



# T3



## TEST TREAT AND TALK ANEMIA CAMP

### Guidance Note for State Programme Managers



Organizing Test, Treat and Talk (T3)  
Anemia Camps at  
Government/Government-aided  
Schools and Colleges during  
POSHAN Maah (September 2019)

**3**  
**TEST**  
**TREAT**  
**TALK**

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**3**  
**TEST**  
**TREAT**  
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# 1. Introduction

1. Anemia Mukta Bharat (AMB) is a flagship programme of Ministry of Health and Family Welfare (MoHFW) under POSHAN Abhiyaan. The programme aims at reducing anemia through a life cycle approach.
2. Organizing Test-Treat-Talk (T3) anemia camps (henceforth called T3 camps) is an integral component of AMB's demand generation, social and mass mobilization strategy. Each T3 camp is one-day long, held at a fixed site and fixed time and caters to an average of 500 beneficiaries. Beneficiaries can be of all or a specific group such as pregnant women, adolescents, etc., depending on the site of camp. A typical T3 camp consist of three steps; **Test** for anemia using a digital hemoglobinometer (invasive); **Treat** with iron-folic acid (IFA) tablets and referral; and **Talk** or counsel beneficiaries on iron, protein and vitamin C rich foods and healthy lifestyle measures.
3. The Jan Andolan Dashboard Data – (Table 1) shows that during POSHAN Maah (September 2018) and POSHAN Pakhwada (March 2019), several States in collaboration with medical colleges, academic institutions, development partners, etc. T3 camps which together reached out to over 1.75 crore people. As shown in Table 1, the POSHAN Pakhwada showed a huge increase in the number of beneficiaries covered, jumping from 1 lakh during POSHAN Maah in September 2018 to 1.65 crore during POSHAN Pakhwada in March 2019. This demonstrates the community's acceptance and programmatic feasibility of scaling-up the T3 approach.

**Table 1:** Coverage of T3 camps in POSHAN Maah (September 2018) and POSHAN Pakhwada (March 2019)

Event	Number of T3 Camps organized	Place of Camp	Beneficiaries	
			Target	Reached
POSHAN Maah: September 2018	900	Government institutions and OPDs of medical colleges	50,000	1,00,000
POSHAN Pakhwada: March 2019	1,96,000	Community setting	1,00,00,000	1,65,00,000

4. Target for POSHAN Maah, September 2019: Anchored in the success of the T3 approach, the States and union territories (UTs) for the upcoming round of POSHAN Maah 2019 should set an ambitious target to reach as many people as possible. During this POSHAN Maah, States and UTs should focus on setting up of T3 camps across all government and government-aided schools and colleges of the country in addition to setting up T3 camps at community level such as VHND, AWC, Health facilities, Railway Stations, Bus stands and Weekly markets etc.
5. It is envisaged that the September 2019 T3 camp in schools and colleges will encourage children to inculcate healthy dietary habits. This will go a long way towards improving their cognitive potential and enhancing the physical and mental capacity of the young generation. It will also generate awareness on anemia among the masses.
6. This guidance note is intended to support State Programme Managers in training and orienting their district and block teams in:
  - i. How to plan and organize a T3 camp
  - ii. How to monitor and report T3 camp activities

## 2. Benefits of organizing a T3 camp

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Organizing a T3 camp would have many benefits, such as:

- Creating a buzz and visibility about the anemia and the Anemia Mukta Bharat programme
- Providing personalized treatment and counselling based on an individual's hemoglobin level/anemia level
- Serving as a gateway to promote nutrition messages on healthy diets (iron, protein and vitamin C rich foods, fortified foods and double fortified salt), do's and don'ts for anemia and iron rich food recipes

# 3. Preparations needed for organizing a T3 camp

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There are three critical steps that must be followed when organizing a T3 camp:

## A) Planning:

- ◆ The State NHM-AMB nodal officer may call for a planning and sensitization meeting with the district nodal/RCH officers for AMB and officers from the Department of Education, Department of Panchayati Raj, partner medical and nutrition colleges and development partners at NHM Office (Sample agenda at Annexure 1)
- ◆ The meeting should discuss the date, venue, time, work allocation, social mobilization, logistics, checklist to organize a camp ; how to implement, record and report (please see Annexure 6)
- ◆ A joint letter for implementing T3 camps should be issued for respective programme management units (Health and Education)
- ◆ The meeting should be held at least 20 days before celebrating POSHAN Maah (preferably in the second week of August).
- ◆ At the district level and block level, directives should be sent to the frontline workers to plan and organize activities to



- inform the community about the upcoming T3 camp.
- ◆ In order to leverage the micro plan and logistics required, the day on which IFA tablets are administered in schools and colleges may be fixed for organizing the T3 camps.
  - ◆ The camps may be organized so as to encourage participation of the general population staying in the vicinity of the venue. This would improve the reach of awareness generation activities on anemia prevention and control.
  - ◆ Utmost care should be taken for disposal of biomedical waste generated at the camp site. The school/college authority should coordinate with the nearest PHC/CHC medical officer for proper disposal of waste.

