

National Deworming Day-February, 2016



Photo Credit: Evidence Action

A Report on Round-5 of Bihar
Anganwadi and School-Based Mass
Deworming Program
May 2016

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GLOSSARY

AED:	Additional Executive Director State Health Society
ANM:	Auxiliary Nurse Midwife
AWC:	Anganwadi Centre
AWW :	Anganwadi Worker
BEPC:	Bihar Education Project Council
BEEO:	Block Elementary Education Officer
BRP:	Block Resource Person
CS:	Civil Surgeon
DEO:	District Education Officer
DIO:	District Immunization Officer
DWCD:	Department of Women and Child Development
ED:	Executive Director cum Secretary State Health Society
GoI:	Government of India
GoB:	Government of Bihar
HM:	Headmaster
ICDS:	Integrated Child Development Services
IEC:	Information, Education and Communication
NHM:	National Health Mission
NDD:	National Deworming Day
PIP:	Program Implementation Plan
RBSK:	RashtriyaBalSwasthyaKaryakarm
SHSB:	State Health Society Bihar
SPD:	State Project Director, BEPC
SBD:	School Based Deworming
WHO:	World Health Organisation
WCD:	Women and Child Development

Executive Summary

Contributing to the nationwide campaign of deworming, Government of Bihar implemented the fifth round of *anganwadi* and school-based mass deworming program on February 10, followed by mop-up day on February 15, 2016. The state of Bihar dewormed 3,46,44,288 children in the age group of 1-19 years, through the network of 73,949 schools and 84,425 *anganwadi* centres (AWCs) across 38 districts in the state. The program was a collaborative effort between the State Health Society Bihar (SHSB), the Bihar Education Project Council (BEPC), Department of Women and Child Development (WCD). Evidence Action's Deworm the World Initiative provided key technical support to program implementation, through funding received from the Children's Investment Fund Foundation (CIFF)

Table 1: Key Achievements of National Deworming Day February 2016¹

Indicators		Result (in figures)	Coverage (in %)
Total number of children targeted		37988157	
No of enrolled children (classes 1-12) who were administered albendazole on NDD and MUD	Govt Schools	2,09,99,567	89
	Pvt Schools	2,59,999	99
Number of registered children dewormed (1 to 5 years) at AWCs on NDD and MUD		58,10,279	91
Number of unregistered children dewormed (1 to 5 years) at AWCs on NDD and MUD		37,46,756	82
Number of out-of-school children (6-19 years) dewormed on NDD and MUD		38,27,687	115
Total number of children dewormed (1-19 years)		3,46,44,288	91

Source: Based on the coverage report submitted by Government of Bihar to Ministry of Health and Family Welfare, Government of India dated May 2, 2016 (Annexure A)

Building upon the success of first phase of National Deworming Day (NDD) in 2015 in 11 states², including Bihar the Government of India (GoI) scaled up NDD 2016 across India targeting 27 crore children in 30 out of 36 states and Union territories. Evidence Action worked in close association with the GoI's Child Health Division to plan and implement round two of NDD. In the state of Bihar, Evidence Action continued comprehensive technical assistance for the successful implementation of NDD, with learnings from previous rounds to guide program planning. In line with the NDD 2016 guidelines revised to call for inclusion of private schools as a pilot effort in four selected districts³ and centrally affiliated schools across all 38 districts.

¹Based on the data submitted by Government of Bihar to Ministry of Health and Family Welfare, Government of India dated May 2, 2016

² Assam, Bihar, Chhattisgarh, Dadra and Nagar Haveli, Haryana, Karnataka, Maharashtra, Madhya Pradesh, Rajasthan, Tamil Nadu, and Tripura

³*PaschimChampanan, Begusarai, Purnia, Muzaffarpur* which were selected based on STH prevalence data indicating high prevalence

Learnings from this round, especially private school engagement and strategies to reach out-of-school children, will contribute to a sustainable deworming program that aims to reduce the prevalence and intensity of worm infections for all school-age and preschool-age children in the state.

1. Program Background

In India, approximately 22 crores children between the ages of 1 and 14 are at risk of parasitic intestinal worms (known as soil-transmitted helminths or STH). The infected children represent approximately 68% of Indian children in this age group and 28% of all children at-risk for STH infections globally, according to the World Health Organization (WHO). These parasitic infections result from poor sanitation and hygiene conditions, and are easily transmitted among children through contact with contaminated soil. Various studies have documented the widespread and debilitating consequence of chronic worm infections, which cause anaemia and malnutrition among children, affecting their physical and cognitive development. Worm infections contribute to absenteeism and poor performance at school, and in adulthood, diminished work capacity and productivity.⁴

1.1 A Cost-Effective Win for Education: Deworming through Schools

Evidence from across the globe shows that deworming leads to significant improvement in outcomes related to children's health, education, and long-term well-being. In 2008 and again in 2012, the Copenhagen Consensus Center identified school-based deworming as one of the most efficient and cost-effective solutions to the current global challenges. School-based deworming is considered a development "best buy"⁵ due to its impact on educational and economic outcomes. The existing and extensive infrastructure of schools provides the most efficient way to reach the highest number of children, and teachers, with support from the local health system, can administer treatment with minimal training. Preschool settings are often used to provide children with basic health, education, and nutrition services, making this a natural, sustainable, and inexpensive platform for deworming programs.⁶ The benefits of using such platforms for deworming are immediate. Regular treatment can reduce school absenteeism by 25%.⁷ Young siblings and others who live nearby treated children but were too young to be dewormed also showed significant gains in cognitive development following mass school-based deworming.⁸

1.2 Deworming Children in India

Deworming children is part of the Government of India's school and preschool health programs, such as the Weekly Iron-Folic Acid Supplementation (WIFS) program which provides a weekly dose of Iron Folic Acid (IFA) with biannual deworming for adolescents (10-

⁴ "Helminth control in school-age children- A guide for managers of control programmes": WHO, 2011

⁵ <http://www.povertyactionlab.org/publication/deworming-best-buy-development>

⁶ <http://journals.plos.org/plosntds/article?id=10.1371/journal.pntd.0000223#pntd-0000223-g003>

⁷ Miguel, Edward and Michael Kremer. "Worms: Identifying Impacts On Education And Health In The Presence Of Treatment Externalities," *Econometrica*, 2004, v72 (1,Jan), 159-217.

⁸ Ozier, Owen. "Externalities to Estimate the Long-Term Effects of Early Childhood Deworming." Working Paper, Jun. 2011. http://economics.ozier.com/owen/papers/ozier_early_deworming_20110606a.pdf

19 years).⁹ National Iron Plus Initiative (NIPI) is a national anaemia control program which offers IFA supplementation and deworming for a wider age group of 1-45 years, including preschool-age children who also receive Vitamin A. Until the launch of NDD in 2015, only a few states ran effective school and *anganwadi*-based deworming programs with high coverage. Many had sporadic deworming efforts and low coverage, while in other states no deworming programs existed. Considering this complex environment and the clear need to accelerate treatment for India's children, the Government of India renewed its focus on deworming by streamlining efforts through a fixed-day school and *anganwadi*-based National Deworming Day.

1.3 State Program History

On March 5, 2010, a Memorandum of Understanding (MOU) was signed between State Health Society Bihar, Bihar Education Project Council, and Evidence Action- Deworm the World Initiative to implement the school-based deworming program in the state for treatment of STH. Based on Prevalence Survey findings¹⁰ in 2011, which suggested treatment recommendation of WHO¹¹, the Government of Bihar decided to implement biannual state-wide deworming beginning 2011 (**Annexure B**). Since then, Evidence Action has extended technical assistance to an annual round of deworming for all school-age children through a school-based model¹²To continue the technical assistance and expand program's reach to preschool-age children which up till now only was school-based, inclusion of the Department of Women and Child Development (DWCD) as a stakeholder in the MoU for expansion of the intervention to pre-school age children was necessary. As a result of these efforts, in June 2015, after the completion of Round 4, this commitment was inked with a signing of MoU till September 2018 between State Health Society Bihar, Bihar Education Project Council, Department of Women and Child Department, and Evidence Action.

