up with this problem there should be a deadline for the school to report.

2.2 No. of children and no. of Tablets are mismatch:- Some reports showing less enrollment and given tablets are high in calculation and some showing enrollment is more but dosage are not according to enrollment or less. Here it is absolute confusion for the school in demands. Schools are not demanding on time or they are failed to full fill the demand of WIFS programme. According to reports some schools are not demanding WIFS and some schools have more than required stock of the IFA supplements. It is very disturbing that there is a complete waste is happening of IFA supplements where government is spending lots of money for this programme.

2.3 **Attendance creating confusion: -** On reports attendance is not according to the enrollments. In every report attendance is very low in compare to the enrollment. E.g

according to district report of Banswara total enrollments for the session of 2015-16 are 184953 but attendance given only for 25285 students. This kind of problems is common in almost every report if a schools is not giving the proper attendance then it will be very hard to identify the requirement of schools for IFA supplements. Banswara showing lots of enrollments but attendance is giving only approx 13%. It is the condition of whole Banswara district so how can we expect that other districts are doing well. It is happening just because there is no error identification in online reporting system. If there is any error identification than it is not possible for any school.

2.4 **Calculation is not correct in QMT report:** - There is a separate column for girls and boys which shows how many girls and boys taken their dosage and after that in the next column sum is given of both. But calculation of this total is not correct and it's showing wrong figures.

All reports are online and calculation mistake should not be done by the software but after analyzing all reports it was found that mostly reports showing wrong calculation like boy and girls total is not matching. How it can be possible that a software is showing wrong calculations. It is possible just because of the software which in not able to calculate properly or its not getting the error.

2.5 **Schools are not filling WIFS reporting column:** - After analyzing reports of 4 district's 4 blocks, it is found that approximately 90% schools are not filling the reports.

Already there is lots of problem with the software and approx 90% schools are avoiding reporting online. If a school is not reporting online than it will be very hard to everyone to identify the errors because less reporting means less consideration. Schools are not

taking headache for this and they just excusing that there is low internet, no availability of computer in the school, no internet connection availability, and computers are out of order etc.

2.6 **No facility for verification of data: -** After filling the reports by schools there is no mechanism for data verification. We have to believe on whatever filled by school. There is strong need to develop this kind of mechanism. So that we can assure that we are going in right direction.

If a school is doing very well in reporting or a school is doing worse there is no difference in both school because reporting monitoring of the reporting system and verification of the data is very less. What every schools are doing it will be acceptable for the department because no one can verify the data of schools.

2.7 **Demand of tablets is not matching with enrollments:** In the report of Banswara district there are 184953 enrollments and according to enrollments, yearly demand of tablets should be 9617556 (Total Enrollment x 52) but on the district report its only 3802135. So here is a confusion that how is yearly demand and supply is going on.

It is also very interesting that demand and enrollments are not matching. Schools are demanding very less amount of IFA supplements and still there is no mechanism to verify the demand. Schools are demanding and Health Department is fulfilling it.

3. Suggestion

3.1 **Deadline should be decided for school to report:** There should be a deadline for the schools to do the reports. There should be a strict monitoring for the reporting so that schools can became serious about this programme and report on the time. This deadline can be monthly, quarterly or twice in a year. If we get reports from every school it will be very easy for the Department to expand the coverage and every school student will get the IFA Supplement.

3.2 Improved software for children and no. of Tablets matching: Reports are showing less enrollments and high dosage of IFA and some showing reverse order. Here it is clearly showing that it is the problem of software which is using for the WIFS reporting if software is smart than automatic calculations will be there and there should not be any confusion for this. For this software updating is highly required and departments should pay attention to this.

3.3 **Attendance should be completed by the schools on regular basis:** Attendance should be filled by every school on time and according to attendance we can easily get the students no. that are coming throughout the year and according to attendance we can easily analyzed the stock of IFA, Coverage of IFA and expected demand for the IFA supplements.

3.4 **Auto calculation feature, monitoring of the software and data:** Almost every report is giving wrong calculation it means there is no automatic calculation feature in the software. There should be auto calculation and monitoring of this

calculation should be done. It is not a hard task but by giving little bit efforts we can do this very easily and if once we are getting right calculation and right figures than effectiveness of the WIFS will be increased automatically and intention of the programs will be covered. Right now reporting of the programme is very less and very problematic that is why effectiveness is not covered.