**Table 2:** Estimated Budget for one T3 camp

Essentials	Cost estimate (Lumpsum)
Digital hemoglobinometers (invasive) along with microcuvettes/strips and lancets (500) and related supplies*	₹ 10,000 and as available in PIP
Miscellaneous and logistics (Venue set up, IEC and Counselling material and Banner)	₹ 5,000 (new item) can be used from IEC budget.
<b>Total Cost</b>	<b>₹ 15,000</b>

\* This activity has already been budgeted in State Annual PIP for FY 2019-20, FMR code: (6.1.1.2.b, 6.1.1.5.c), IEC/BCC activities: BL 11.4, 11.5, 11.6, 11.7

### **B) Sensitization meeting (at State and district levels):**

Salient points to be discussed during the meeting:

- ◆ **Target beneficiaries:** Children (5–9 years) and adolescents (10–19 years) in school and colleges. Teachers, parents and

local population will also be part of the T3 camp.

- ◆ **Number of camps:** It is suggested that at least 50 camps per district may be organized in the premises of government and government-aided schools and colleges.
- ◆ **Human resource:** One ANM/lab technician, one medical officer/resident/intern, two dieticians/nutritionists to counsel the target beneficiaries.

**Table 3:** Brief on job responsibilities of each team member in a T3 camp:


Task	Team Member	Responsibility
Local venue support	School/college authority/AWC/V HND/Health facility any other community setting	Ensuring appropriate and clean venue, electricity connection, water dispenser, mobilization of students and other local arrangements (chairs, tables, pedestal/mounted fans), general waste dust bins for waste disposal, electricity extension board etc.
Resource logistics and technical support	Nodal officer-NHM in collaboration with partners	<ul style="list-style-type: none"> <li>• Assembling and transportation of T3 kit bags to the venue</li> <li>• Identifying technical staff for the T3 camp</li> </ul>
Technical manpower support	Lab technician/ANM	<ul style="list-style-type: none"> <li>• Test hemoglobin levels with digital hemoglobinometers</li> <li>• Referral for Severe Anemia</li> <li>• Data entry in prescribed format (mentioned below)</li> </ul>

Task	Team Member	Responsibility
	One medical officer/resident/interns	<ul style="list-style-type: none"> <li>• Treatment for mild and moderate anemia</li> <li>• Prescription slip</li> </ul>
	Dietician/nutritionist	<ul style="list-style-type: none"> <li>• Counselling on anemia and healthy dietary habits</li> <li>• Demonstration on indigenously available iron, protein and vitamin-C rich foods</li> </ul>
Volunteer support	School and colleges members/ Frontline workers/ Local community members etc	<ul style="list-style-type: none"> <li>• Assist in arrangements for setting up of the T3 camps.</li> <li>• Managing and ensuring conduct of activities during the camp</li> </ul>
Supervision and monitoring	PHC medical officer	<ul style="list-style-type: none"> <li>• To oversee the successful implementation of the camp</li> <li>• Ensure recording and reporting</li> </ul>

Sensitization meeting can use three videos which are available as free download at [www.anemiamuktbarat.info/resources/T3 camp](http://www.anemiamuktbarat.info/resources/T3%20camp)

The T3 Kit bag basic essentials for one camp with 500 participants should preferably consist of:

	<p>Digital hemoglobinometer (specifications as per Annexure 2)</p>	<p>1</p>
	<p>Microcuvettes/ Strips</p>	<p>500</p>
	<p>Lancets</p>	<p>500</p>
	<p>Alcohol swabs</p>	<p>500</p>
	<p>Spirit (if alcohol swab is not available)  Cotton</p>	<p>500 ml spirit 1 big cotton roll</p>
	<p>Batteries (AA size or Coin battery)</p>	<p>AA size: 4 Coin: 2</p>
	<p>Gloves (non-sterile)</p>	<p>20 pairs</p>

	Bio medical waste disposal	1 puncture proof container  Bio medical waste disposal bag
	IEC material (poster/pamphlet)	Dietary counselling materials
	IFA tablets (pink and blue)	2 strips each (For display only)
	Prescription pads (100 slips per pad), sample as per Annexure 3	Five
	Banner of T3 camp, sample as per Annexure 4	1

\*Desirable: one additional digital hemoglobinometer can be kept as a back-up.

- ◆ Ready to print samples of Banner and IEC material is available for free download at [www.anemiamuktbarhat.info/resources/T3camp](http://www.anemiamuktbarhat.info/resources/T3camp)
- ◆ The respective State NHM team may request the department of pediatrics and preventive and social medicine at the partner medical colleges to provide necessary manpower and logistics support.
- ◆ To fulfil the requirement of Dieticians/Nutritionists, the State may contact Home science/agriculture/relevant allied academic institutions for volunteer dietary counselling support during the camp.

**C) Joint directives followed by video conference (VC) with district teams:**

- ◆ A joint letter co-signed with Department of Health and Education explaining the date, purpose and process along with guidance note to be shared (sample letter in Annexure 5).

# 4. Implementation of T3 camp

- ◆ A day-long camp during school hours (preferably 8.30 a.m. to 1 p.m.) shall be held in the premises (auditorium, hall, meeting rooms, etc.) of government and government-aided schools and colleges.
- ◆ Setting-up of the camp must be ensured one day (preferably) prior of holding the camp.
- ◆ Each camp will be manned by 4–5 people including one medical doctor/resident doctor/intern, one ANM and two nutritionists/dieticians.
- ◆ School/college authorities must take responsibility for local arrangements and logistics support at the venue.

