Iron & Folic Acid (IFA) Supplementation for Adolescent Girls and Women

Participants Manual for Health Workers

August, 2017

Preface

The Girls' Iron-Folate Tablet Supplementation (GIFTS) Programme is a public health intervention designed to provide adolescent girls with weekly iron and folic acid tablets free of charge to help prevent anaemia.

Anaemia has been a public health problem in Ghana for several years. It is common among children, adolescent girls and women of childbearing age. Four out of ten women, and seven out of ten children below five (5) years are currently affected. Among women, those within the adolescent group are most affected with almost 5 out of 10 adolescents aged 15 to 19 years (48 per cent) being anaemic.

Iron and Folic Acid (IFA) supplementation has been shown to be a cost-effective intervention for addressing anaemia. In Ghana, IFA supplementation has focused on pregnant women. Starting IFA supplementation for adolescent girls and continuing into adulthood improves girls' iron status, and reduces their susceptibility to anaemia. It is recommended by the World Health Organisation (WHO).

The GIFTS Programme aims to provide once weekly Iron and Folic Acid in a combined tablet to In-school and Out-of-School adolescent girls on a fixed day.

About the manual

This manual is intended to equip frontline health workers to implement the IFA supplementation programme. It provides the technical information on the GIFTS Programme.

Contents

List of Acronyms/Abbreviations

CHN	Community Health Nurse
CHO	Community Health Officer
CHPS	Community-based Health Planning and Services
CWC	Child Welfare Clinic
DOT	Direct Observed Treatment
GDHS	Ghana Demographic and Health Survey
GIFTS	Girls' Iron-Folate Tablet Supplementation
IFA	Iron and Folic Acid
IYCF	Infant and Young Child Feeding
JHS	Junior High School
SHEP	School Health Education Programme
SHS	Senior High School
TVET	Technical Vocational Education and Training
VIPP	Visualization in Participatory Programmes
WHO	World Health Organization

Introduction

Anaemia prevalence has been persistently high in Ghana among women of childbearing age and children. According to GDHS (2014)[1], 42 per cent of women, and 66 per cent of children below five years are affected. Among women, those within the adolescent age group of 15 to 19 years, and pregnant women have the highest prevalence levels of 48 per cent and 45 per cent respectively.

Anaemia affects women and children throughout the lifecycle. In women, especially during pregnancy, anaemia is associated with premature births, low birth weight babies, peri-natal and maternal mortality. In both adolescent boys and girls, anaemia limits concentration in daily tasks, may contribute to high school dropout, and reduces physical fitness and work productivity. Periodic blood loss through menstruation for the adolescent girl imposes additional need for iron and other essential nutrients, and can contribute to anaemia. Anaemic girls have lower pre-pregnancy iron stores, and the pregnancy period is too short to build iron stores for the growing foetus and mother.

Adolescence is an opportune time for interventions to address anaemia, as it is a time for rapid growth and development, and a critical time for laying the nutrition foundation for childbearing. Providing Iron and Folic Acid (IFA) supplements during adolescence, and continuing into adulthood improves iron status, and reduces risk of developing iron deficiency and anaemia.

The Girls' Iron-Folate Tablet Supplementation (GIFTS) Programme is designed to provide weekly IFA supplements through schools, health facilities and other channels. IFA supplements will be provided to in-school adolescent girls and out-of-school adolescent girls aged 10-19 years. The programme will reach out to other menstruating women aged 20 years and above through communication to generate demand, and encourage them to buy and take IFA supplements.

At the end of the training, participants would be able to:

1. Implement and supervise the IFA supplementation programme
2. Create awareness about the programme
3. Use tools and job aids for counselling on nutrition, iron-rich diets, importance of iron and folic acid supplementation, and other anaemia prevention measures
4. Keep accurate records, track and report on programme coverage, and monitor compliance

[1] Ghana Statistical Service (GSS), Ghana Health Service (GHS), and ICF International. 2015. *Ghana Demographic and Health Survey 2014.* Rockville, Maryland, USA: GSS, GHS, and ICF International.

Key information on changes during adolescence, nutrition problems of adolescents and women

Adolescence is a phase of life characterized by acceleration of physical, psychological and behavioural changes, thus bringing about transformation from childhood to adulthood. Growth spurt occurs (sudden height and weight increases) in both boys and girls, maturation of the sexual organs, changes in shape of the body and emotional changes such as confusion, moodiness, irritation, anger, undue anxiety and tension.

Common problems in adolescence include:

- Under nutrition and anaemia due to poor dietary intake, desire to be thin (especially in girls) and to have a good body figure
- Anaemia in girls and women from monthly blood loss as a result of menstruation
- Smoking and alcohol use which can lead to ill health

Inadequate nutrition among adolescents can have serious consequences:

- Malnutrition can potentially retard growth and development
- Sexual maturation may be delayed as a result of late onset of puberty
- Poor nutrition during adolescence can reduce work capacity and productivity in both adolescent boys and girls

Reproductive health problems due to malnutrition include:

- Menstrual problems
- Miscarriage
- Low Birth Weight (<2.5kg at birth) resulting in increased risk of survival of babies, and in the long term inter-generational effects
- Higher maternal mortality and morbidity (premature labour, antepartum/postpartum haemorrhage, puerperal sepsis)

Need to address anaemia in adolescents and women

Anaemia is a common problem in adolescent girls and women, affecting 4 out of 10 women of reproductive age. Anaemic adolescents usually have low attention span and short retentive memory which affects their performance in school, and in the work they do.

In women, anaemia leads to poor pregnancy outcomes such as still births, miscarriages, pre-term delivery, Low Birth Weight (LBW), death of baby and/mother during or after delivery.

