Memo No. 17(37)/SSM/CM & AS/03/14 (Health)  

Date. 07.01.19

To

1. District Inspector of Schools (SE), Howrah
2. District Inspector of Schools (PE), Howrah
3. Addl. District Inspector of Schools, Uluberia, Howrah
4-37. Circle Project Coordinator, ................. CLRC

Sub.: Implementation of WIFS Programme

Enclosed please find a copy of the letter as received from State Project Director, PBSSM vide above mentioned memo no. with a letter of Commissioner of School Education, West Bengal, addressed to District Inspector of School (SE) with a guideline & revised operational framework for WIFS.

DI (SE), Howrah, is requested to circulate the order to all Upper Primary/ Secondary & H.S Schools through AIs, immediately.

DI (PE), Howrah, is requested to instruct all Circle Project Coordinators, to circulate the order to all concerned.

Enclo: as stated

District Education Officer, SSM, Howrah

Memo No. 17(37)/SSM/CM & AS/03/14 (Health)  

Date. 07.01.19

Copy forwarded for information, with all enclosures mentioned above to the:

1. Chief Medical Officer, Howrah
2. District Nodal Officer, SSK/MSK Cell, Howrah
3. District Information and Cultural Officer, Howrah
4. DIO, NIC, Howrah with request to display the Order in district web-site
5-18. Block Development Officer, .......................Dev Block
19. C A to District Magistrate, Howrah for kind perusal of DM, Howrah
20. C A to Addl. District Magistrate (Dev.), Howrah for kind perusal of Addl. District Magistrate (Dev.), Howrah

District Education Officer, SSM, Howrah
Paschim Banga Samagra Shiksha Mission

Memo No: 31/ CM&AS/ 99/ PBSSM/ 2014

Dated: 31/12/2018

To,
District Education Officer,
Alipurduar/ Bankura / Purba Bardhaman (also in charge of Paschim Bardhaman) / Birbhum / Coochbehar / Dakshin Dinajpur / Darjeeling / Hooghly / Howrah / Jalpaiguri / Kolkata/ Malda / Murshidabad / Nadia / North 24 Pgs / Paschim Medinipur/ Jhargram / Purba Medinipur / Purulia / South 24 Pgs / Uttar Dinajpur / GTA (also in charge of Kalimpong) / Siliguri

Sub: Implementation of WIFS Programme.


Madam/ Sir,

In reference to the above mentioned subject you are aware that Weekly Iron & Folic Acid supplementation (WIFS) programme is being implemented to address the issue of anemia in adolescent boys & girls. all the Government and Government aided schools.

You are requested to issue necessary instructions to the concerned officials so that the Iron & Folic Acid Capsules should be given to the adolescent boys & girls in every Monday in each week as per guideline (copy enclosed).

Yours faithfully,

(R. Vimala, IAS)
State Project Director
Paschim Banga Samagra Shiksha Mission

Encl: As stated above

Bikash Bhavan (2nd Floor), Salt Lake, Kolkata- 700 091
Phone: 2354-3102, 2358-1622. Fax: - 2358-5257
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Website www.pbssm.wb.nic.in

Docket No.......
Office of the DEO
Samagra Shiksha Mission
31 DEC 2018
Received Contents not Verified

Initial
Memo no: - 115 - Sc/HS
File No: 4C/9P/2010

From: The Commissioner, School Education, West Bengal.

To: The District Inspector of Schools (SE), All

Sub: Guideline & revised Operational Framework for WIFS- circulation to all concerned.

She/he is aware that “Weekly Iron & Folic Acid Supplementation” (WIFS) programme is being implemented in all secondary schools of the state for a several years.

Health Department, Govt. of West Bengal has developed new “Guidelines and revised Operational Framework for WIFS” which are enclosed.

In addition to that, each school has been tagged with a “Health Facility” with whom the schools are to remain in contact (list enclosed).

Therefore, for proper implementation of the programme, she/he is requested to share the same with all the schools of her/his district through the concerned S.I of Schools.