At the same time based on WHO guidelines, which recommends an assessment after three years, a prevalence survey was conducted by Evidence Action in January and February 2015, before onset of NDD-Feb 2015 (round four). The survey was implemented in partnership with several organizations, including the Post-Graduate Institute of Medical Education and Research, Chandigarh as the technical agency and National Institute of Epidemiology for sampling and analysis and Gfk Mode as field partner. The result of the survey indicated weighted prevalence of any STH in Bihar was calculated as 35%. Additionally, sanitation indicators were very poor in the sampled households, with 88% of households practicing open defecation. Results of this survey suggest a significant difference in the average prevalence and intensity of the STH infections in Bihar which was 65.5% in 2011 to 35% in 2015, suggesting that deworming is having an effect on infection in school-age children. As some areas of Bihar still indicated a higher prevalence than 50% combined with high rates of open defecation in Bihar suggest that rapid reinfection is likely, Based on WHO recommendation regular and

⁹<http://www.nrhmhp.gov.in/sites/default/files/files/Iron%20plus%20initiative%20for%206%20months%20-5%20years.pdf>

¹⁰ STH prevalence across Bihar of 67.5%,

¹¹ "Helminth Control in School-age Children, A guide for managers of Control Programmes". Second Edition, 2011, *World Health Organization*.

¹²The second of mass deworming treatment has been provided through the National Filariasis Control Program (NFCP), which conducts annual mass drug administration of albendazole to the 2 years and above population at the community.

coordinated biannual administration of albendazole is required in order to move toward further reductions in prevalence.

Coverage over the successive rounds in the state: In 2011, a total of 1 crore 67 lakh children were dewormed at schools, earning the distinction of being the world's largest school-based deworming program. In 2012, 1 crore 63 lakh children were dewormed in Round two. 1 crore 74 lakh, including 1 crore 62 lakh school- age children were dewormed as part of Round three in 2014. Bihar, being one of the implementing state, under phase one of National Deworming Day achieved a coverage of 91.6 % deworming 1 crore 87 lakh school-age children.

1.4 Learnings from Bihar NDD 2015 Round:

To enhance program quality and outreach in 2016, the state health department took note of the key findings and recommendations from the previous NDD round. Some of the key learnings included the necessity of stronger program planning through timely steering committee meetings, and finalization of drug and IEC plans to strengthen integrated distribution¹³. In the 2015 round, lack of awareness of training dates was a common reason for non-attendance. As a result, in the 2016 round the Department of Health and Evidence Action sent out text messages to all district, block officials from all stakeholder departments as well as teachers and *anganwadis* workers, with reminders of the planned training dates and other key messages about deworming. ASHAs role being critical for community mobilization and increasing coverage of non-enrolled and out-of-school children, this year the state government aligned with the NDD guidelines, laid out clear provisions for ASHAs incentives, which contributed to better performance and greater out-reach to the community.

2. About National Deworming Day

Deworming in India reached a key milestone when the national government launched NDD on February 10, 2015. The first phase of NDD targeted all children aged 1-19 years in 11 states/union territories¹⁴ through the network of government and government-aided schools and AWCs, achieving national coverage of 8.9 crore children. After this unprecedented coverage, in November 2015 the Ministry of Health and Family Welfare (MoHFW) announced that NDD would be expanded across all 36 states and UTs from February 2016.

In preparation for the 2016 round, on October 27, 2015, the Child Health Division held a technical review meeting supported by Evidence Action in order to discuss the learnings from NDD 2015. The meeting highlighted lessons learned from participating states and included discussions on coverage data and state-level findings from Evidence Action's independent monitoring and coverage validation. Other key outcomes included standardization of target population¹⁵, increased incentives for ASHAs, and consensus around expanding the program to target private schools. With a high enrollment of children in private schools (29% nationally as per Annual Status of Education Report 2014 data), the government is committed to ensuring

¹³ Integrated distribution of NDD kits including deworming drugs, banner/poster and handout, reporting forms, to the teachers/*anganwadi* workers at the training only.

¹⁴ Assam, Bihar, Chhattisgarh, Dadra and Nagar Haveli, Delhi, Haryana, Karnataka, Maharashtra, Madhya Pradesh, Rajasthan, Tamil Nadu, and Tripura

¹⁵ Four categories of target populations were agreed, for standard use across all states (e.g., enrolled in government schools, enrolled in private schools, registered in AWCs, or out-of-school/non-registered). This enables comparison of coverage across states.

that those students have access to deworming, and receive benefits for improved health and education outcomes.

A national level orientation was subsequently organized by MoHFW with support from Evidence Action on December 1, 2015, with participation of 31 out of 36 states/UTs. The meeting was used for sharing objectives and strategies and standardizing messages and plans under the revised NDD 2016 operational guidelines for robust implementation in the second round. The MoHFW also held a coordination meeting with joint secretaries from the Ministry of Education and Women and Child Development, Panchayati Raj, and Drinking Water and Sanitation departments, focused on facilitating national-level convergence for effective implementation. Efforts at the national level further cascaded to state and districts via joint directives issued by the secretaries of the ministries of Health, Education, and Women and Child Development to the chief secretaries of all states and UTs emphasizing coordination between stakeholder departments to achieve NDD goals. In addition, the Child Health Division called a meeting of development partners working in child health to garner support for implementation of NDD 2016 in states where the partners have a presence. Evidence Action, UNICEF, and the Micronutrient Initiative attended the meeting and reiterated support for the government's NDD strategy.

As technical assistance partner for NDD, Evidence Action supported the MoHFW to update content and messaging for NDD materials including training and IEC, implementation and financial guidelines, monitoring and reporting forms, and other reference materials included in the resource kit (available on NHM website¹⁶). These materials enabled simplified, standardized messaging and laid out key information such as objectives, roles and responsibilities of stakeholders, and budgetary allocations for states to finance program implementation.

On February 9, 2016, the Union Minister of Health launched NDD 2016 in Hyderabad, Telangana. The State Minister of Health for Telangana and other senior officials from the national and state government participated in the launch event alongside representatives from development partners and the media. The event received extensive media coverage.

3. NDD-February 2016 in Bihar

3.1 Target Beneficiaries

The program targeted all children between 1-19 years, regardless of their enrollment status, at *anganwadi* centers, government, and government aided schools in 41 districts. Out-of-school children were treated through AWCs. Children enrolled in private schools were also targeted in four districts of the state during this round, bringing the overall total to 3,46,44,288 children targeted for deworming.

3.2 Key Stakeholders

Department of Health and Family Welfare represented by the State Health Society Bihar was the nodal agency, holding key responsibilities such as finalizing target figures and ensuring

¹⁶ <http://nrhm.gov.in/nrhm-components/rmnch-a/child-health-immunization/national-deworming-day-2016.html>

transportation and distribution of albendazole at all levels. The Department of Health also trained functionaries; disseminated adverse event management protocols; printed and distributed training and Information Education Communication (IEC) IEC materials; distributed reporting and monitoring forms; and provided guidelines and budgetary allocations to districts to support efficient implementation and timely coverage reporting. The department also facilitated involvement of ASHAs in mobilizing out-of-school children and unregistered children

Department of Education represented by the Bihar Education Project Council and *Department of Women and Child Development* were responsible for providing requisitions of albendazole tablets to health department based on school enrolment figures and the number of registered and out-of-school children targeted at AWCs. The departments were also responsible for ensuring that trainings on drug administration and adverse event management were attended by their respective functionaries including headmasters, teachers, AWWs, and lady supervisors. The education department coordinated with private schools in four pilot districts for engagement of teachers in block level trainings. Further, these functionaries were oriented on timely submission of coverage reports to the Health Department in standardized formats.

Evidence Action-Deworm the World Initiative funded by CIFF for technical support activities, worked closely with all stakeholders to ensure high quality planning and implementation of deworming. Evidence Action provided intensive support for program planning; facilitated information sharing through tele-calling; Independent monitoring, adaptation of NDD training materials and IEC resources, and operational guidelines to the state context.