ANAEMIA: CAUSES, CONSEQUENCES AND KEY INTERVENTIONS

What is anaemia?

Anaemia is a condition in which the number of red blood cells or their oxygen-carrying capacity (haemoglobin level) is insufficient to meet physiologic needs, which vary by age, sex, altitude, smoking, and pregnancy status.

Cut-off indicators for anaemia

Haemoglobin levels to diagnose anaemia (g/l)

	Classification of Anaemia (g/l)			
Population	**Non-anaemia**	**Mild[a]**	**Moderate**	**Severe**
Children 6-59 months	11.0 or higher	10.0-10.9	7.0-9.9	<7.0
Children 5-11 years	11.5 or higher	11.0-11.4	8.0-10.9	<8.0
Children 12-14 years	12.0 or higher	11.0-11.9	8.0-10.9	<8.0
Non-pregnant women (15 years and above)	12.0 or higher	11.0-11.9	8.0-10.9	<8.0
Pregnant women	11.0 or higher	10.0-10.9	7.0-9.9	<7.0
Men (15 years and above)	13.0 or higher	11.0-12.9	8.0-10.9	<8.0

[a] Mild is a misnomer: iron deficiency is already advanced by the time anaemia is detected. The deficiency has consequences even when no anaemia is clinically apparent.

Signs of anaemia

- Low blood pressure
- Low pulse
- Low haemoglobin (Hb) levels
- Pallor (Pale palms, nail beds and conjunctiva)
- Fast breathing

Symptoms of anaemia

- Easy fatigability (feeling tired easily)
- Dizziness
- Light headedness
- Fainting
- Palpitations
- Fast breathing

Causes of anaemia

- Low intake of iron-rich foods (e.g. liver, fish, meat, eggs)
- Deficiency of vitamins e.g. folic acid, vitamin B_{12}
- Parasitic infections e.g. malaria
- Hookworm infestation
- Bilharzia/Schistosomiasis
- Increased requirements for iron and other essential nutrients due to changes in physiological status, e.g. puberty, pregnancy and periodic loss of blood during menstruation

Prevalence of anaemia in Ghana

In Ghana, the prevalence of anaemia among women of reproductive age is 42 per cent. Adolescent girls aged 15-19 years have the highest prevalence of 48 per cent (GDHS, 2014)[1].

Consequences of anaemia

The energy available for physical activity and work is reduced in adolescents and adults when they are anaemic. Other consequences are:

- Reduced attention span, and poor memory
- Poor learning performance
- Reduced resistance to infections
- Decreased athletic performance
- Compromised growth and development

In women, anaemia during pregnancy may lead to:

- Poor foetal brain development
- Low Birth Weight babies
- Pre-term delivery (delivery of a baby before 36 weeks of gestation)
- Still births
- Post-partum haemorrhage (bleeding after delivery)
- Neonatal deaths (death of a baby within the first 28 days of life)
- Maternal deaths (death of a mother related to pregnancy and delivery)

Key interventions to prevent anaemia in Ghana

- Promotion of the increased production and consumption of variety of foods, including iron-rich foods
- Fortification of wheat flour with iron and other essential nutrients
- IFA supplementation for pregnant women
- Malaria prevention and control through
    - the use of Long Lasting Insecticide-treated Nets (LLINs)
    - Sulphadoxine Pyramethamine (SP) for pregnant women
- Deworming
- Exclusive breastfeeding for children 0-6 months & promotion of timely and appropriate complementary feeding
- Prevention of infections through
    - Safe disposal of human & animal faeces
    - Washing hands with soap at critical times (e.g. after visiting the toilet, after cleaning baby, before preparing food, and before eating)

<u>Promotion of the increased production and consumption of variety of foods, including iron-rich foods and healthy lifestyles</u>

This intervention promotes increased production of variety of foods to ensure availability and consumption of diversified nutrient-dense iron-rich and healthy diets.

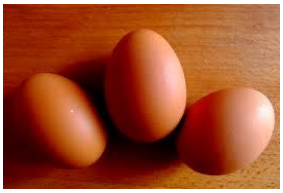
Iron-rich foods

Animal source foods such as liver, egg, fish, & meat are the best sources of iron

Anchovies ("Keta School Boys")

Liver

Shrimps



Eggs

Crabs

Chicken

Beef

Smoked fish

Snail

Other iron-containing foods

Other foods from plants such as dark green leafy vegetables and legumes (e.g. groundnut, beans, cowpea, soya beans, and Bambara beans), melon seeds ('agushi', 'neri'/'werewere') and sesame seeds also contain iron.

Dark green leafy iron-containing vegetables

Amaranthus ("Aleefu")

Jute leaves("Ayoyo")

Cocoyam leaves ("Nkontonmire")

Green leafy vegetables – Plant sources of iron

Legumes also contain Iron

Groundnuts

Cowpea

Bambara beans

The absorption and use of iron in plant foods is usually low due to the high content of absorption inhibitors found in foods such as cereals, legumes, nuts, tea and coffee. Eating fruits provide Vitamin C which improves iron absorption.


Orange


Mango


Baobab fruit


African locus bean pulp

Vitamin C rich fruits, e.g. Orange should be eaten with all meals, especially the plant sources of iron

Diversified diets: This means eating a variety of foods from each of the following four (4) groups every day (also known as '4-star diet'):
Group 1 (1 star*) – Animal-source foods such as flesh meats, Anchovies/"Keta School Boys", eggs and dairy products
Group 2 (1 star*) – Staples (grains, roots and tubers)
Group 3 (1 star*) – Legumes and seeds
Group 4 (1 star*) – Vitamin A rich fruits and vegetables, and other fruits and vegetables

Wheat flour fortification
Fortification is the process of adding essential micronutrients to foods commonly consumed by large number of people in order to reduce deficiencies of vitamins and minerals. In Ghana, wheat flour is fortified with iron, zinc, vitamin A, folic acid, vitamin B_1, B_2, B_3 & B_6.