3.5 **Schools should be serious to fill WIFS reporting column:** Intention of the programs is very pessimistic and it's about to anaemia free India. But still schools are not serious and they are primary stack holder of this programme. Without schools we cannot achieve the goal of this programme but still schools are busy in doing other works and they are still avoiding the reporting of WIFS. If they will do it then it will be very easy to get targets of the programme and every child can become anaemia free.

3.6 **Verification of data should be done:** This programme is started in all over India and mostly schools are providing IFA to their students but still there is lots of problems in this programme and verification of data one of the main problems for this. There is no mechanism which is clearly verifying the data and confirms the authenticity. There should be a monitoring team or agency which verifies the data which is providing by the school. If data verification will be proper then there school will also provide the correct and authenticate data and by this coverage of the programme will be very high and mostly students will get the IFA supplements to fight the anaemia.

3.7 **Demand of tablets is not matching with enrollments:** It is also a gap in this programme and schools intention because enrollments are higher and demand is less where some school is showing less enrollments and higher demands. Technically it

should not be done by the school but still schools are demanding IFA supplements without calculating the real demand. It is wasting of Government money and efforts and on the other hand students who really need the IFA cannot get this on time and other schools are wasting the money and IFA supplements.

According to the reports there are lots of gaps but with the little efforts we can easily get rid from these problems. WIFS Programme is really working very well and intention of this programme is to anaemia free India, there should not be a single case of anaemia and full control over the anaemia in the coming years but still there are some efforts need in this intervention because schools are the main stakeholders and they need to understand the necessity of the programme and should pay attention. Schools can easily help the health department to control the anaemia but still schools are not paying lot of attention towards this. They think it is an extra burden from the health department which should be the responsibility of health department. Health department can start a separate strategy for this but in India schools are the main place where health department can get their target population.

Thus this programme handover to the schools and health department facilitating to the schools to achieve the targets and totally depends on schools. Here schools should understand their responsibility which is very necessary to address and cooperate health department to achieve their targets. By helping health department schools will also get benefit because if a school is giving lots of efforts to its students whether it is education, health of complete development then people will get attracted to this school and school will get lots of enrollments.

4. Learning's

- **Developed understanding about working pattern and organization structure of NHM**
- **Developed understanding of Weekly Iron Folic Acid Supplementation programme in Rajasthan State.**
- **Closely observed the planning and implementation process.**
- **Understood the reporting system of the programme.**
- **Monitored the programme activities.**
- **Developed understanding of interdepartmental communication.**

Conclusion

Anaemia is a major public health problem in India. Although nearly three quarters of the Indian population live in rural areas, the epidemiology of anaemia in rural settings is not well known. According to the World Health Organization (WHO), there are two billion people with anaemia in the world and half of the anaemia is due to iron deficiency. Anaemia is a late indicator of iron deficiency, so it is estimated that the prevalence of iron deficiency is 2.5 times that of anaemia The estimated prevalence of anaemia in developing countries is 39% in children <5 years, 48% in children 5–14 years, 42% in women 15–59 years, 30% in men 15–59 years, and 45% in adults >60 years.

WIFS programme is addressing the anaemia in Adolescents who are in the age of between the age 11 to 19. Anaemia is not a disease it's a condition which can be controlled not eradicated and WIFS is all about to control anaemia in adolescent. WIFS programme is started for the Adolescent and soon it was realized that there should be an intervention which can address this issue in child who are below the age in 11. That is why NIPI (National Iron Plus Initiative) started.

While summer training period it was observed that schools and health department is not working with the cooperation and there are lots of gaps between both of them. On the other hand schools are not doing proper reporting for this programme and efforts of the government and lots of financial aid is wasting.

Here everyone needs to understand the necessity of this programme and everyone who is connected with this intervention should give complete efforts to make this programme successful. If everyone will contribute than it is sure that there anaemia will be controlled fully by the government and iron deficiency will not be the problem for the people who are living in India.

There is a need to understand need of Iron by the Indian people who are avoiding IFA supplements. This supplement is very safe to take and there is no harm to take this. It is observed that there are some side effects of this supplement but these side effects are not harmful for anyone.

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