The following process of anemia screening, treatment and counselling during the T3 camp will be as followed:

**Test:** By the lab technicians/ ANM using digital invasive hemoglobinometers for instant results

**Treat:** Prescription by the medical officer/resident doctor/intern on IFA dosage and frequency

**Talk:** Counselling of children by nutritionists and dieticians on nutritious and fortified food items to combat anemia

- ◆ In addition to hemoglobin testing, initiation of treatment of identified anemic children, counselling on iron, protein, vitamin C rich and fortified foods, do's and don'ts to improve hemoglobin

levels and information, education and communication materials should also be distributed to the participants.

- ◆ Display of IFA tablets at the camp site should be ensured from the existing NHM resources. Cases identified as severely anemic should be referred to the nearest government health facility for further treatment by the medical officer.
- ◆ Demonstration of recipes/display of IEC materials on locally available homemade food rich in iron, protein and vitamin C. Pamphlets/leaflets on the recipes may be distributed. To improve footfalls, attractive selfie booths should be set up where people with normal Hb levels can be photographed holding placards displaying messages such as “Solid Body Smart Mind – I am Anemia-free”; “Sahi Poshan Desh Roshan”; “Solid Hai Bharat – Anemia Mukht Bharat.” etc. Sample banner is at Annexure 4.
- ◆ Pictures and short videos from the camp should be uploaded on social media platforms (Twitter/Facebook) and also on POSHAN Abhiyaan: Jan Andolan Dashboard to create awareness on anemia.



# 5. Procedure at T3 camp

## Testing for anemia

### Hemoglobin estimation using digital hemoglobinometer

Checklist for estimation of hemoglobin using digital hemoglobinometers:

1. Digital hemoglobinometers with batteries or charger
2. Microcuvettes or strips
3. Lancets
4. Alcohol swab/spirit cotton
5. Non-sterile gloves
6. Tissue paper/cotton
7. Biomedical waste container (puncture-proof) and biomedical waste disposal bag to dispose the used lancets, microcuvettes / strips and cotton/alcohol swabs

#### A. Collection of capillary blood sample

- I. Wear non-sterile gloves on both of your hands.
- II. Choose the third (middle) or fourth (ring) finger of the subject's non-dominant hand for the finger prick.

*Precautions:*

- ◆ Avoid the thumb and little finger.

- ◆ Avoid fingers with thick calluses.
- ◆ Avoid fingers with tight rings as they may constrict blood flow.

**Figure 1:** Fingers for blood collection – 3<sup>rd</sup> or 4<sup>th</sup> finger of the non-dominant hand



- III. Ask the subject to rub their hands to promote blood flow.
- IV. Wipe the fingertip with the alcohol swab/spirit cotton and let it air dry completely.

*Precautions:*

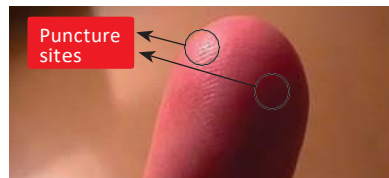
- ◆ Do not blow on the finger to dry the alcohol.
- ◆ Do not wipe off the alcohol.
- ◆ Do not perform the finger prick until alcohol is completely evaporated.

**Figure 2:** Choose the finger and swab with alcohol



- V. Hold the finger firmly just below the centre of the fingertip.

**Figure 3:** Puncture sites on the finger



- VI. Press and trigger the lancet flat and firmly against the finger at the puncture sites away from the midline as shown in Figure 4.

**Figure 4:** Place the lancet firmly on the finger and push the trigger



- VII. Discard the lancet in a biohazard container.
- VIII. Release pressure and allow a full drop of blood to collect on the finger.
- IX. Once a drop of blood has collected on the finger, use a cotton or tissue to wipe away the first drop of blood.
- X. Use the second or third drop of blood for estimation of hemoglobin.
- XI. Discard the cotton/tissue in a biohazard container.

## B. Estimation of hemoglobin using digital hemoglobinometers

### a) Testing hemoglobin using microcuvette

1. Turn “ON” the meter. After the monitor shows three dashes, pull the cuvette holder in its loading position.

**Figure 5:** Cuvette holder in loading position



2. Fill the microcuvette in one continuous process. The correct amount of blood ( $10\ \mu\text{l}$ ) is drawn into the microcuvette. The microcuvette should be completely filled.
3. Wipe away any excess blood on the outside of the microcuvette tip.
4. Check for air bubbles in the filled microcuvette. If present, use a new microcuvette.

**Figure 6: Filling of the microcuvette**



5. Place the filled microcuvette in the cuvette holder (within 40 seconds after filling the cuvette).
6. Push the cuvette holder to its measuring position.
7. Read and record the result. Remove and discard the microcuvette in an appropriate biohazard container. Push the cuvette holder back into the instrument.

**Figure 7:**  
Cuvette  
holder in  
measuring  
position



## Precautions in using microcuvette

1. Use the microcuvettes prior to its expiry date.
2. Store the microcuvettes at 10°C to 40°C. Do NOT refrigerate.
3. An unopened box is stable till the date of expiry (printed on the package) at temperature 10°C to 40°C.
4. An opened box is stable for a period of 3 months from the date of opening the box or the date of expiry, whichever is earlier.
5. However, at temperature <10°C or > 40°C both opened and unopened boxes are stable only for a period of 6 weeks.
6. Store the analyser at 0°C to 50°C. Operate the analyser at 10°C to 40°C, 5 to 90% non-condensing relative humidity.