4. Program Implementation

4.1 Policy and Advocacy

Department of Health organized state level Steering Committee meeting on August 12, 2015 to effectively plan and prepare for the deworming program. The meeting was chaired by the Principal Secretary Health, with representatives from the Departments of Health, Education, Women and Child Development, Lymphatic Filariasis program state representative, Evidence Action, and other government stakeholders. Key decisions from the meeting reflected commitment of government to expand coverage to include children of preschool-age and enrolled in private schools. **(Annexure C.1)**. Closer to the round, another Steering Committee Meeting was held on December 16, 2015 to review preparation and undertake critical decisions **(Annexure C.2)**

- Finalization of the four districts i.e *Paschim Champaran, Begusarai, Purnia, Muzaffarpur* for private school inclusion as a pilot initiative; selected on the basis of STH prevalence data indicating high prevalence which was in line with the GOI guidance for states to include private schools for at least 10% of implementing districts.
- Greater engagement with state level representation of *Kendriya* and *Navodayavidyalaya* implementing the program for the first time.
- Appointment of District Immunization officer as nodal officer from Health to lead planning and coordination with Education and Women and Child Development counterparts for planning and program implementation.

Regular nodal officer meeting from all concerned stakeholder including Women and Child Development with support from Evidence Action, guided program planning and coordinated efforts for effective program implementation. As part of NDD preparations, Evidence Action worked with the state to adapt operational guidelines, define timelines, and clarify roles of concerned stakeholders for program implementation, which were disseminated to all stakeholders (**Annexure C.3**). To strengthen the inter-sectoral convergence among the stakeholder departments at the district level, Principal Secretaries of Health, Education and Women and Child Development signed a joint directive on December, 23 which were disseminated to all districts along with financial guidelines for effective program implementation (**Annexure C.4**). In four districts i.e. *Paschim Champaran, Begusarai, Purnia, Muzaffarpur* to garner greater engagement of private schools for observing NDD on February 10, additional letters were released from Department of Health to District Magistrates for leading overall planning and program execution which built the momentum towards greater ownership for the program. (**Annexure C.5**).

Evidence Action advocated with the Departments of Health, Education and Women and Child Development to leverage existing resources for the deworming program in order to maximize program impact. As a result, the department of Health supported initiatives such as uploading deworming-related information to the department's website¹⁷ and sending bulk SMS to program functionaries using existing portals. Further to pace the preparation for the program, in accordance with NDD guidelines, the Department of Health directed district and block officials of all departments to assess field preparations by conducting visits on deworming day and mop-up day and to record these visits through standardized checklists leading to greater ownership at the districts.

Closer to the program to facilitate preparedness across all districts, Principal Secretary, Health, Secretary-ICDS and State Project Director- Education convened video conference calls on January, 29 and February, 9 respectively with district officials of the concerned stakeholders of Departments of Health, Education and Women and Child Development. Amongst other priorities of the program during these coordination calls, focus remained on frequent review of overall program preparations, readiness of emergency response systems for adverse event management, and adherence to timelines for coverage reporting.

Increased engagement and ownership by district administration in the planning and implementation of the deworming program was demonstrated across all 38 districts as they organized District Coordination Committee meetings¹⁸ between January and February under the chairmanship of District Magistrate adhering to the directive issued by the Department (**Annexure C.7**). These meetings reviewed preparations for the program and clarified roles of stakeholders for improved inter-departmental coordination between Departments of Health, Education, Women and Child Development and others stakeholders. Key decisions for program implementation were disseminated along with meeting minutes circulated in 38 districts. In four districts, additional directives from the Department of Education were released for greater engagement of private schools. Closer to deworming, second round of meetings were held in all 38 districts to assess the preparations needed. Evidence Action's district coordinators

¹⁷<http://164.100.130.11:8091/>

¹⁸ Out of 38 DCCM, 30 DCCM were conducted in the presence of District Magistrate, and in remaining 8 districts, DCCM were conducted in presence of Civil Surgeon.

facilitated and shared critical program updates in all the district meetings across program components and facilitated for follow up action for aligning coordination. In line with NDD financial guidelines, Evidence Action worked with the state health department to facilitate timely submission of 2015-16 Program Implementation Plan to the national government. The approval in the Record of Proceedings 2015-16 was assigned for all the activities under NDD including printing of training and IEC materials being approved for all 38 districts.

4.2 Program Management

Evidence Action's technical assistance was primarily provided by a four-member state-based team, including field-based regional coordinators and short-term hires such as district coordinators and tele-callers. Additional support and guidance was provided by the national team. Evidence Action's state team provided trainings to field-based and short-term hires on various program components, building a strong common understanding of the program strategy.

Regional and district coordinators participated in the aforementioned video conference meeting, along with district officials, and were part of review meetings for program preparations. They collaborated with district and block officials to plan for trainings and other logistics around program implementation.

Regional Coordinators: Evidence Action hired four regional coordinators for year-round engagement, with each responsible for 9-11 districts. They provided program management and oversight to district coordinators, supported information sharing, led prompt remedial action in the field, guided advocacy with district officials, facilitated the training and distribution cascade, and ensured timely reporting of coverage data. After the first round of NDD was completed, their efforts shifted towards exploring opportunities at the districts for synergies with existing work and possible platforms to integrate deworming. The regional coordinators will promote program institutionalization by working with district officials to include deworming in district action plans for the next financial year (2016-2017).

District Coordinators: 38 district coordinators, including four additional coordinators for private school districts, provided on-the-ground program coordination for three months around the deworming round. They were instrumental in ensuring timely delivery of training materials such as flipcharts, and distribution of NDD kits at the trainings for all functionaries. They participated in trainings at district and block levels and escalated any observed gaps to regional coordinators and the state team for appropriate follow-up at the state level. Their role was integral in ensuring high quality of the trainings where pre and post-tests were administered to participants. After the deworming round, they provided rigorous follow-up with block and district-level officials to support timely compilation of coverage reports.

Tele-callers: Five tele-callers were hired to support the deworming round. Each tele-caller was assigned to work closely with one regional coordinator, as well as the district coordinators within their region. Calls were made at districts, blocks, and schools to obtain updates on drug and IEC availability, training schedules, and status of reports after the deworming round. This dynamic flow of information allowed tele-callers to generate detailed, real-time program updates which were continuously shared with state level officials and enabled any necessary corrective measures to be taken (Figure 1)

With support and inputs provided by short-term hires, Evidence Action’s state team held debriefing sessions with officials at the state health department to share updates and information from deworming day monitoring visits to schools and *anganwadis*. These updates resulted in corrective actions around issues such as drug and IEC availability, ensuring adherence to program guidelines and ultimately supporting increased coverage

Figure 1: Snapshot of the Daily Tracker

Bihar-National Deworming Day 2016											
Summary Update of tracking of district drugs and training											
Sl. No	Name of District	DCCM Meeting Conducted/Not Conducted	Dates of DCCM	Minutes issued	District training Status	District Training Date Fixed	Total Participants at the training	Participation of Navodaya Vidyalaya	Participation of Kendriya Vidyalaya	IEC received by District	IEC Materials Status at on District Date Rec.
1	ARARIA	Conducted	01-05-2016	Yes	Conducted	09-01-16	65	Present	Absent	Received	08-01-16
2	BANKA	Conducted	1/30/2016	Yes	Conducted	05-01-16	44	Absent	Absent	Received	07-01-16
3	BHAGALPUR	No	1/29/2016	Yes	Conducted	07-01-16	72	Present	Present	Received	07-01-16
4	KATIHAR	No	1/24/2016	Yes	Conducted	06-01-16	75	Present	Absent	Received	06-01-16
5	KISHANGANJ	Conducted	12/30/2015	Yes	Conducted	10-01-16	88	Absent	Absent	Received	06-01-16
6	MADHEPURA	Conducted	01-03-2016	Yes	Conducted	08-01-16	67	Present	Not Available	Received	07-01-16

4.3 Drug Procurement, Storage, and Transportation

Drug Procurement: All school and preschool-age children were treated with albendazole tablet (400 mg) on NDD 2016. Evidence Action supported the state government to avail donated drugs from WHO’s global drug donation program for the year 2015-16, under which 2.5 crore¹⁹albendazole tablets were received in October, 2015 for school-age children as per the requisition sent in August 2014. For preschool-age children, in light of the delays in procurement of tablets at state level, decision was taken to utilize the existing stock of 1.95 crore albendazole tablets under the Lymphatic Filariasis program.

Prior to the distribution of WHO drugs, State Health Society Bihar ensured laboratory testing of samples at the state as per specifications including the drugs leveraged under Lymphatic Filariasis program²⁰,(Annexure D.1).