Enclo:- As stated

SD/-
Commissioner, School Education, West Bengal

Memo no: - 115/1(2) - Sc/HS

Copy forwarded for information to-
1) Principal Secretary, School Education Department, Govt. of West Bengal

2) Commissioner (FW) & Mission Director, NHM Swasthya Bhawan, A-Wing, 3rd floor, GN-29 Sector-V, Salt Lake, Kolkata-700091

Commissioner, School Education, West Bengal
The following steps are suggested to strengthen the coordination amongst the three departments for WIFS programme:

1. Under the direct supervision of the Head Master (HM), there will be one or more WIFS Nodal Teacher (NT) in each school, at the rate of one Nodal Teacher will for an average of 500 pupils. Where there is more than one NT, one of them will be nominated as the Chief Nodal Teacher (CNT).

2. The NT/CNT will receive, preserve the all the logistics of WIFS (IFA, Formats etc), maintain the stock register and prepare requisitions from time to time and place the demands to the respective School Inspector (SI) though the HM.

3. The NT/CNT will organize continued WIFS awareness among the students and also among the parents in the parents meetings.

4. The NT/CNTs will actively co-operate with the Mobile Health Teams (MHT) under RBSK to facilitate WIFS awareness among the students in the schools during their visits.

5. The NT/CNT will organize the students for Nutrition Health Days in the school to be facilitated by the respective ANM of the Sub Centre.

6. The NT/CNTs will ensure supply of Iron and Folic Acid (IFA) blue tablets from the school stock to the Class Teachers/ respective Teachers before administration of the same in every Monday.

7. The Class Teacher/ other Teacher will administer WIFS in the period just after the mid-day-meal every Monday. The respective Teacher will keep a detailed formatted report in the respective registers student after administration of WIFS.

8. The WIFS administering Teacher (Class Teacher/ Other Teacher) will hand-over the monthly formatted information to the NT/CNT.

9. The NT/CNT will collect, compile the report in the prescribed format and send that to the respective SI through the HM, following the timeline.

10. The NT/CNT will be responsible for relevant WIFS information entries in the “Health Department web-portal linked in the portal of the SED” whenever it will be available, following the timeline.

11. The HMs will keep in touch with the health-facility with which the school is tagged (list of Schools & hospitals to which they have been tagged is at Annexure I.

12. The HMs will attend the Convergence Meetings convened by the BMOHs in a regular manner.

13. The NT & CNTs will attend orientation meetings/trainings may be held at the block level for WIFS time to time. They will disseminate the information to the other teachers of the school and enrich day to day practices.
14. The SIs will collect monthly reports from the schools and handover those to the respective block CLRC. The Block Level CLRC will receive all the monthly school-reports from the respective SIs, compile and send the monthly WIFS report to the DI of schools (Secondary) directly, sharing a copy with the BMOH.

15. The Anganwadi Workers will administer IFA (Blue) tablets to the out of school girls once on every Saturday. CDPOs will collect all the monthly reports from the AWCs, compile and send the report to the DPO ICDS, sharing a copy with the BMOH.

16. The BMOHs will arrange WIFS orientation/training and organize sensitization about adverse effects following WIFS with the HMs, NT, CNTs and Anganwadi Workers in a regular manner. Though it is very unusual if any student is referred with adverse effects from the schools must be taken cared of with top most priority. They will organize sensitization programme with the parents about adverse effect management with the help of the technical recommendations, enclosed as annexure-II.

17. The BMOH will send their ANMs to their respective schools in a planned manner to organize and conduct Nutrition and Health Education (NHE).

18. The BMOH will collect the WIFS logistics (Medicines and Format etc) from the district, and send the same to the schools directly to the HMs as per requisition from the respective SIs. He will send the same to the CDPOs accordingly following a requisition from the CDPO(s). The CDPO in turn will supply all to the respective AWCs.

19. The School Inspectors have supervision and monitoring checklist for the schools. They will include the following points in that checklist for monitoring of WIFS in the schools.

   i. Whether WIFS programme is running in the school? [Yes/No]; ii. What is the proportion of eligible children consumed IFA (more than 4 tablets) in the last month? [Figure]; iii. Whether the WIFS report has been sent to the SI office in time? [Yes/No]; iv. Whether WIFS programme was discussed in the parents meeting? [Yes/No]; v. Is there any dearth of stock of IFA? [Yes/No], Etc.

20. The SI of schools after checking will ensure WIFS implementation if number [i] above is “No”, he will encourage the teachers to ensure proportion of IFA intake to 100%, he will ensure regular reporting from the schools, he will ensure sensitization of parents regarding WIFS in the parents meetings, and he will also ensure the stock of IFA is maintained by taking up the matter with the BMOH.