Iron and Folic Acid (IFA) Supplementation

- Pregnant women: All pregnant women attending antenatal care are provided with iron and folic acid supplements to take daily throughout pregnancy until six (6) weeks after delivery.
- Adolescent girls and menstruating women: Under the WHO guidelines that recommends IFA supplementation for menstruating women, this intervention aims to promote weekly intake of IFA supplements.

The Girls' Iron-Folate Tablet Supplementation (GIFTS) Programme is designed to provide weekly IFA supplements through schools, health facilities and other channels. Supplements will be provided to in-school adolescent girls and out-of-school adolescent girls aged 10-19 years. The programme will reach out to other menstruating women aged 20 years and above through communication to generate demand, and encourage them to buy IFA supplements.

In addition to the above, it is essential to promote healthy diets & lifestyles. This means eating a variety of foods prepared under hygienic conditions, fruits and vegetables, and also limiting the consumption of sugary, salty, oily/fatty and refined foods and drinks. A healthy

diet helps in the prevention of diet-related non-communicable diseases and disorders such as overweight, obesity, hypertension, diabetes, and certain types of cancer.

The benefits of a healthy lifestyle can be realized by undertaking physical activity through regular exercise or household chores, reducing alcohol intake, avoiding smoking, drugs and other illegal substances.

IRON AND FOLIC ACID (IFA) SUPPLEMENTATION FOR ADOLESCENT GIRLS AND MENSTRUATING WOMEN

Rationale for IFA Supplementation Programme

For women of child-bearing age, the onset of childbearing comes with exceptionally high nutrient needs that all women should be adequately prepared for. This increases their risk of developing iron deficiency as a result of loss of blood during menstruation. In addition, when women enter pregnancy with low or suboptimal iron stores, they may be at greater risk of adverse maternal and neonatal outcomes such as stillbirths, miscarriages, death of mother or baby during or soon after delivery.

During adolescence, there is rapid growth and expansion of blood volume and muscle mass. These processes in the body require more iron and folic acid since a major nutrient of blood is iron. Folic acid is also required for the rapid manufacture and growth of red blood cells. During menstruation, the loss of blood further increases the need for iron and folic acid. When adolescent girls do not eat enough of the foods that will provide adequate iron and folic acid to meet their special needs, they may become anaemic.

In Ghana, the prevalence of anaemia among women of reproductive age (15- 49 years) is 42 per cent. Adolescent girls aged 15-19 years have the highest prevalence of 48 per cent (GDHS, 2014)[1]. WHO guidelines recommend mass IFA supplementation for menstruating women where there is a high prevalence of anaemia (>40 per cent). Therefore, the IFA Supplementation Programme seeks to promote the intake of IFA supplements among menstruating adolescent girls (10-19 years), and women above 20 years.

Goal of IFA Supplementation for menstruating adolescents and adult women

To contribute to the reduction in anaemia among adolescent girls and menstruating women through weekly Iron and Folic Acid Supplementation

Objectives of IFA Supplementation for menstruating adolescents and adult women

- To reduce anaemia levels by at least 20 per cent from baseline among adolescent girls in school in the four phase 1 regions by end of 2019
- To provide IFA supplementation to out-of-school adolescents with onset of menstruation up to 19 years in the phase 1 regions by end of 2019
- To build synergy among stakeholders for the implementation of GIFTS and its contribution to sustainable social mobilization impact.

Benefits of the IFA Supplementation Programme

- Contribute to reduction in high prevalence of anaemia in adolescent girls and women of reproductive age
- Improved knowledge of adolescent girls and women on the causes and prevention of anaemia

- Contribute to improved educational performance of adolescent girls
- Contribute to making girls and women energetic and healthier
- Contribute to improved pregnancy outcomes

Target groups for the programme

The IFA programme targets the following groups of people:

- **Target Group 1**: All adolescent girls in Junior High School (JHS) and Senior High (SHS) School, Technical Vocational Education and Training (TVET) Institutions through the GIFTS Programme
- **Target Group 2**: Out-of-school adolescent girls 10 to 19 years through the GIFTS Programme
- **Target Group 3**: Menstruating women 20 years and above

Approaches to implementation of the IFA Supplementation Programme

The approaches to be used for the programme are outlined to target the different age grouping to be reached with this programme.

Target group 1: In-school approach

All girls in JHS, SHS and TVET institutions would receive **one (1) combined Iron and Folic Acid tablet** containing Ferrous Fumarate [60mg of elemental Iron and 400µg (0.4mg) Folic Acid] **once every Wednesday** under Direct Observed Treatment (DOT) of a designated member of staff (class teacher, school nurse, matron).

In instances where a girl misses a weekly dose, the dose is given on another day within the same week. However, if this is not possible, the following week's dose is given when it is due.

Girls should not receive a double dose of IFA tablets on any one day

Target group 2: Health facility-based approach

Adolescent's out-of-school would receive **one (1) combined Iron and Folic Acid tablet** containing Ferrous Fumarate [60mg of elemental Iron and 400µg (0.4mg) Folic Acid] tablet through the routine health contact points (facility-based). The IFA tablets would be supplied monthly according to the number of weeks in the month, and to be taken every Wednesday after a meal. Ideally, each beneficiary will take the first week's dose under the observation of the health worker.