### b) Testing of hemoglobin using strip

1. Turn “ON” the meter. The system undergoes an autocheck and auto-calibration after which the battery level, date, time and strip’s batch code are displayed within 2 seconds.
2. Enter the code mentioned on the strip bottle.
3. The meter will flash ‘STRIP’ symbol on the display. Insert a fresh test strip into the meter with the arrows on the strip facing up and pointing towards the display.
4. Ensure the correct positioning of the strip with the guiding V notch.

**Figure 8:**  
Estimation of  
hemoglobin  
in digital



5. The meter will flash 'DROP' symbol on the display. Allow the second drop of the blood to fall to completely cover the white coloured test area.
6. Read and record the result.
7. Remove the used test strip from the meter and dispose in an appropriate biohazard container.

### Precautions in using strips

Do not allow fingers or other foreign objects to come in contact with the white test area of the test strip.

## Treatment for anemia

### Classification of anemia based on hemoglobin level

Age group	No anemia (g/dl)	Mild anemia (g/dl)	Moderate anemia (g/dl)	Severe anemia (g/dl)
Children 5 – 11 years	≥ 11.5	11.5 – 11.0	10.9 – 8.0	<8
Children 12 – 14 years	≥12.0	11.9 – 11	10.9 – 8.0	<8
Adolescent girls (15 years and above)	≥12.0	11.9 – 11	10.9 – 8.0	<8
Adolescent boys (15 years and above)	≥13.0	12.9 – 11	10.9 – 8.0	<8

Source: World Health Organization, 2011.

## Treatment of anemia for children and adolescents (aged 5–19 years) attending T3 camps

Category of anemia	Management
No anemia	Inform the child/adolescent that they are anemia-free.
Mild/moderate anemia	<ul style="list-style-type: none"> <li>◆ Children aged 5–9 years: 3 mg of iron/kg/day for 2 months preferably after meals.</li> <li>◆ Adolescents aged 10–19 years: Two blue IFA tablets once daily for 3 months preferably after meals.</li> <li>◆ The line list of anemic children and adolescent should be shared with the class teacher. The school authority should organize a parent–teacher meeting (PTM) immediately (preferably during the same week) after the camp day to inform the parents on the health status of their children and adolescents and sensitize them for taking corrective measures. The parents of anemic children and adolescents (mild or moderate) should be advised to contact the nearest health facility with the prescription provided during the camp.</li> </ul>
	<ul style="list-style-type: none"> <li>◆ The IFA tablets will be for the purpose of display, counselling and information only. The treatment dose of IFA tablets can be received from the nearby health centre using the prescription slip as per Anemia Mukta Bharat guidelines.</li> </ul>
Severe anemia	Refer the child/adolescent immediately to the nearby health centre.

Source: Anemia Mukta Bharat – Intensified National Iron Plus Initiative, Operational Guidelines for Programme Managers, 2018.

## Key notes for T3 camps at schools

1. At all schools, the class teachers should accompany their respective class children during the testing for anemia, treatment and talk/dietary counselling during the camps.
2. The prescription slip should be given to the respective class teachers.
3. A parent–teacher meeting should be held immediately (preferably in the same week) after the T3 camps.
4. Teachers need to hand over the prescription slips to the parents and guide them for further follow-up in the referred health centres.
5. The IFA tablets will be only for display purpose to generate awareness on the availability of treatment option at the nearest health facility.
6. During the meeting, parents have to be informed on iron-, protein- and vitamin C-rich foods, dos and don'ts during consumption of IFA tablets.
7. Teachers should also inform the parents regarding the need for follow-up visit at the nearby health centre after the completion of treatment to assess the improvement in hemoglobin.
8. The WIFS nodal teacher of the school will be coordinating all these activities.



# Talk for anemia

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- Provide one-to-one counselling.
- Use the dietary counselling materials provided in the T3 kit bag during the counselling.
  - Provide counselling on iron, protein and vitamin C rich food intake.
  - Provide information on iron rich food recipes.
  - Explain the dos and don'ts for anemia.
- Provide dietary counselling to all anemic children.

# 6. Recording of T3 camp information

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## A) Individual reporting of activities during T3 camps

State: \_\_\_\_\_ District: \_\_\_\_\_ Date: \_\_\_\_\_

Block: \_\_\_\_\_ Name of the site: \_\_\_\_\_

Name of child/adolescent/adult participant: \_\_\_\_\_

Gender: Male/Female (tick ✓)

Age of the child/adolescent/adult participant: \_\_\_\_\_

Hb level (g/dl): \_\_\_\_\_ \

Referred: \_\_\_\_\_

## B) Consolidated reporting of activities during T3 camp (For Jan Andolan Dashboard):

i. Total Number of Participants: \_\_\_\_\_

ii. Number of Adults (19 years and above):

Male \_\_\_\_\_ Female \_\_\_\_\_

iii. Number of Children (5–9 years):

Male \_\_\_\_\_ Female \_\_\_\_\_

iv. Number of Adolescents (10–19 years):

Male \_\_\_\_\_ Female \_\_\_\_\_

Details on the number of children screened during the camp should be uploaded on the Poshan Abhiyan – Jan Andolan Dashboard on a regular basis.