Drug Logistics and Supply: As per NDD operational guidelines and established best practices, drug distribution was integrated with the training cascade (as detailed in the training section below), wherein NDD kits were provided to health functionaries at the district level trainings for onward distribution. The kits included drugs, IEC materials, training handouts, and reporting forms. Evidence Action worked closely with State Health Society Bihar, which managed drugs logistics and supply in this round .Prior to the distribution, drugs were bundled for each block based on the requirement²¹provided by Bihar Education Project Council for school-children and State Health Society for preschool-age children while factoring in a buffer

¹⁹ Based on DISE data for 2013-14

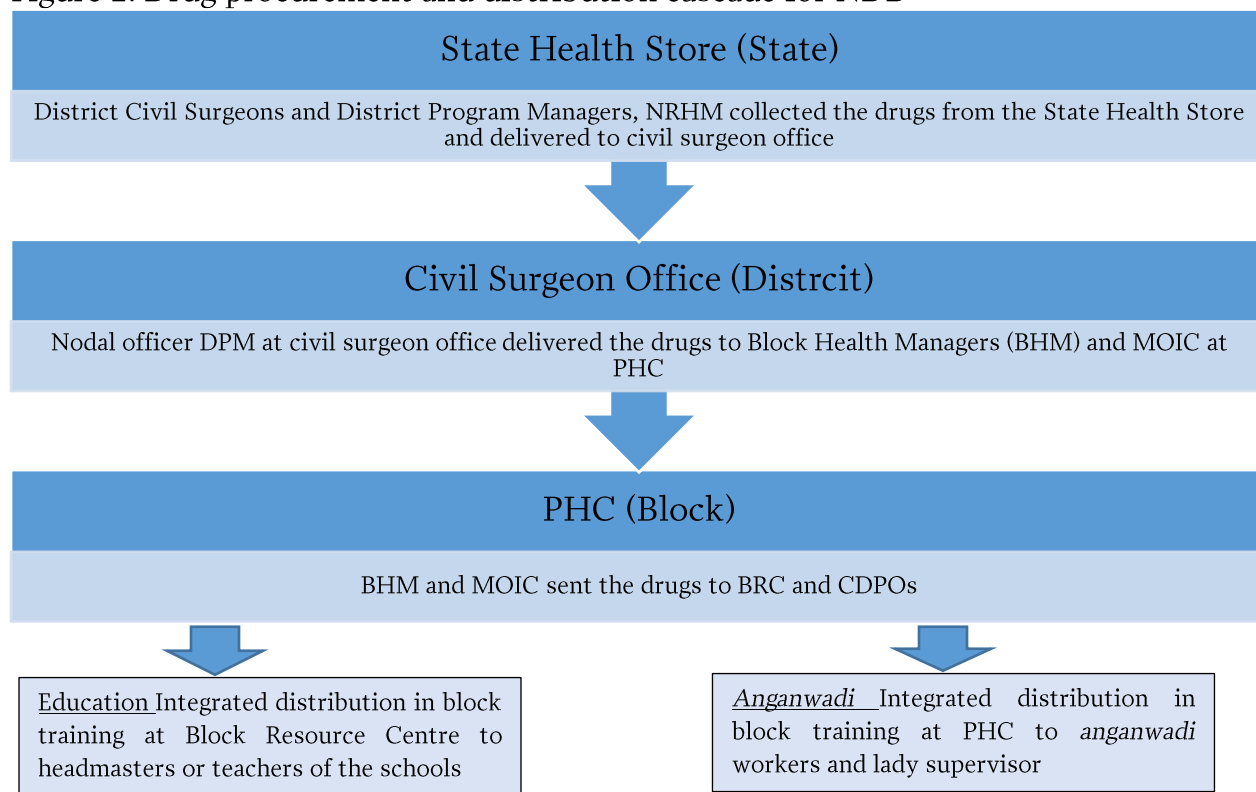
²⁰LF program uses drugs supplied by WHO

²¹Updated data of enrolment figures from BEPC for school-age and RBSK data for preschool-age children from SHSB

²² Rashtriya Bal Swasthya Karyakram (RBSK) is an important initiative aiming at early identification and early intervention for children from birth to 18 years to cover 4 ‘D’s viz. Defects at birth, Deficiencies, Diseases, Development delays including disability.

of 15% to cater to out-of-school children. The district level procurement and distribution cascade is depicted in the Figure 2.

Figure 2: Drug procurement and distribution cascade for NDD



Adverse Event Management: To provide guidance on functionaries' roles and responsibilities in minimizing adverse events, and to handle and report adverse events that did occur, Evidence Action assisted the state health department to adapt adverse event management protocol based on NDD guideline and shared with district collectors, CMHOs, education and Women and Child Development departments, that included emergency contact numbers, briefing on media handling along with directives to establish block-level emergency response teams in coordination with *Rashtriya Bal Swasthya Karyakarm*,²² team (Annexure D.3). A state-led conference call was conducted with all districts on February, 9 to assess preparedness and to reinforce the need for emergency preparedness. All emergency units and personnel were put on alert to respond quickly in cases of adverse events, mobile ambulances under RBSK and 102/108 ambulances were on alert in all districts.

Additionally, functionaries were trained on adverse event management. A network of ambulance vans was prepared to stay on alert at each block to handle adverse events if reported. Six mild cases were reported across 38 districts, with no serious adverse events reported. To emphasize the aspects of safe and supervised drug administration along with timely response to any serious case, Evidence Action sent out approximately 11 lakhs text messages (SMS) to all frontline functionaries of Health, Education and *anganwadi*.

4.4 Public Awareness and Community Sensitization

Activities designed to increase community awareness of deworming were rolled out based on the NDD operational guideline of NDD. Sensitization of children and families helps build trust toward deworming, alleviates worries related to adverse events, and overall leads to greater program uptake. The deworming and mop-up day dates were highlighted in all IEC materials along with other key deworming messages to ensure maximum attendance of the children at the schools and AWCs (Annexure E). Evidence Action developed all IEC and community mobilization materials that were approved by the Government of India and uploaded on the NHM website. The state adapted and printed the material, including posters and banners for display at schools and AWCs. The community sensitization strategy also included outreach activities such as newspaper advertisements; radio jingles; TV scrolls and spots; *miking*; banners at health, education and WCD offices; and wall writings were included in the IEC campaign as detailed below.

Table 2: NDD IEC campaign details

Activity	Implemented by	Timeline	Frequency (times a week/day was this activity repeated?)	Channel/Station/Paper
TV Spot	State Health Society Bihar	9 th -14 th February	2-3 times x 6 days	ETV (Bihar & Jharkhand) Doordarshan
Radio spot	State Health Society Bihar	9 th -14 th February	3-5 days x 6 days	Radio Mirchi 98.3 Prasar Bharti (AIR Patna, Bhagalpur, Darbhanga, Purnea and Saharsa)
Radio jingle (30 sec)	State Health Society Bihar	9 th -14 th February	Radio Mirchi 5/day x 6 days, Prasar Bharti 3/day x 6 days	Radio Mirchi 98.3 Prasar Bharti (AIR Patna, Bhagalpur, Darbhanga, Purnea and Saharsa)
TV scroll	Evidence Action	5 days between (9-15 th Feb)	5/ day x 4 days	ETV Bihar
Flash Advertising	Evidence Action	9,10,14,15 February	5/ day	ETV Bihar
Newspaper advertisement (NDD and MUD)	State Health Society Bihar	10 & 13 th Feb	1/ day	Dainik Jagran, The Times Of India, Prabhatkhabar, Dainik Bhaskar
Newspaper appeal	State Health Society Bihar		1/ day	Dainik Jagran, Hindustan,
Miking	State Health Society Bihar	9 th -15 th Feb	1/day x 5 days	17 districts through auto/rickshaw
Prabhatpheri	BEPC	8 th -10 th Feb	3 days	Schools conducted prabhatpheri on 8, 9, 10 February.
Handbill distribution in paper to districts	Evidence Action		50,000 printed	Prabhatkhabar, Dainik Jagran, Hindustan newspapers

For additional visibility of the program at the community level, State Health Society Bihar, printed 332,096 posters (two versions for each school and *anganwadi*), 538 banners for Primary

Health Centers (PHC), hoardings at 38 district headquarters .All of these were adapted and contextualized by Evidence Action. Additionally, Evidence Action supplemented mike announcements for five days closer to NDD in 115 blocks which were selected based on criteria of lower coverage reported in NDD 2015. In an effort to increase community engagement, in 12 districts which were selected on the basis of over-reporting in NDD 2015 including four private school districts, we printed 6000 handbills which were distributed through local newspapers.