Target group 3: Menstruating women 20 years and above through Social and Behaviour Change Communication (SBCC)

A supportive SBCC campaign will be used to create awareness about IFA Supplementation, and encourage women 20 years and above to buy and take IFA supplements/blood tonic or

liquid preparations containing 60mg of elemental Iron and 400µg (0.4mg) Folic Acid from the nearest Pharmacy/licensed drug store.

The SBCC campaign will also be used to increase awareness about the programme, targeting adolescent girls, parents, community members, teachers and health workers using all available channels and strategies.

Messages will focus on:

- The importance of IFA Supplementation
- Target groups and approaches
- The benefits, possible side effects and their management
- Mode of administration and dosage
- Other anaemia prevention actions (e.g. production and consumption of diversified iron-rich healthy diets, healthy lifestyles, prevention of malaria and worm infestation, food safety, hygiene and sanitation)
- Support required from parents, family and community members, teachers and health workers

STEPS IN IMPLEMENTING GIFTS PROGRAMME

The following are the steps to go through to establish the GIFTS programme in a region

- Identify eligible beneficiaries
- Estimate requirements and distribute IFA supplements and other essential logistics (registers, recording forms, communication materials)
- Embark on sensitization sessions for key players, and conduct orientation and training for teachers and health workers
- Embark on IFA communication campaign
- Conduct screening (physical examination) for presence of severe anaemia
- Administer weekly IFA
- Record and report on programme activities
- Monitor, review and evaluate programme performance

5.1 Identifying eligible programme beneficiaries

- Obtain list of all JHS, SHS and TVET in each CHPS zone
- Obtain school enrolment data for all girls in each school

5.2 Estimation of IFA requirements and distribution of essential supplies and logistics

5.2.1 Estimating requirements of IFA tablets

At all levels, the following steps will be followed in the estimation of IFA tablets requirements:

Step 1: Estimate the total population of adolescents (10-19 years) using the formula below:

Population of adolescents (10-19 years) = 22.4% of total all-age population

Example:
Let's assume that the total all-age population of a Region/District/Zone A is 100,000
Using our formula above,
Population of adolescents (10-19 years) = 22.4/100 x 100,000
= 0.224x 100,000
= 22,400
Therefore, the total population of adolescents in Region/District/Zone A = 22,400

Step 2: Estimate the population of adolescent girls

- Assuming that in an all-age population, the ratio of adolescent boys to girls is 1:1 (50% : 50%), then the population of adolescent girls is obtained by dividing the total adolescent population by 2

Example:
Recall that the total population of adolescents in Region/District/Zone A = 22,400
Therefore, total population of adolescent girls only = 22,400/2
= 11,200
Therefore, there are 11,200 adolescent girls in Region/District/Zone A

Step 3: Calculate the IFA requirements for the population of adolescent girls (10-19 years)

- Assume a minimum programme coverage of 70%, and use that to estimate the requirement of IFA tablets for the year for Region/District/Zone.
- It is expected that each adolescent girl will take one IFA tablet a week, making a total of 52 tablets a year (or 52 weeks). However, an average of 50 tablets (or 50 weeks) would be used to estimate IFA tablet requirements for a year
- The population to be covered is calculated using the formula below:

IFA tablets required for Region/District/Zone = 50 x 70/100 x Total population of adolescent girls (10-19 years) + 20% buffer

Note: Calculation for 20% buffer = 0.2 x Total number of IFA tablets required

Example
Recall that the total population of adolescent girls (10-19 years) in Region/District/Zone A was 11,200
Using the formula above,
IFA tablets required for Region/District/Zone A= 50 x 70/100 x 11,200 + 0.2
= 50 x 0.7 x 11,200
= 392,000
Hence, 20% buffer = 20/100 x 392,000 = 78,400
*Therefore, total IFA tablets required for Region/District/Zone A for the year =392,000+78,400 =**470,400***

(A) In-school GIFTS

- The school Headmaster/Head Teacher provides data on enrolment of all adolescent girls and the total number of female teachers in eligible schools to the CHO/CHN. The CHO/CHN will then submit the data obtained to the District Nutrition Officer/Public Health Nurse using the form below:

SCHOOL ENROLMENT DATA FOR ESTIMATION OF IFA REQUIRED		
Name of School:	Community:	Code:
District:	Region:	Year:
Total number of adolescent Girls:		
Total number of Female Teachers:		
Name of Headmaster:…… Phone no.:…….		
Signature:…….. Date:……..		

- In the estimation of IFA tablet requirements, a minimum of 45 weeks would be used, taking into consideration the average number of weeks adolescent girls may be in school.
- The District Nutrition Officer/Public Health Nurse will calculate the IFA tablets **required for <u>each school</u> for the academic year as follows:**

IFA tablets required= (45 weeks x Total No. of girls in the school) + (45 weeks x No. of Female teachers) + 20% buffer.

