

MOST IMMEDIATE

No.Z.28020/50/2003-CH  
Government of India  
Ministry of Health and Family Welfare  
(Department of Health and Family Welfare)  
(CH Section)

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Nirman Bhawan, New Delhi.  
Dated the 23<sup>rd</sup> April 2007.

To

The Secretary, Department of Bio Technology, Ministry of Science & Technology, CGO Complex, Lodhi Road, New Delhi.  
The Secretary, Ministry of Women & Child Development, Shastri Bhawan, New Delhi.  
The Secretary, Department of Education, Ministry of Human Resources Development, Shastri Bhawan, New Delhi.  
The Secretary, Department of Health & Family Welfare of All States/UTs  
The Secretary, Department of Women & Child Development of All States/UTs.  
The Director of Family Welfare of All States/UTs  
The DG, ICMR, Ansari Nagar, Ring Road, New Delhi.  
The Sr. Adviser (Health), Planning Commission, Yojana Bhawan, New Delhi.  
The Country Representative, UNICEF, Lodi Estate, New Delhi.  
The Country Representative, WHO (India), Nirman Bhawan, New Delhi.  
The Country Representative, USAID, Chanakyapuri, New Delhi.  
The Country Representative, European Union, Chanakyapuri, New Delhi.

**Subject: Review of the Policy regarding micronutrients - Iron Folic Acid (IFA).**

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Sir/Madam,

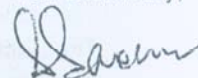
With the approval of Secretary (Health & Family Welfare), the policy regarding Iron Folic Acid (IFA) Supplementation stands approved as per the following:

1. The infants between 6-12 months should also be included in the programme as there is sufficient evidence that iron deficiency affects this age group also.
2. Children between 6 months to 60 months should be given 20mg elemental iron and 100 micro gm folic acid per day per child as this regimen is considered safe and effective.
3. National IMNCI guidelines for this supplementation to be followed.
4. For children (6-60 months), ferrous sulphate and folic acid should be provided in a liquid formulation containing 20mg elemental iron and 100 mcg folic acid per ml of the liquid formulation. For safety reason, the liquid formulation should be dispensed in bottles so designed that only 1 ml can be dispensed each time.
5. Dispersible tablets have an advantage over liquid formulations in programmatic conditions. These have been used effectively in other parts of the world and in large scale Indian Studies. The logistics of introducing dispersible formulation of Iron and Folic Acid should be expedited under the Programme.
6. The current programme recommendations for pregnant and lactating women should be continued.

7. School Children, 6-10 year old, and adolescents 11-18 year olds, should also be included in the National Nutritional Anemia Prophylaxis Programme (NNAPP).
8. Children 6-10 year old will be provided 30mg elemental iron and 250 mcg folic acid per child per day for 100 days in a year.
9. Adolescents, 11-18 years will be supplemented at the same doses and duration as adults. The adolescent girls will be given priority.
10. Multiple channels and strategies are required to address the problem of iron deficiency anemia. The newer products such as double fortified salts/ sprinklers/ ultra rice and other micronutrient candidates or fortified candidates should be explored as an adjunct or alternate supplementation strategy.

It is requested that further needful and necessary action in the matter may be taken, under intimation to this Ministry.

Yours faithfully,

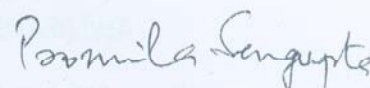


(Dr. Sangeeta Saxena)  
Assistant Commissioner (CH)  
Tel No. 23061218

Copy for information to:

1. Adviser (Nutrition), DGHS, Nirman Bhawan, New Delhi.
2. Director, NIC, Ministry of Health & Family Welfare, with the request to kindly furnish the above information in the Website of the Ministry please.
3. Director (IEC) with the request to take further necessary action
4. Director, NIPCCD
5. *Secretary*, NNF
6. *President*, IAP
7. *President*, IMA
8. Supply Division/Statistics Division/MCH Division. Ministry of Health & FW
9. Copy to File No. Z.28020/30/2005-CH/Z.28020/122/2005-CH
10. Master File on IMNCI/Guard File

*for*



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