As a new initiative in this round, the state printed 538,000 community handbills for community mobilization through ASHA to ensure greater outreach and uniformity in delivery of information. The state engaged with ASHAs and ANMs to disseminate information on deworming and its benefits using the platform of Village Health Sanitation and Nutrition Day (observed twice in February on the first and third Thursday). Unlike NDD 2015, the state put provisions for financial incentives for ASHA workers to motivate them for community mobilisation.



Handbill distribution in Begusarai

Launch Event: Evidence Action supported the State Health Society Bihar, to organize a state-level launch on February 10, 2015 at *Bankipur Girls Senior Secondary School*, Patna, in the presence of the Hon'ble Health Minister of Bihar—Shri Tej Pratap Singh and other senior dignitaries including Principal Secretary, Executive Director, State Health Society Bihar; representatives from development partners, media and children. In addition, all 38 districts organized launch events in districts at schools, with support from Evidence Action's district coordinators in the presence of district-level officials from Departments of Health and Education. These events were covered by the local media.



National Deworming Day 2016-Launch Event by Hon'ble Health Minister

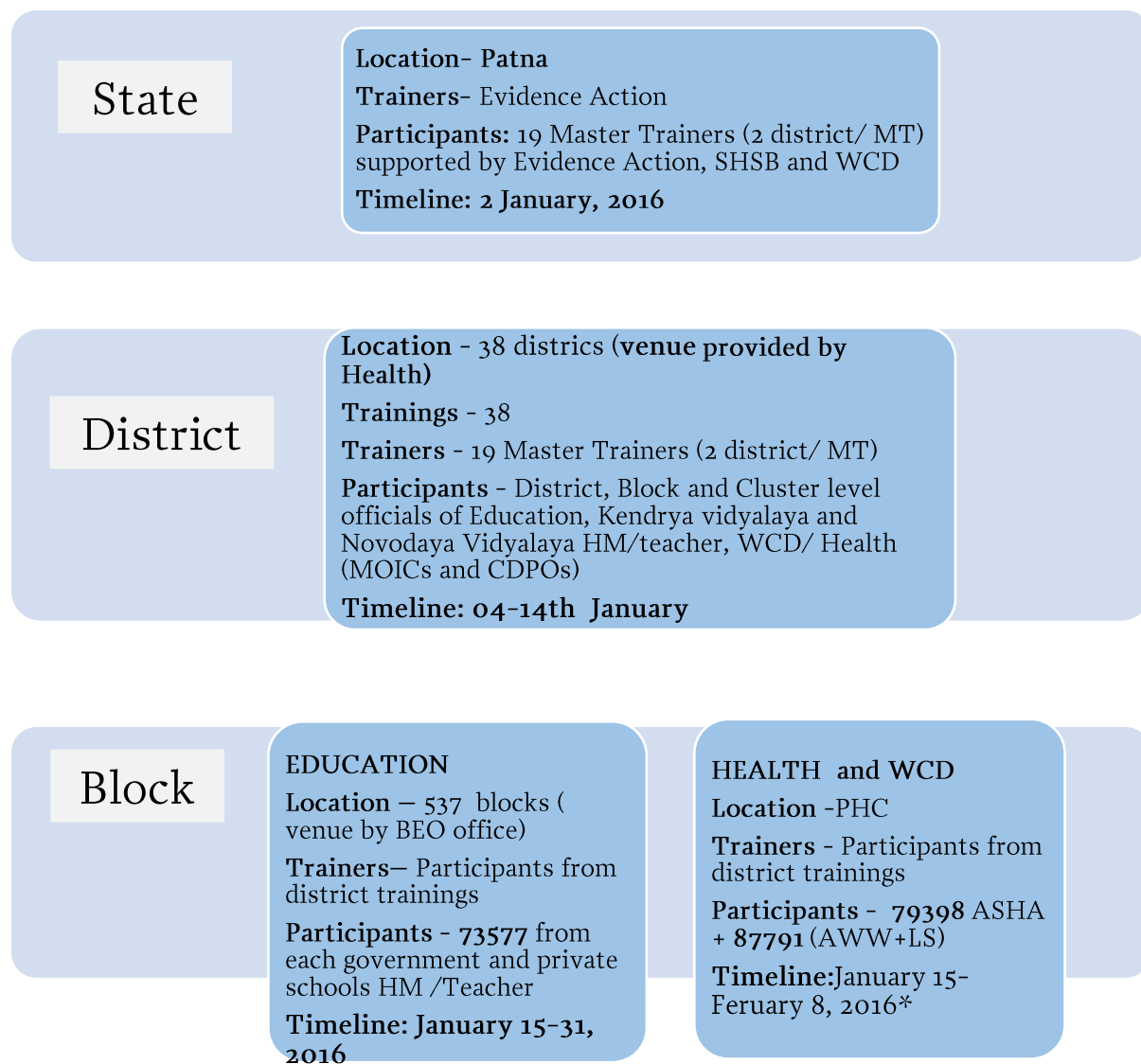
4.5 Training

Training Cascade: As per NDD Operational Guidelines and the state specific operational plan developed in collaboration between Evidence Action and the State Health Society Bihar, a training cascade was implemented at all districts and blocks between Jan 4 to Feb 9, 2016. The cascade trained 73,071 government and government-aided teachers, 506 private school teachers, 87,791 AWWs, and 79,398 ASHAs.²³ District and block level officials from all nodal departments implementing the program were also trained. Block level trainings included integrated distribution of drugs and print material (training handouts and IEC). All preparations for organizing trainings at block and district were ensured by Bihar Education Project Council and State Health Society Bihar for *anganwadi*.

Details of participants trained at all levels of cascade are below in Figure

²³ NDD coverage report submitted by state to GOI.

Figure 3: Training Cascade and Participation



*The trainings schedule under NDD for the *anganwadi* functionaries experienced delays due to the on-going training of “polio program” at health centers from January 16-21, 2016. Evidence Action field coordinators facilitated with district and block health officials for revised training schedule and further communication to *anganwadi* workers to ensure trainings are completed before NDD.

Training Resources: To assure quality and standardization of messages, Evidence Action provided 1,600 flipcharts as training aids to the trainers for use at the district and block-level trainings (Annexure F.1). Other training resources included 74,370 handouts for teachers, 91,677 handouts for *anganwadi* and 90,000 leaflets for ASHA, which were printed by the State Health Society Bihar. Working towards integrated distribution of these resources during trainings, Evidence Action supported in drafting the bundling plan as per block requirements,

enabling materials to be efficiently transported to all districts before trainings commenced. Evidence Action’s district coordinators played a vital role in ensuring the timely completion of tasks in order to ensure availability and distribution of these kits at the block-level trainings.

Training Support and Monitoring: Evidence Action’s district coordinators attended and provided supportive supervision in all 38 district trainings. The team monitored trainings across all 38 districts and conducted pre- and post-tests to assess the knowledge gained by participants in 8 selected districts²⁴ and 16 blocks²⁵. Evidence Action also used a monitoring checklist to assess training quality, ensuring that all the components of deworming were covered as per NDD guidelines. Facilitating real-time corrective actions, Evidence Action’s state team engaged with the nodal officer and provided up-to-date findings from the field. Timely coordination and information from the field enabled district officials to take remedial steps during implementation (**Annexure F.2**).

SMS: To reinforce key training messages, the state departments sent post-training SMS through their existing platforms to various functionaries. The SMS contained reminders on dates of trainings and NDD, deworming and its benefits, reporting timelines, and instructions for adverse event management. Evidence Action also sent the 30-second voice recorded message as an Interactive Voice Response SMS during NDD and MUD to 1,46,299 frontline functionaries to create awareness on dates for NDD and behavioral change messages on health and sanitation.

Table 3: Details of text messages sent for NDD 2016

	Stakeholder	Health	Education	ICDS	Total
Text messages (SMS)	Health	80794	820998	908220	1810012
	Evidence Action	46732	1004157	836914	1887803

5. Highlights of Deworming and Mop-Up Day

NDD was observed on February 10 in 38 districts followed by an MUD on February 15 to reach out to children who did not receive treatment on deworming day due to ill health or absenteeism. (**Annexure G**)

- ✓ The program launch was held on February 10, 2016 at state and in all 38 districts with political commitment and bureaucratic leadership. These contributed to the larger awareness about the program through media coverage
- ✓ Consultants from MoHFW, GOI state health department, and development partners including Evidence Action, conducted monitoring visits on NDD. Evidence Action shared findings from the field with the Executive Director, SHSB on the same day.