Note: Calculation for 20% buffer = 0.2 x 45 x [Total No. of girls in school + Total No. of female teachers in school]

Example: *If total number of girls in a school A for the 2017/2018 academic year = 4,000 and Total number of female teachers in school A= 200*

Then, IFA requirements per year = (45 x 4000) + (45 x 200) + [0.2x45 (4,000+200)]
= 180,000+ 9,000 + [0.2x45(4,200)]
= 180,000 + 9,000+ [0.2x189,000]
= 180,000 + 9,000+ 37,800
=226,800

Therefore, 226,800 IFA tablets are required for School A for 2017/18 academic year

Summary of IFA requirements for schools within the CHPS Zone

The CHO/CHN will compile the population of adolescent girls and female teachers in each school, and forwarded to the district using the form below:

Summary of IFA Requirements for schools within the CHPS zone				
Name of CHPS Zone: Sub-district: District:			Region:	Year:
No	Name of School	Population of adolescent girls	Population of female teachers	Annual IFA Estimates
TOTAL				
Name of Officer:			Designation:	
Signature:			Date:	

(B)For Out-of-school GIFTS

IFA tablets required for out-of-school adolescent girls will be obtained by subtracting the total number of IFA tablets for In-school GIFTS from the total number of IFA for the zone

Note:
IFA tablets for out-of-school adolescent girls = (Total no. of IFA required for the Region/District/Zone) – (Total no. of IFA tablets required for in-school adolescent girls)

Example:
Recall that total number of IFA required for the Region/District/Zone = 470,400, and
total number of IFA tablets required for in-school adolescent girls = 226,800
Therefore, *IFA tablets for out-of-school adolescent girls = 470,400* – 226,800
= 243,600
Therefore, 243,600 IFA tablets are required for out-of-school adolescent girls in Region/District/Zone A

Note:
- The District Nutrition Officer/Public Health Nurse will estimate the IFA tablets required for each CHPS zone, including the schools.
- Requisition based on the estimates made would be submitted for the supply of the IFA tablets.

5.1.3 Distribution of supplies

- Commodity acquisition and distribution would be in line with the Ghana Health Service established systems and mechanisms
- GHS headquarters will procure annual supply of IFA tablets, and will supply the annual stock as per requirements to the Regional Health Directorates for onward distribution to District Health Directorates from which level the supplies would be sent to schools and health facilities
- **At the CHPS zone, the CHO/CHN would package and distribute IFA tablets to the schools within the catchment area based on estimated requirements, and the remaining IFA tablets kept for out-of-school adolescent girls.**

5.2 Sensitisation, Orientation and Training

Capacity of health and education service officers, frontline health staff and teachers would be built at all levels for effective programme implementation.

5.2.1 Sensitisation

Relevant officials of the Ghana Education Service, Ghana Health Service and other Ministries, Departments and Agencies (MMDAs) would be sensitized about the programme. Community sensitization would also be carried out to create awareness and ensure adolescents and their parents understand the benefits of GIFTS. Sensitisation at Parent Teacher Association meetings would further explain the programme to parents, and to obtain their consent. Parents would be required to make provision for their wards to take lunch in school prior to IFA tablet administration.

5.2.2 Orientation

Regional and District Directors of GHS and GES and other MMDAs would be oriented on the programme. This is to provide in-depth information on the programme and get buy-in for effective implementation.

5.2.3 Training

A training of trainer's workshop would be held to build capacity of national and regional officers to conduct downstream training. A step down training of trainer's workshop would be conducted by regional teams for district health officers, district SHEP coordinators and other Officers with national support.

District trainers with support from regional and national trainers would conduct downstream trainings at zonal or sub district level for frontline health staff and teachers.

Officers trained within districts, facilities and schools would be required to build the capacity of the officers who would be involved in the dosing of students and or the delivery to clients. At least one teacher would be trained in every school. Trained teachers would be required to train their colleague teachers prior to the start of the programme.

5.3 Social and Behaviour Change Communication

Prior to the start of the programme in a region, CHOs/CHNs will create awareness about the programme in all communities in their catchment areas through community durbars, community radio, PTA meetings and other community communication channels. Adolescents out of school will be encouraged to visit the nearest health facility to register for their monthly allocation of the supplements which they will take every Wednesday. Menstruating women aged 20 years and above would be encouraged to buy their IFA tablets (or liquid preparations with the appropriate levels of iron and folic acid), at the nearest chemical shop or Pharmacy and take after their lunch meal every Wednesday.

5.4 Screening (clinical examination) for presence of severe anaemia

The CHO/CHN will **visit schools in their catchment area prior to the start of the programme and provide support to the school nurse (where available)** to screen adolescent girls for presence of severe anaemia by assessing the conjunctiva, palm, nail beds and tongue for pallor. Anaemic adolescent girls would be referred to the nearest health facility for appropriate management of the anaemia. Anaemic adolescent girls would join the GIFTS programme after treatment, when anaemia has cleared.

Out-of-school adolescents who access services within the health facilities would be screened for severe anaemia and referred for further investigation and treatment.

5.5 Exclusion Criteria

- Students who are known to have sickle cell disease should not participate in the supplementation programme as such students are on a treatment regimen.
- Supplementation should be withheld for students who report sick on the day of IFA administration until illness clears. Such students should be advised to seek medical attention.

5.6 Administering weekly IFA

In-school GIFTS

- Distribution of IFA tablets will be done **every Wednesday after the lunch meal**
- Information on the distribution of IFA will be given during morning assembly
- Each class will be allocated the total number of IFA tablets required
- Each girl will take the IFA tablet under the observation of the class teacher/school nurse/matron
- Any girl who misses out on the Wednesday distribution should be provided the supplement in the course of the same week when she is back in school.