At the end of the POSHAN Maah, the State AMB nodal officers should send the consolidated data from district wide camps to the National AMB PMU.

How to Enter Data:

### Steps:

- ◆ Visit <http://poshanabhiyaan.gov.in/#/> site to access the portal.
- ◆ Click on the **Data Entry** tab at the top right corner.
- ◆ **Log in** with your user name and password.
- ◆ **Enter data** only for activities that have been completed. Data can only be entered at the level of activity.
- ◆ Select **Activity** option from the drop-down menu. (A complete list of activities is available at the end of this page.) You can hold “Ctrl” on your keyboard and select or deselect multiple themes for an activity. Please ensure that you enter details of activities conducted by your ministry/department only. For example, CBE should be entered by Ministry of Women and Child Development (MWCD), Village Health, Sanitation and Nutrition Days by MoH&FW and Deen Dayal Antyodaya Yojana–National Rural Livelihood Mission (DAY-NRLM) Weekly Meet by Ministry of Rural Development (MoRD) though *anganwadi* workers (AWWs), Accredited Social Health Activists (ASHAs), and Auxilliary Nurse Midwives (ANMs) may be attending all these meetings.

- ◆ Each activity may cover one or more themes. Select the most relevant themes from the dropdown menu. If the theme is not listed, then select 'Other'. Please select all the themes that were covered by the activity conducted.
- ◆ There are five levels for data entry: central, State, district, block and village/AWC. Data entry can be done by one or multiple users at each level. Please note, the level selected here is dependent on where the activity has happened, and not on who is entering data of the activity.
- ◆ Select the **Organizers** as ministries or departments or field level functionaries who participated in the activity. Select the organizers from the list given. Press "Ctrl" on the keyboard to select multiple organizers for an activity. You can deselect categories in the same way.
- ◆ Select **Group** from the next drop down and the date will get selected automatically, in case it is a calendar-specific activity. Data needs be entered on the day of the activity itself as back dated data will not be accepted on the portal.
- ◆ Enter the breakup of **Participants** by adults and children. Enter total adult male and female, and children male and children female. The totals of adult and children are calculated automatically.
- ◆ Upload a photograph of the activity, by clicking on **Upload Picture**. You can upload only one picture. You can replace the existing picture by clicking on Upload Picture again. The photo size cannot exceed 2 MB.
- ◆ Add a **Description** of the activity. You can give a brief about how the activity was conducted and the response from the community.

- The T3 camps should promote the “Test, Treat and Talk” strategy to manage anemia cases as mentioned in Anemia Mukta Bharat guidelines. The camp should also serve as a medium to propagate use of digital hemoglobinometer as a diagnostic choice under “Point of Care Treatment”.

# 7. Checklist for monitoring a camp

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## Activities on the day prior to the camp:

To be carried out by the PHC medical officer or ANM:

- ◆ Inspect the venue finalized for the camp.
- ◆ Finalize the arrangements with school authority/principal regarding local logistics and volunteer support.
- ◆ Inspect the venue and make sure that basic facilities like easy accessibility/ space/ shelter/ electricity connections are in place.
- ◆ Check if all the equipment for the camp has arrived and been stored safely.
- ◆ Check if IFA tablets have been procured and secured at the venue.
- ◆ Cross check on availability of other essential support materials like tables/ chairs/ pedestal fans/ dust bins for conducting the camp smoothly.
- ◆ Check if all the IEC materials (posters/ pamphlet) have been printed in required numbers and delivered at the venue.
- ◆ Check if transport arrangements for key personnel manning the booths have been made.
- ◆ Cross check if the banners have been printed, delivered and mounted at the venue.

## Activities on the day of the camp:

To be carried out by the PHC medical officer or ANM:

- ◆ Ensure camp personnel arrive one hour prior to holding of the camp.
- ◆ Check that the display materials have been positioned as planned.
- ◆ Pretest the T3 kit bag for functionality.
- ◆ Oversee the placement of testing machines, treatment counters and counselling corner at the venue.
- ◆ Check if transport is available at the venue for any emergency.
- ◆ Be present at the venue or keep in regular touch with booth personnel for any emergency situation.
- ◆ Ensure maintenance of proper records of the tests being undertaken at the camp site.

## Activities after completion of the camp:

To be carried out by the school authorities:

- ◆ Secure the T3 kit bag and dispatch it to the concerned authority at the designated health facility (block and district level).
- ◆ In case of rented logistics materials at the camp, ensure that the concerned authority has been intimated and materials are returned.

## 8. Uploading T3 camp data on Jan Andolan website

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1. The ANM should compile the data in the prescribed format and forward it to the PHC medical officer for further action.
2. The PHC medical officer should share the compiled data with the block and district nodal officer for uploading on the Jan Andolan Dashboard.
3. District-wise photos and short videos from the T3 event should be uploaded on the Jan Andolan Dashboard.



## 9. Publicity of camps

T3 camps can be a powerful platform for creating awareness around anemia. Prior publicity via interpersonal communication and community media will help in social mobilization and ensuring adequate footfalls for the camp.