²⁴ The low performing districts were identified on the basis of NDD 2015 process monitoring and coverage validation findings under taken by Evidence Action

²⁵ 2 blocks from each of the 8 selected districts were identified on the basis of preliminary finding from district level training monitoring and pre-post-test during NDD 2016 district level training

- ✓ The mild adverse events reported were managed well on the ground. No severe adverse events were reported.
- ✓ Before MUD, state issued direction to all districts to call for a review meet (District Tasks Force) exclusively for deworming in presence of all stakeholders to assess gaps observed or reported from field on NDD. The ownership exhibited by the districts helped to coordinate for corrective action
- ✓ 436 visits were conducted by the field and regional teams on NDD and MUD to schools and *anganwadis* centers for observing field activities and facilitating for corrective action.

6. Monitoring and Evaluation

It is imperative that majority children have access to deworming drug and receive benefits for improved health and education outcomes Evidence Action places great emphasis on understanding the extent to which schools, *anganwadis* and the health system are prepared to implement mass deworming. This includes assessing the extent to which deworming processes are being followed, and the extent to which coverage has occurred as planned. Monitoring and evaluation are done in three ways: (1) process monitoring, (2) coverage reporting and (3) coverage validation. For NDD 2016 in Bihar, independent monitoring exercise (process monitoring and coverage validation) was conducted, on deworming day and mop-up day, followed by coverage validation from February 20-26, 2016. (Annex H.1)

6.1 Process Monitoring

Process monitoring assesses the preparedness of schools, *anganwadis*, and health systems to implement mass deworming and the extent to which they have followed correct processes. Evidence Action assesses the program preparedness during the pre-deworming phase and independent monitors observe the processes on deworming day and mop-up day.

Field Monitoring Visits A total of 558 monitoring visits (122 visits by state government officials and 436 visits by Evidence Action’s state and field team) were conducted in randomly selected schools and *anganwadis*. As recommended under national guidelines, the team used the NDD monitoring checklist during their visit. Monitors visited 625 *anganwadis*, 626 government- government aided schools and 41 private schools. The NDD monitoring data has been submitted to GOI along with the coverage report. (Annexure H.2)

Telephone Monitoring and Cross Verification Evidence Action tele-callers placed phone calls to track the delivery and availability of training, drug, and IEC materials at the district, block, and school/*anganwadi* levels as deworming day approached. Approximately 16,150 calls were made from January to March 2016, including 1389 calls to health functionaries like ANMs, 3754 calls to government and government-aided schools and private school teachers/principals, 1567 calls to *anganwadi* workers across 534 blocks in 38 districts. An additional 8746 calls were made to district and block level officials to address gaps identified during block monitoring at each level. Tele-callers used electronic tracking sheets to outline issues identified during calls and monitoring visits. These tracking sheets were shared with the state government to enable them to take rapid corrective actions as necessary.

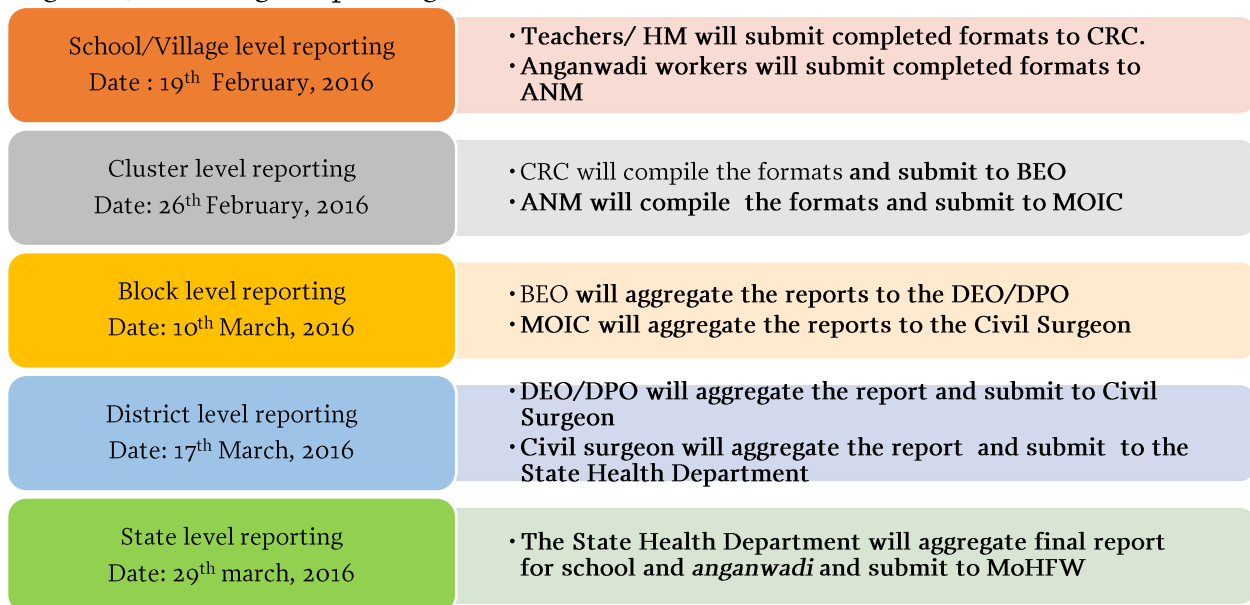
With support and inputs provided by short-term hires, Evidence Action’s state team held debrief sessions with officials at the state health department to share updates and information from deworming day monitoring visits to schools and *anganwadis*. These updates resulted in issuance of letters to the districts prescribing corrective action around issues such as drug and

IEC availability, ensuring adherence to program guidelines and ultimately supporting increased coverage (**Annexure. I**)

6.1 Coverage Reporting

Coverage Reporting provides the numbers of program beneficiaries dewormed which is crucial to measure the success of the program. With close support from Evidence Action’s state and field teams, the Department of Health collected and compiled the coverage report for NDD in selected schools and *anganwadis*. School teachers/*anganwadi* workers had been trained on the recording and reporting protocols. These protocols, along with the reporting cascade and timelines, were shared with all districts through the state’s directives and intended to improve the accuracy of coverage reports submitted by schools/*anganwadis*. Every teacher/*anganwadi* worker was required to put a single tick mark (✓) next to a child’s name in the attendance register if he was administered albendazole on deworming day, and a double-tick mark (✓✓) next to a child’s name if he was administered albendazole on MUD. Schools/*anganwadis* were supposed to derive the number of enrolled children dewormed by counting the single and double tick marks in attendance registers. School headmasters were then asked/required to compile the number of dewormed children as recorded in class registers, fill the school reporting form and submit it to the designated person in the reporting cascade. Coverage reporting structure and timeline is shown below in Figure 4

Figure 4: Coverage Reporting Cascade and Timeline



6.2 Coverage Validation

Coverage validation was done within 5-7 days of the mop up day. During this exercise, monitors checked and verified deworming related data available in schools and *anganwadis* using their respective attendance registers and reporting forms. In each school, one teacher and three students were interviewed. In *anganwadis*, only *anganwadi* workers were interviewed.

Sampling and Sample Size

Two-stage probability sampling was used to select schools and *anganwadis* for coverage validation on deworming day and mop-up day. First, 125 blocks were selected from all 38 districts by probability proportional to size sampling²⁶, followed by random sampling of schools to provide state-wide estimates of indicators. A total of 263 schools and 250 nearby *anganwadis* were visited on NDD and mop up day. For coverage validation, a total of 405 randomly selected schools and 375 randomly *anganwadis* were visited.