Note:

- **No girl should be given a double dose of IFA tablets within the same day**
- **Any adverse reactions should be recorded and reported**

Out-of-school GIFTS

- Health staff would provide monthly supply of IFA tablets to registered adolescent girls (1 tablet a week, to be taken every Wednesday)
- For out-of-school adolescent girls, the first tablet for the week should be taken under the observation of the health worker, and the rest taken at home every Wednesday **after a meal**
- Information on the distribution of IFA tablets will be given during health talks/durbars/individual counselling sessions

Note:

- Health staff should ensure the **IFA tablet administered at the health facility is taken after a meal**
- Health staff should inform adolescent girls to make efforts to take the IFA supplement in the course of the same week when a Wednesday dose is missed
- Health staff should caution adolescent girls not to take a double IFA dose within the same day
- Any adverse reactions should be recorded and reported

5.7 Recording and reporting

Recording

In-school GIFTS

Class/Form teachers will record details of beneficiary girls and the weekly IFA tablets given in the GIFTS Termly Class/Form Register shown below:

GIFTS termly class/form register

GIRLS' IRON-FOLATE TABLET SUPPLEMENTATION (GIFTS)
TERMLY CLASS/FORM REGISTER

Name of School: District: Region: CHPS Zone:	Class/Form Class/Form Name:	Term: Period:	Estimated No. of IFA tablets required per adolescent girl per term: 10-15

Instruction: Use a tick "✓" to indicate IFA taken on the Wednesday, and a zero "0" to indicate IFA missed as at the end of the GIFTS week (next Tuesday)

No	Name of Student	Age	Date of enrolment	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Week 8	Week 9	Week 10	Week 11	Week 12	Week 13	Week 14	Week 15	Total No. of IFA tablets taken	Remarks
1																				
2																				
3																				
4																				
5																				
6																				
7																				
8																				
9																				
10																				
11																				
12																				
13																				
14																				
15																				
16																				
17																				
18																				
19																				
20																				
21																				
22																				
23																				
24																				
25																				
26																				
27																				
28																				
29																				
30																				
	Number of tablets wasted																			

Beneficiaries (*summarize at the end of term*)			Nutrition & Health Education activities (*summarize at end of term*)
Total number of registered girls in class:			No. of nutrition & health education sessions planned for the term:
Total No. girls who took at least one IFA tablets per term:			No. of nutrition & health education sessions carried out:
Total No. girls who took 10 or more IFA tablets per term:			

Out of school GIFTS (*register only those screened and non-anaemic*)

Health staff will record details of out-of-school adolescent beneficiary girls, and the monthly IFA tablets given in the GIFTS facility register. All girls would be given **4 tablets** on every visit; **one of which would be taken in the presence of the health worker.** Record the date the tablets were given under the month in which the client visited in th register shown below:

OUT-OF-SCHOOL GIRLS' IRON-FOLATE TABLET SUPPLEMENTATION (GIFTS) PROGRAMME
HEALTH FACILITY REGISTER

Name of facility/CHPS:																				
Region:		District:							Sub-district:											
CHPS Zone:									Year:											
S/N	Registration Details			Screened for anaemia?		*Instruction: For each month, indicate the date given only*													Total IFA tablets given	Comments
	Name	Age	Address	(Y/N)	Result (A=Anaemic/ NA=Not anaemic)	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec			
1																				
2																				
3																				
4																				
5																				
6																				
7																				
8																				
9																				
10																				
11																				
12																				
13																				
14																				
15																				
16																				
17																				
18																				
19																				
20																				
21																				
22																				
23																				
24																				
25																				
26																				
27																				
28																				
29																				
30																				
					Number of IFA tablets wasted															

Reporting

In-schools GIFTS

- In-school GIFTS teams will use the school termly summary sheet (shown below) to summarize information in the class/form registers into a school report at the end of the term.
- School termly report will be sent to or picked up by the Community Health Nurse/Officer.
- All school termly reports would be forwarded to the District Nutrition Officer for compilation, and shared with District Directors for Health and Education.

School Termly Summary Sheet

GIFTS Form/Class Register						
	Form/Class name	No. of girls in Form/Class	Total No. of IFA tablets taken for the term in Form/Class	Number of girls who tool at least one IFA tablet in Form/Class	Number of girls who took 10 or more tabs per term in Form/Class	Number of IFA tablets wasted
Form						
Class						
Form						
Class						
Form						
Class						
Form						
Class						
Form						
Class						
Form						
Class						
Form						
Class						
Form						
Class						
Form						
Class						
Form						
Class						
Form						
Class						
Form						
Class						
Form						
Class						
Form						
Class						
Form						
Class						
Form						
Class						
Form						
Class						
Form						
Class						
Form						
Class						
Form						
Class						

Girls' Iron-Folate Tablet Supplementation (GIFTS) Programme
School Termly Reporting Form

Name of School:	Region: District:
Number of weeks in the term:	Sub-district/Circuit:
Term start date:	
Total no. of IFA tablets received by school at the beginning of the term:	
Total no. of IFA tablets used:	
Total no. of IFA tablets remaining (balance) at the end of the term:	

Summary for School

No. of girls in School	Total No. of IFA tablets taken for the term	Number of girls who tool at least one IFA tablet in the school	Number of girls who took 10 or more tabs per term in the school	Number of IFA tablets wasted	Number of Health and Nutrition Education sessions carried out

Prepared by:

Name of SHEP Coordinator:

Signature Contact: Date:

Endorsed by:

Name of Headteacher:

Signature Contact: Date:

Reporting at the health facility

Schedule officers at the health facility would report monthly by summarizing information from the facility register. **Reports should be ready within 5 working days of the ensuing month and forwarded to the schedule officer at the CHPS zone/sub district**

Girls' Iron-Folate Tablet Supplementation (GIFTS) Programme Facility reporting form	
Name of Facility/CHPS: **District**: **Sub-district**: **CHPS Zone**: **Month/Year:**	
Out-of-School adolescent girls (10-19 years)	
Total number of new clients	
Total number of adolescents in the register (*New* + *Old*)	
Total number of adolescent girls screened for anaemia this month (*new clients only)*	
Total number of anaemic adolescent girls this month(*new clients only)*	
Total number of registered adolescents given IFA this month	
Number of IFA tablets received at the beginning of month	
Number of IFA tablets used this month	
Number of IFA tablets (balance) at end of the month	
Total number of health education sessions on anaemia planned	
Total number of health education sessions on anaemia held	
Name of In-Charge: Designation: Signature Contact: Date:	

Indicators

Proportion of out-of-school adolescent girls given= Total number of out-of-school adolescent girls registered Total number of out-of-school adolescent girls in CHPS zone

Reporting at the district level

The district Nutrition officer/schedule officer should reach out to sub district coordinators for monthly report as the service tradition with reporting. Collated district **reports (see reporting form below) should be ready within 3 working days upon receipt from the sub district or zonal levels and forwarded to the regional nutrition officer or identified schedule officer.**

The district report should be shared with the District SHEP officer at GES.