The key communication tools that could be used for publicity:

- ◆ IPC/ counselling campaign by ASHA, AWW and ANMs. Sensitizing the local population about anemia and the benefits of attending the T3 camps planned at the nearest government and government-aided schools and colleges.
- ◆ Engagement of *nukkad natak* groups/direct media tools like posters and banners and community media tools like puppet shows can be used for creating awareness on anemia and T3 camps.
- ◆ Announcements through public platforms/religious institution about the T3 camps and the benefits of getting tested for anemia.
- ◆ Creating awareness on Anemia/T3 camps should be undertaken at school assemblies to mobilize children for the proposed camps.
- ◆ Active use of social media tools, especially Facebook and Twitter by the Health Department, Education Department and other partners and stakeholders should be undertaken to disseminate information about the T3 camps and also about anemia.

## SOCIAL MEDIA TWEETS (SAMPLES)

*Sample 1: We are celebrating Poshan Maah. Be the part of #PoshanMaah. Do visit “Anemia Test, Treat and Talk Camps” organized at XX from 10 XX to XX today. @PoshanAbhiyaan #PoshanMaah #AnemiaMuktBharat #MoHFW #NITIAayog, etc.*

*Sample 2: As part of #PoshanMaah celebration, “Anemia Test, Treat and Talk Camps” are being organized under #Anemia Mukt Bharat at xx school/college from xx to xx. Get your test- treat and talk done today @PoshanAbhiyaan #PoshanMaah #AnemiaMuktBharat #MoHFW #NITIAayog etc*

*Sample 3: Desh Tabhi Bhadh Payega Jab Har Baccha Anemia Mukt Ho Jaega. Aaj hi apne hemoglobin level ki muft jaach karwaein. Apke nazdiki school ya college mai chal rahe Anemia T3 Camp ka laabh uthaein. @PoshanAbhiyaan #PoshanMaah #AnemiaMuktBharat #MoHFW #NITIAayog etc*

# 10. Additional activities which can be conducted at T3 camp (optional)

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- ◆ States may consider holding morning anemia assemblies before the start of the camp so that school children are sensitized on anemia.
- ◆ Nutritionists/ experts /nutrition specialists of KVK can be asked to support in talks and publicity in schools.
- ◆ Food Safety and Standard Authority of India (FSSAI) Network of Professionals of Food and Nutrition (NetProFan) can be a resource from which to engage volunteer dieticians.
- ◆ Professional associations such as Rotary, Red Cross and the Indian Academy of Pediatrics, Indian Medical Association (IMA) can also be encouraged to hold such camps in schools where government access is limited or even at their own premises.
- ◆ If the States choose, they can organize media interactions to focus on anemia.
- ◆ Dashboard is to be made at State/district/block levels under the activity of anemia camps.

# Agenda for district-level sensitization

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**Sensitization of district-level officers in planning, organizing and conducting T3 camps (Sample Only)**

**Venue: NHM Office**

**Date: xx**

**Time: xx**

## **First Session: Orientation on AMB and T3 camps**

**Time: 45 mins**

1. Introduce the audience to AMB strategy, programme components
2. Sensitize the participants on importance of Anemia T3 camps under AMB and its link with POSHAN Abhiyaan – Jan Andolan
3. Inform about the initiatives and achievements under POSHAN Maah – September 2018 and POSHAN Pakhwada – 2019

## **Second Session: Planning, Logistics and Implementing for T3 camps**

**Time: 1.30 hours**

4. Orientation on the upcoming POSHAN Maah in September 2019

## Discuss the following:

# Annexure 1:

- ◆ Preparation and planning to organize T3 camps at every government and government-aided school and college in the district
- ◆ Partner support and participation to conduct the T3 camp
- ◆ Setting up of the camp and ensuring logistics support and successful execution (as per the checklist mentioned in Table 4)
- ◆ Identifying health personnel and making provisions for honorarium to be secured
- ◆ Work allocation and responsibility of the team manning the booth
- ◆ Identifying nodal for logistics support at the venue (preferably a senior school staff) and supervision of the camp (preferably health care personnel)
- ◆ Awareness and mass mobilization for the T3 camp
- ◆ Social media messaging to sensitize and create a buzz around anemia

### Third Session: Recording and Reporting

**Time: 30 mins**

5. Apprise the participants about recording and reporting formats
6. Uploading data on the POSHAN Abhiyaan – JanAndolan Dashboard (district wise)

# Specifications for digital hemoglobinometers







Quality Control	
1. Intra-sample variation (Accuracy)	Should be less than 5%
2. Control solution to check quality	Should be available for low, normal and high hemoglobin values. Calibration facility should be available
3. Certification	USA FDA/ European CE/Any other equivalent certification Preferable: ISO 9001:2008 certification
Service Support	
1. Service support contact details	Contact details of manufacturer, supplier and local service agent to be provided
2. Training	Free onsite training should be provided for the doctors, ANM and ASHA. At least, two trainings (one training at the time of installation and another training after six months, i.e., refresher training)
3. Warranty and on-site AMC	Should be 3 years each