Table 4: Target and Coverage of Schools and *Anganwadis* during NDD, February 2016 Independent Monitoring

Indicators	Process monitoring		Coverage validation	
	Target	Achieved	Target	Achieved
Total number of districts	38	38	38	38
Total number of blocks	125	125	125	125
Total number of schools	270	263	405	405
Total number of government/government aided schools	250	251	375	375
Total number of private schools	20	12	30	29
Total Number of children interviewed in schools*	270	263	1215	1215
Total number of <i>anganwadis</i>	250	258	375	375

*Children were interviewed only where deworming has been conducted on the day of monitor's visit

Independent Monitoring Formats

To ensure comprehensive coverage and triangulation of data, four questionnaires were administered- one each for school and *anganwadi* process monitoring on NDD and MUD, and one each for schools and *anganwadis* for the coverage validation. Questionnaires were designed by Evidence Action and finalized in consultation with state Department of Health. The questionnaires were translated into regional language, and checked to ensure that the language was concise and easily understandable, before being scripted and loaded onto tablet PCs/mini-laptops for the monitor to administer.

Training of Trainers and Independent Monitors

Through a competitive selection process, Evidence Action hired Karvy Insights to implement the independent monitoring in Bihar. Evidence Action provided a one-day comprehensive training to three master trainers from Karvy Insights in Patna. These master trainers conducted a two day training of 20 supervisors and 125 monitors from February 6-8, 2016 in batches of 45-50 monitors. After training, a test was administered to all participants to assess their comprehension and ability to work in the field. Only those who could pass the test were shortlisted as the monitors.

Field Implementation

After training, the selected monitors were sent to their allotted districts. Each monitor was allotted two schools and two *anganwadis* for process monitoring. Subsequently, they were

²⁶ Probability proportional to size sampling (PPS) selected blocks in Madhya Pradesh, according to the number of schools in that block. PPS corrects for unequal selection probabilities in random sampling of unequally sized blocks. Schools were then randomly selected from the selected blocks.

allotted three schools and three *anganwadis* to survey during coverage validation. Monitors were provided a tablet PC, charger, printed questionnaires, and albendazole tablets for demonstration. The details of their allotted schools were shared with them one day before fieldwork commenced to ensure that monitors did not inform local educational authorities ahead of the actual deworming, thus potentially affecting compliance.

In case a school or *anganwadi* was closed on NDD or MUD it was replaced by the nearest school/*anganwadi*. For coverage validation, however, this strategy was slightly modified: if a school or *anganwadi* was found closed, monitors were asked to cover the next school or *anganwadi* on their list, and return to the first school or *anganwadi* at another time on a subsequent day. If the school or *anganwadi* was non-traceable or closed consistently after making three attempts, a new school was substituted for the old one.

Quality Control

Appropriate quality control measures were taken to ensure that data collected was accurate and comprehensive. School headmasters and *anganwadi* workers were asked to sign a participation form and provide an official stamp, verifying that the school or *anganwadi* was actually visited. The agency contacted approximately 15% of schools and *anganwadis* on phone the next day to confirm that they had participated in the monitoring and validation process. In addition, district coordinators visited sampled schools and *anganwadis* to spot check the processes and tele-callers contacted schools and *anganwadis* to verify monitoring visits.

7. Key Findings and Program Recommendations

Key findings from the independent monitoring emphasize the importance of strengthening the training cascade and the integrated distribution of drugs and IEC materials at the trainings to ensure all teachers and *anganwadi* workers are equipped to implement NDD effectively. The detailed independent monitoring tables are attached as **Annexure J**

Training

Participation at trainings: Independent monitoring data demonstrated that 84% of schools and 80% of *anganwadi* workers received training for the recent deworming round. Among private schools, only five out of 13 schools reported attended training on deworming in the previous two months. Out of those who did not attend the training, 49% of all (government, private) school teachers and 61% *anganwadi* workers were unaware of the date/timing of trainings. As training is crucial to equip teachers and *anganwadi* workers with the necessary knowledge and drugs for implementing NDD, efforts must be made to increase participation at the trainings. In this direction, for NDD 2016 round, the government and Evidence Action sent out bulk SMSs on reinforcing training schedules and venue information prior to the trainings, along with post training messages on deworming. During independent monitoring, it was found that only 63% of schools and 56% *anganwadi* workers received training reinforcement SMS related to the deworming program, which could be the reason for an insignificant increase in training participation from the NDD 2015 round.

Key recommendations:

- Regular updates and strengthening of the database of block level functionaries and teachers/schools and *anganwadi* workers to improve SMS coverage efor dissemination of program information to key audiences in a timely manner.
- Advise block level officials to strengthen the communication channels from the block

Quality of trainings: Findings show that only 77% of headmasters reported providing training to other teachers after they were trained on deworming. The headmasters/ principals and *anganwadis* also reported incomplete knowledge on the different ways that children can get worm infections; only 49% of these functionaries reported open defecation/not using sanitary latrine as a route of worm transmission.

Key Recommendations:

- Improve training sessions with a stronger focus on the importance of sharing training messages at schools so that all teachers are equipped to deworm children in accordance with the protocols.
- Trainings should have greater emphasis on practices for controlling worm infection.

Integrated Distribution of Deworming Materials including Drugs

Findings from independent monitoring data revealed that only 37% and 39% of all school and *anganwadis* respectively completed integrated distribution²⁷ of the NDD kit; however, as reflected in the below table, individual components of the kit were still distributed on a large scale at the trainings.

Table 5: Distribution of NDD kits material

NDD kit content	For Schools			For <i>Anganwadi</i>		
	Received	Verified*	Received in training	Received	Verified*	Received in training
Tablets	91	79	60	92	77	63
Poster/Banner	77	73	60	75	72	63
Handouts/ Reporting form	66	73	57	64	72	63

* The first column shows data on the availability of NDD kit content received by the teachers and *anganwadis*, as reported by them. The second column shows verification of availability items in NDD kit by monitors with the schools and *Anganwadis*. The third column states teachers and *anganwadis* reporting receipt of NDD kit content at the trainings

As per the table above, majority of the teachers and *anganwadi* workers reported receiving most of the NDD kits including tablets, posters/ banners, handouts/reporting forms. Findings suggest a need to strengthen integrated distribution of training, IEC materials, and drugs during block level trainings. While the state planned the bundling process far in advance of the

²⁷ Integrated distribution of NDD kits including deworming drugs, banner/poster and handout, reporting forms, to the teachers/*anganwadi* workers at the training only.

NDD, little more than one third of teachers and *anganwadis* reporting receiving all materials at the trainings.

Key Recommendations:

- Improved bundling and proper distribution is done at all levels down to the blocks, where the ultimate implementers receive materials. This can be done through ensuring clear responsibilities are assigned for bundling at all levels, through state/ district released directive, also necessary supervision at all levels is required for ensuring adequate quantity gets bundled and distributed in a timely manner.

Drug Sufficiency

During coverage validation, 86% of the schools and 91% *anganwadis* reported to have sufficient drugs for deworming.²⁸ Moreover, 51% of schools and 70% of *anganwadis* had surplus drugs after deworming. The drug surplus at the schools and *anganwadis* can be because of the availability of WHO drugs in a sealed jar of 200 tablets which cannot be repackaged because of drug safety protocols, as well as buffer being considered while drug bundling.

Key recommendation:

- Availability of surplus drug at the schools and *anganwadis* after the deworming round is completed, need to be assessed by the state government in terms of making use of available drugs, along with following necessary drug safety protocols.

Source of Information about Recent Round of Deworming

In order to sensitise the teachers and *anganwadis*, various channels of communication were used in the programme, including departmental communication, posters, banners etc. Monitoring data revealed that during the recent round of deworming, departmental communication was the major source of information, in other words the maximum number of a medium reported by 62% of schools and 47% *anganwadis*, followed by training (38% of schools and 33% of *anganwadis*). School teachers were the major source of information to students for deworming (94%). However, 17% of students interviewed were not aware that the medicine given to them was for deworming. With reference to children enrolled in private schools, total seven out of eight interviewed children were aware that the tablet given to them was for deworming.

Implementation of Deworming

While 87% of schools and 88% of *anganwadis* reported conducting deworming on either NDD or mop-up day, independent monitors observed ongoing deworming activity in 83% schools and 89% of *anganwadis* respectively. Coverage validation demonstrated that 93% of schools and 95% of *anganwadis* had observed deworming during NDD or mop-up day. Out of all enrolled children interviewed on NDD and mop-up day around 95% reported to have received a deworming tablet. Prima facie, this suggests that deworming occurred in a large percentage of schools and *anganwadis* on one of the deworming days. However, 27 of the 30 private schools observed during coverage validation reported deworming activities on NDD or mop-up day.