21. The DI of schools will collect all the reports from the Block SIs, compile and share with the CMOH/District Nodal Officer WIFS, with a copy to the State School Education Department as usual.
22. The DPO ICDS will collect all the reports from the CDPOs, compile and share with the CMOH/District Nodal Officer WIFS, with a copy to the State Department of Women & Child Development and Social Welfare as usual. A set of the reporting format is enclosed as annexure III.

23. The CMOH, DI of schools and DPO ICDSs along with their district and sub-district level officers will ensure WIFS implementation in the schools and AWCs.

24. The District Magistrate will ensure convergence in the district, sub-district and Block levels.
Adverse Effect Management

Clinical Guidelines for the management of adverse events due to the administration of IFA (100 mg) & Albendazole (400mg):

IFA is very safe drug to administer in adolescents from 10-19 years of age with no side effects or minimal side effects if any. Weekly dose also has the benefit of fewer or no side effects thus improving the compliance and making it more cost effective.

Dos & Don’ts

- School Nodal teachers and Anganwadi Workers have been instructed to administer drugs to children after meals only.
- The Adolescents will be instructed to take a complete glass of water after taking the tablet.
- School teachers and Anganwadi Workers have been instructed not to administer drugs to sick children. In case a sick child is given the drug by mistake and is brought to the doctor for help, the doctor should assess the child for primary illness and treat accordingly.
- Intake of tea or coffee one hour before or after intake of IFA delays its absorption, hence it should be avoided.
- In case of any confusion the Block Municipal Medical Officer, should be contacted instantly.

Side Effects

Most of people using this medication do not have serious side effects. Some children may get side effect like Stomach/abdominal pain, vomiting, diarrhoea, headache, dizziness within few minutes to one hour time. Also change in colour of stool upon consumption of iron tablet has been reported. While these side effects are known and subside after regular intake of this tablet and may also not be necessarily attributable due to IFA tablet.

Rapid Response System

Health & Family Welfare Dept., Govt. of West Bengal has put in place Emergency Rapid Response System at block / Sub-division and District Hospital level to manage any side effects. In case of any such side effects, don’t panic, as these side effects are usually very mild in nature and subside within few minutes.

Objective

- Investigate whether the reported and suspected adverse event was a result of the IFA tablet consumed or another possible cause, attend to the patient and reassure the public.
- Determine the contribution of operational aspects of the programme to the reported suspected event and take corrective action in case of programme error.
- Maintain confidence of the community, schools and health workers in the programme by properly and promptly responding to their concerns.

Members of Rapid Response Team

The Rapid Response Team will comprise of Medical Officers of RBSK Team, ANM, Paramedical Staff and elected members from ICDS and School Education Department.

Site of Investigation by Rapid Response Teams

The Rapid Response teams are to visit the site of adverse effect at school or Anganwadi Centre, as soon as the incidence of adverse effect is reported.
Management of Adverse Effects

The following steps should be adhered to by the Rapid Response team in case of any event of emergency:

Step 1:
Make the child lie down on a flat surface and give the child a glass of water to drink. Talk to the child and remove all apprehensions.

Step 2:
Doctor/Paramedical on arrival at the site.
Assess the condition of the child, note down the vitals Carry the adequate amount of the following medicines along with you:
Supt./tablet Domperidone/ Ondasterone, Tab/suspension Dicyclomine, ORS packets, and Supt./Tab. Paracetamol.
Administer the drugs if the symptoms warrant for intervention and shift to the nearby hospital if required. Hire a vehicle and accompany the child to the nearby hospital.

Step 3:
In case child is very sick inform BPHC / SD Hospital / Medical Unit of ULBs and call Ambulance (Telephone No. ..................................) to transport child to the nearest Govt. Hospital for further management.

Step 4:
- All serious adverse events notified by the ANM/AWWNodal teacher are to be immediately investigated, managed and reported to the Dy. Chief medical Officer of Health-III/ designated MO within 24 hours of notification of the event.

Monitoring/Tracking Progress

- After one week of occurrence of the adverse event, the district medical officer will also submit a follow-up action report on progress of management of adverse event to the State. She will give details of how many cases have been discharged as cured, still hospitalized and deaths if any.
- The district medical officer will use this opportunity to conduct a series of sensitization meetings to take corrective measures.