Sr.	Technical specification	Comments
1.	Name	Digital Hemoglobinometer
2.	Clinical purpose	Direct hand held battery operated device used for hemoglobin testing in critical settings (disaster-based screening). The device is intended to be used for quantitative measurement of hemoglobin in capillary, venous or arterial whole blood samples in fingers.
3.	Should be used by	Medical officer/ Laboratory Technician/Staff Nurse/ ANM/ASHA/ Health worker at primary health centres.
Technical Characteristics		
4.	Measuring principle	Colorimetric Photometry/ Absorbance Photometry
5.	Parameter	Blood hemoglobin level
6.	Range of the measurement	0-20g/dl
7.	On-screen patient result display	Yes (LCD Display)
8.	Maximum volume of sample required	Not more than 5µl (One full blood drop)
9.	Sample material	Capillary, venous or arterial whole blood.
10.	Measuring time	Less than one minute
11.	Auto-calibration	Auto/Self calibration
12.	Sensitivity	More than 80%
13.	Specificity	More than 80%
14.	Repeatability (Coefficient of agreement)	Less than 5% (I.e. 5000/2.5 or 2000/1.25)
15.	Power	Independent battery or mains interface
16.	Memory for store data	Optional - up to 500 tests with date and time

2.	Bluetooth connectivity	Optional
3.	Data transfer	Optional - provision for data transfer to printer and PC
Physical Characteristics		
1.	Dimensions (metric)	Not more than 15 cm x 10 cm x 30 cm
2.	Weight (grams)	Should not be more than 500 grams
3.	Apply/ Portability	Should be mobile and portable
Energy Source		
1.	Power requirements	Preferably battery operated. Should also be able to work on direct connection with electricity source (AC). The manufacturer must provide the charger and the cable for electricity power connection, wherever required by the requirement.
2.	Battery	3.7 volt Lithium-polymer rechargeable battery 1.5 volt AA batteries etc. should be able to perform 40 to 500 tests when fully charged.
3.	Automatic shut down	Battery power the device should turn off after approximately 5 minutes of no use.
Environmental Consideration		
1.	Working temperature	Should be able to perform in the temperature range of 10-40°C
2.	Working humidity	5-95%
3.	User's care/ Cleaning	The part of the equipment which comes in contact with blood should be easily cleanable. The factors which affect the hemoglobin estimation (e.g. fairness of skin) after measured use should be clearly mentioned in the manual. The cleaning material for the test and cuvette parts should be easily available.
Accessories		
1.	Cuvette/ Strip (Working environment)	Disposable and stable at specified environmental/working temperature: 10-40°C, Working humidity - 5-95% condition.
2.	Cuvette/ Strip (Storage environment)	Should be stable at temperature of 25-30°C and humidity of 5-95%. Shelf life for storage should be at least one year.

# Anemia 23: Prescription slip

**T<sup>3</sup>**  
TEST, TREAT AND TALK (T3)  
ANEMIA CAMP

(PRESCRIPTION/REFERRAL SLIP)

State: ..... District: ..... Block: ..... Site: .....

Name: ..... Date: .....

Age In years: .....

Sex:  Male |  female


Hemoglobin value: ..... gm/dl

Management:  No anemia |  Referred


Referral: .....

Signature of the Medical Officer


5-19 years  
SOLID BODY and  
SMART MIND?




IRON RICH FOODS  
EAT MORE



VITAMIN C RICH FOODS

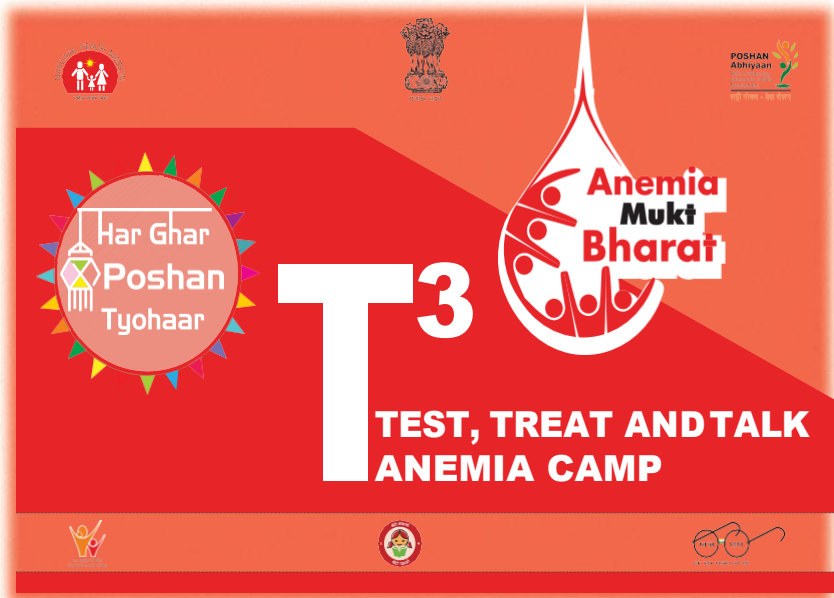


ONE SUPPLEMENT



ONE DEWORM  
Tablet  
Twice a year

# Annexure 4: Banner





# Annexure 5: Joint directive to be sent from State to District Officials

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## Draft of Joint Letter from Secretary (Health) and Secretary(Education) to the District Administration

To

District Magistrates/  
NHM Nodal Officers,  
Education Officers

Dear Officer,

As you are aware Poshan Abhiyaan is being conducted in the country and has created a mass awareness on nutrition by following the Jan Andolan strategy. Following the success of the POSHAN Maah held in September 2018 and POSHAN Pakhwada in March 2019 it has been decided to celebrate POSHAN Maah on a much wider scale across the country in the month of September 2019.