District collation form

Girls' Iron-Folate Tablet Supplementation (GIFTS) Programme District Collation form									
District:					**Region:**				
Month:					**Year:**				
Name of Facility/ CHPS:	Sub-district	No. of new adolescent girls screened for anaemia	No. of new adolescent girls anaemic	No. of IFA tablets received this month	No. of IFA tablets used this month	No. of IFA tablets remaining (balance)	No. of new clients in register	Total number of clients in register (Old + New	Total number of registered adolescents given IFA this month
TOTAL									

Schools Report					
Name of school	**CHPS zone**	**Total girl enrolment**	**Total registered on GIFTS**	**Total girls who took at least 1 IFA tablet**	**Total girls who took at least 10 IFA tablets**

Reporting at the Regional Level

The Regional Nutrition officer/schedule officer should reach out to district coordinators for monthly report for collation into a regional report. **Reports should be ready within 3 working days upon receipt from the district level (using the form below) and forwarded to the national programme manager and copies to the regional SHEP officer**

Whenever possible, reports can be forwarded to the next level electronically and copies filed at the office.

Regional collation form

Girls' Iron-Folate Tablet Supplementation (GIFTS) Programme Regional Collation form										
Region:										
Month:						**Year:**				
Out-of-school GIFTS										
Name of Facility/ CHPS:	Sub-district	District	No. of new adolescent girls screened for anaemia	No. of new adolescent girls anaemic	No. of IFA tablets received this month	No. of IFA tablets used this month	No. of IFA tablets remaining (balance)	No. of new clients in register	No. of clients in register (Old + New	No. of registered adolescents given IFA this month
TOTAL										

In-school GIFTS					
District	**No. of schools**	**Total girls enrolled**	**Total registered for GIFTS**	**Total girls who took at least 1 tablet**	**Total girls who took at least 10 tablet**

Monitoring and Supervision

- At the beginning of implementation, intensive supportive supervision and mentoring activities would be carried out in schools and health facilities. These activities are expected to identify challenges with implementation and reporting, and provide support to resolve them.
- At District/Regional levels, IFA Supplementation would be incorporated into routine monitoring. Education Circuit supervisors and heads of schools would also integrate IFA supplementation in their routine supervision. Monitoring and supervision reports on all activities would be written and signed by team leaders at the various levels.
- The Regional Health and Education Directorates would jointly plan and hold half-yearly meetings to review programme implementation and address pertinent issues.

The monitoring tool (see Annex A) would be used during monitoring and supervision visits to health facility distribution sites and schools.

ROLES AND RESPONSIBILITIES FOR PROGRAMME IMPLEMENTATION

Management and coordination arrangements would be put in place at the regional, district, facility and school levels to allow for effective programme implementation.

At the Regional and District levels, a coordinator would be identified to facilitate the distribution of logistics, supervision and reporting.

In each CHPS zone, a key person in the public health team would be identified with oversight responsibility for GIFTS implementation in the CHPS zone. Facilities would need to situate the GIFTS programme at the Adolescent and Youth-Friendly corner or any suitable unit, in case the corner does not exist.

The roles and responsibilities of actors at various levels of implementation of GIFTS are:

(i) Role of the Principal/Headmaster/Head teacher

The Principal/Headmaster/Head teacher would:

- designate the School-Based Health Coordinator and an assistant to work with the health service provider to implement **GIFT**S
- Coordinate the training of other teachers in the school on GIFTS
- Ensure time is allotted for Nutrition and Health Education during the Wednesday time for worship and prayer
- Provide information needed to estimate requirements for IFA tablets and other logistics for the school
- Ensure proper storage of IFA tablets in a clean, dry and dust-free area away from direct sunlight
- Ensure that GIFTS Programme is discussed at the school health committee meetings and PTA Meetings, and parents' consent sought for their children's participation.
  - Parents who do not want their wards to participate should inform school authorities
- Authorize all forms and reports on the GIFTS Programme before submission to the next level
- Monitor the implementation of the GIFTS programme

(ii) Role of Class teacher/ School Nurse/Matron

Class teachers/School Nurse/Matron would

- Supervise students to take IFA tablets every Wednesday after the mid-day meal.

Female teachers of reproductive age are encouraged to take IFA in the presence of students.

- Ensure a student who misses a dose takes the IFA tablet in the course of the week (if student is available)
- Provide nutrition and health education to students (preferably on the day designated for IFA administration). This could be integrated into a lesson being taught.

- Record the weekly administration of IFA supplements in the GIFTS class register (see page 23)
- Summarize records of the IFA administration in the GIFTS class registers at the end of the term, and forward to the school based health coordinator or assistant

Copies of the summarized school report should be shared with the Circuit Supervisor

(iii) Role of the School-based Health Coordinator and Assistant

- The school-based health coordinator and assistant would be responsible for the implementation of GIFTS programme in the school level.
- The School-based health coordinator will train the other teachers in the school
- school-based health coordinator provides education to school pupils/students about GIFTS during morning assembly
- school-based health coordinator allocates total number of IFA tablets per class/form, and distributes to each class/form teacher
- The School-based health coordinator would collate information on weekly administration from all class registers in the school onto the School Termly Summary form (see page 25). This will be submitted to the Head teacher for review and submission to the CHO/CHN responsible for the school at the end of every term.

(iv) Role of CHO/CHN at CHPS Zone

Community Health Nurses/Officers would:

- Submit population of schools in catchment area to District Nutrition Officer/Public Health Nurse
- Prepare requisition and pick up IFA tablets and other supplies required in their catchment area
- Create awareness on GIFTS Programme through health talks at health facilities, outreaches and in the communities
- Identify eligible adolescent girls, screen for pallor (palm, nail bed and conjunctiva) and refer for further investigations if indicated, register beneficiary girls in facility register (see page 24)

(a) In-School GIFTS

- Ensure adequate IFA tablets and supplies are allocated and distributed to each school before the beginning of each term
- Conduct regular monitoring of GIFTS Programme within schools in their catchment areas, and liaise with the school-based health coordinator to address any issues that may arise
- Collate information on School Termly Summary forms from all zones within their catchment area, and forward to the District Nutrition Officer

(b) Out-of-school GIFTS

- Provide and record monthly supply of IFA to all eligible adolescents who register at their facility.
- Counsel adolescents on regular intake of IFA and other anaemia prevention actions
- Prepare monthly reports and submit to the district nutrition officer.

District Level

(v) The District Nutrition Officer/Public Health Nurse/Health Promotion Officer or Delegated officer (as applicable) would:

- Estimate IFA tablet requirements for the population of adolescent girls (10-19 years) within the catchment area
- Train health staff and teachers to implement the GIFTS programme
- Receive and collate commodity estimates from CHPS zones and submit to the District Director of Health Services
- Prepare requisition and collect IFA tablets and other logistics from Regional Medical Stores
- Receive and collate termly reports for in-school and monthly reports for out-of-school GIFTS and submit to the District Director of Health Services and Regional Nutrition Officer.

Copies of the reports should be shared with the District SHEP Coordinator and Director of Education

- Supervise and monitor GIFTS programme implementation in the district
- Collaborate with District SHEP Coordinator to monitor and supervise schools implementing the GIFTS programme
- Integrate orientation on GIFTS Programme into all meetings and training programmes

Regional Level

The Regional Nutrition Officer/Public Health Nurse/Delegated officer would

- Train district trainers and support district to train health staff and teachers to implement the GIFTS programme
- Receive and collate commodity and supplies estimates from districts and submit to the Regional Director of Health Services
- Prepare requisition and collect IFA tablets and other logistics from the Central Medical Stores for the implementation of the GIFTS programme in the region
- Receive and collate monthly out-of-school and termly in-school GIFTS reports from districts, and submit to the Regional Director of Health Services

Copies of the reports should be shared with the Regional SHEP Coordinator, Regional Director of Education and National GIFTS Programme Manager

- Collaborate with Regional SHEP Coordinator to monitor districts/schools implementing the GIFTS programme
- Integrate orientation on GIFTS Programme into all meetings and training programmes

National level

- Collaborate with Regional Health Directorate and National SHEP Coordinator to monitor and supervise schools implementing the GIFTS programme
- Supervise implementation of GIFTS programme in districts and health facilities
- Conduct Training of Trainers (ToT) for GIFTS programme implementation
- Estimate IFA tablets and other logistics required for the GIFTS programme
- Organize periodic meetings to review GIFTS programme implementation
- Evaluate GIFTS Programme and share findings with key players for scale up, support and patronage

Annex A

Girls' Iron and Folic Acid Tablet Supplementation (GIFTS) Monitoring Tool

This tool is to be used in the health facility/schools distribution sites to assess IFA distribution, storage conditions, and quality. Monitoring should be done at the facility distribution sites and schools where beneficiaries receive IFA supplements.

General Information (*Please select appropriate place of visit*)

Facility name: **Name of CHPS Zone:**	**Distribution Site/type** ☐ CWC Static ☐ CWC Outreach ☐ Home visit
Name of School : **Circuit:**	**Type of School** ☐ Junior High School ☐ Senior High/Technical School ☐ Vocational Training School
District:	**Date of visit:**
Region:	
Name (s) and Title(s) of person(s) undertaking monitoring:	1. 2.

Information from the distribution site

Physical conditions of the IFA storage facility ▪ Are supplies properly packed? Yes No ▪ Bin card (Stock received/out) used: Yes No ▪ Record keeping properly maintained: Yes No ▪ Any other observation(s): _____
Comments:
When were items received at the site? (most recent date):
IFA tablets delivered to distribution site within agreed frequency? Yes No **Comments:**

Any shortages/losses? Yes No **If yes, state**, Quantity (tablets): …….. Type of shortage/loss: …….. Was this reported for action? Yes No If yes, when? **Comments**:

Was there any stock-out of IFA tablets in the past 3 months/previous term in the facility/school?	Yes	No
Comments:		

Any damages to the IFA tablets?	Yes	No	If yes, why?
Comments:			
Any other observation(s)? Comment(s):			

Information from the program

Were staff at the distribution site trained on effective distribution and education on IFA? Yes No **Comments:**
IFA tablets administered/delivered to beneficiaries within agreed frequency? Yes No **Comments:**
Are registers or records filled out correctly? Yes No
Are reports sent on time to the next level? Yes No Check date of last submission:…….
Other observations:

Follow-up actions	Responsible person(s)	Deadline
1. 2. 3.		