Anemia is one of the key factors that impacts the nutrition of individuals, especially, women and children, all over India. One of the most well received and successful interventions, undertaken during POSHAN Maah last year was the T3 – Test, Treat and Talk intervention under the Anemia Mukta Bharat strategy.

The Test, Treat and Talk camp is an innovative approach in which the target population is tested for anemia using digital hemoglobinometers and counselled on healthy dietary habits and lifestyle approach by nutritionists. Persons identified with severe anemia are referred to the nearest government facility for treatment.

The T3 camps held across the country for the POSHAN Maah conducted in September 2018 successfully tested and treated more than one lakh people for anemia. Taking into consideration the success of the T3 camps during the last POSHAN Maah and POSHAN Pakhwada, it has been decided to upscale and conduct T3 camps in government and government-aided schools and colleges across the country. The district administration has been identified as the hub for driving this campaign.

The district administration, in collaboration with the Health Department and Education Department as well as academic institutes, is requested to identify and work out the process of planning and implementation of these T3 camps in all government and government aided-schools in the district during the month of POSHAN Maah. The district administration would do well to collaborate with various stakeholders and development partners in working out partnerships logistics and successfully conduct these camps in identified schools as per a proper plan prepared for this process.

During the POSHAN Maah, it should be ensured that T3 camps are conducted across government and government-aided schools in a planned manner. It is envisaged that via the school platform population in various age groups can be reached and successfully made aware about preventive and curative aspects of anemia. The district administration and the respective departments should ensure adequate publicity through intense IEC/ behaviour change communication (BCC) campaigns using social media platforms and community interventions. Moreover, frontline health workers

including ASHAs, ANMs and AWWs should be used extensively to spread the message about anemia and the holding of T3 camps through field visits using interpersonal communication tools.

The Government of India has forwarded a guidance note on how to go ahead with the successful implementation of the T3 camps which can be followed by the nodal departments in charge of conducting the camps.

Recognizing the fact that prevalence of anemia is one of the major constraints in the fight against nutrition, I would urge the district administration to implement the activities with full vigour and make the T3 camps a huge success. I would request the concerned authorities to take appropriate steps in this regard and make our goal of an Anemia Mukht Bharat a reality.

# Annexure 6: Checklist

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Digital hemoglobinometers (specifications in Annexure 1)

Microcuvettes/strips and lancets

Alcohol swabs (5 boxes) / 1 big size cotton roll and spirit

Puncture proof 3L container for medical waste

Puncture proof biomedical waste bag transparent

General waste dustbin

Gloves

Battery (AA size or coin battery)

Stationery - ball points

Electricity extension board and socket for Hb meters

Iron and Folic Acid Tablets (Blue IFA) – For display

Iron and Folic Acid Tablets (Pink IFA) – For display

Counselling poster (3) - A2 size (Iron, Protein, Vitamin C-rich foods),  
dos and don'ts, recipes

Tables- 3 (for test, treat, talk sections) - (From the school/Local PRI)

Chairs: Two per table (From the school/Local PRI)

Water dispenser with 2 bottles - 20L- rent

Paper cups disposal

Pedestal fan - rented

Transport of material

***Manpower***

ANM / Lab technician

Staff nurse / medical intern

Dietician / nutritionist / nutrition counsellor

Support staff / volunteers for mobilization / recording / crowd management, etc.

## VITAMIN C RICH FOODS



Gooseberry  
(Amla)  
Vitamin C: 252 mg



Guava  
(Amla)  
Vitamin C: 222 mg



Amaranth leaves  
(Amla)  
Vitamin C: 121 mg



Green mango, raw  
(Amla)  
Vitamin C: 50 mg



Amaranth leaves, red  
(Amla)  
Vitamin C: 86 mg

\*Nutrient rich food items derived from various food groups, locally available and commonly consumed by the Indian population

Values are per 100 g

## IRON RICH FOODS



Poultry, chicken, liver  
(Amla)  
Iron: 9.0 mg



Bengal gram whole  
(Amla)  
Iron: 8.5 mg



Horse gram, whole  
(Amla)  
Iron: 8.8 mg



Amaranth leaves, red  
(Amla)  
Iron: 7.3 mg



Raisins  
(Amla)  
Iron: 6.8 mg

\*Nutrient rich food items derived from various food groups, locally available and commonly consumed by the Indian population

Values are per 100 g

## PROTEIN RICH FOODS



Soya bean, white  
(ks;kchu)  
Protein - 37.8 g



dZY Ā JEŠ  
(Vmk eNyh)  
Protein - 24.5 g



>GŸOu ĒĀú  
(elwj nky)  
Protein - 24.4 g



'aZZYĒYZI  
(ewjxQyh)  
Total Protein - 23.7 g



Chicken hen, breast with skin  
(epiž Lru)  
Protein - 22.1 g

\*Nutrient rich food items derived from relevant food groups, locally available and commonly consumed by the Indian population

Values are per 100 g





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