Adverse events- knowledge and management

²⁸ Sufficient drugs is defined here as availability of drugs in accordance with the total number of children enrolled in the school.

Interviews with teachers and *anganwadi* workers during process monitoring demonstrated a lack of awareness regarding the possible occurrence of adverse events. Only 35% of headmasters/principals and 25% of *anganwadi* workers acknowledged that adverse events were possible after ingesting albendazole. Out of those who knew that adverse events are possible, only the majority of teachers and *anganwadi* workers were aware of how to manage adverse events with most of them advocating that mild adverse events should be handled at schools/ *anganwadis* while more severe or continued adverse events should be referred to the nearest PHC. During class observations, around 90% of teachers and 84% *anganwadi* workers asked children whether they were sick before administering drugs. More than 94% of teachers and *anganwadi* workers ensured that drug administration was well supervised, asking children to chew tablets before swallowing.

Key recommendation:

- Increased focus needs to be given at the trainings on the adverse events that can happen on mass scale program and more importantly, on being equipped to properly manage the adverse events as per the adverse event management protocols.

It was also seen during process monitoring that many schools and *anganwadis* were delaying drug administration to coincide with mid-day meals. As per WHO guidance, there is no need to consume food along with albendazole. Often, children leave school premises right after the mid-day meal, meaning that they do not remain with teachers for two hours post- deworming when any possible adverse events could be properly managed by the trained teacher/ *anganwadi* worker. Thus, training and monitoring functions should provide greater focus on the correct drug administration protocols in future rounds.

Recording Protocol

Coverage validation data demonstrated that 62% of schools and 90% of *anganwadis* followed correct²⁹ recording protocols, 17% of schools did not adhere to any recording protocol and remaining 21% schools followed recording protocol partially³⁰. As per NDD guidelines, ASHAs were required to prepare a list of unregistered *anganwadi* children and out-of-school children for submission to AWWs; however, findings suggest that less than 50% of *anganwadis* had a list available.

Key recommendation:

- Increased focus on the importance of correct recording, reporting protocols and maintaining correct and complete documentation at the trainings of frontline functionaries.

7.1 Program Coverage

Following table highlights the coverage details from the state including the total coverage of 91.2% according to government reported figures as well as coverage across various categories

Source: Report submitted by State Health Society Bihar to GOI dated April, 2016 (**Annexure A**).

²⁹Correct recording protocols refers that all classes/registers of schools and *anganwadis* have single or double ticks.

³⁰Not all classes followed the recording protocol.

Indicators		Coverage (in figures)	Coverage (in %)
Total number of children targeted		37988157	
No of enrolled children (classes 1-12) who were administered albendazole on NDD and mop-up day	Govt Schools	2,09,99,567	89.5%
	Pvt Schools	2,59,999	99.5%
Number of registered children dewormed (1 to 5 years) at AWCs on NDD and mop-up day		58,10,279	90.8%
Number of unregistered children dewormed (1 to 5 years) at AWCs on NDD and mop-up day		37,46,756	82.2%
Number of out-of-school children (6-19 years) dewormed on NDD and mop-up day		38,27,687	115%
Total number of children dewormed (1-19 years)		3,46,44,288	91%

Substantial district wise variation was observed in NDD coverage reporting. 16 out of total 38 districts reported coverage below the state level with Munger (77%) having the lowest coverage followed by Sheikhpura (81%) and Araris (82%). Further, districts of Pashchim Champaran, Siwan, Janhanabad and Saran reported coverage of more than 95% in the state.

Evidence Action also advised the state government in finalising program target figures, allowing for accurate performance measurement across the state. The target groups include four categories: government school, private school, *anganwadis*, and out-of-school/unregistered. To establish the targets, Health Department referred to the data from state Education Department (District Information System for Education) and WCD. Evidence Action referred to credible data sources including 2011 census data for estimation of preschool-age children and advised the state Health Department in finalising the target for unregistered preschool-age children. The state defined the final target for unregistered preschool children, based on the recommendation.

The following section explores the extent to which the reported coverage figures are likely to be an accurate reflection of the number of children dewormed

7.2 Coverage Validation

In the schools and *anganwadis* sampled for coverage validation, we calculated state-level verification factors, which are commonly calculated for Neglected Tropical Disease control programs around the world. The verification factor compares the number of ticks in school/*anganwadi* registers (where teachers/AWWs recorded dewormed children) to the coverage figures in the reporting forms that schools/*anganwadis* submitted to the state. A verification factor of 1 means the schools reported the exact same figures as recorded in registers on deworming day. A verification factor less than 1 indicates over-reporting, while a verification factor greater than 1 indicates under-reporting.

Coverage verification factors are estimated on the basis of availability of a copy of reporting forms at schools and *anganwadis*. In Bihar only 61% of schools and 55% of *anganwadis* had

copy of the reporting form available after deworming and mop-up day. Although during trainings, school teachers/ headmasters and *anganwadi* workers were instructed to retain a copy of their respective reporting form; 15% of headmasters and 23% of the AWWs interviewed during process monitoring were not aware of retaining a copy of the form.

In Bihar, the state level verification factor for enrolled children was found to be 0.76, indicating that for every 76 enrolled children who were recorded as dewormed in the schools, the school reported that 100 enrolled children had been dewormed. This corresponds to an overall 31% inflation of reporting in the state, meaning that reported numbers appear to be approximately 31% higher than the numbers recorded in attendance registers. Similarly, the state level verification factors for *anganwadi* registered children, non-registered children (1-5 years), and out- of- school (6-19 years) children were 0.74, 0.77, and 0.69 respectively with corresponding inflation rates of 35%, 29% and 44%. Training was found to increase the accuracy of reporting: trained schools had only 30% inflation in reporting, while untrained schools had 70% inflation in reporting.

Around, 96% of the children interviewed during coverage validation reported to have received the deworming tablet and 96% of them consumed the tablet under supervised administration in the school. Further attempts were made to understand the maximum number of enrolled children that could have been dewormed in the state. Coverage validation data demonstrated that 93% of schools did deworming on either of the days and attendance data showed that a maximum of 74% of the enrolled children would have been in attendance considering the attendance of both the days. Based on deworming implementation status and attendance of enrolled children on deworming and mop-up day and children's interview, maximum 65% (95% children out of 74% present in 93% of schools conducted deworming) children could have been dewormed in the state.

Key recommendations:

- Correct recording, reporting protocols and the importance of retaining a copy of reporting form for verification purposes, need to be further reinforced at future trainings
- Additionally, greater emphasis need to be made for increasing coverage and accurate reporting of unregistered and out-of-school children. This suggests the need to strengthen the role of ASHAs in mobilising these children and correctly reporting their treatment.

Private school engagement: Since this was the first round for the state to engage private schools in deworming, participation was low and can be increased in the future. In order to broaden the reach of the program, it is critical to include private schools in every aspect of future rounds.

Key recommendations:

- The continued engagement of District Magistrates will help strengthen the implementation of the program at ground, as reported by the state NDD nodal officers.
- Comprehensive training for teachers and other staff, along with adequate and timely information about the program, may help generate awareness and interest from private schools.

Engaging with private schools has been a largely untapped area for school health programs. However the efforts made during NDD February 2016, and the experiences will guide future strategies for other such initiatives.

Key Recommendations from NDD Feb 2016

Training

- Regular updates and strengthening of the database across program functionaries for sending training reinforcement SMSs.
- Strengthen the communication channels from block to all schools and *anganwadis* on participation at trainings
- Strengthen training component of the program through focusing more on the following:
 - 1) Importance of sharing training messages by the trained teacher to all other teachers at school
 - 2) Practices for controlling worm infection
 - 3) Importance of correct recording, reporting protocols and maintaining correct and complete documentation form for verification purposes
 - 4) Knowledge on adverse events that can happen on mass scale program and more importantly, on being equipped to properly manage the adverse events as per the protocols

Integrated distribution of NDD kits at trainings

- Strengthening integrated drug distribution through ensuring clear responsibilities are assigned for bundling at all levels, through state/ district released directive. Also, necessary supervision at all levels is required for ensuring adequate quantity gets bundled and distributed in a timely manner.

Community mobilisation

- Greater emphasis need to be made for increasing coverage and accurate reporting of unregistered and out-of-school children. This suggests the need to strengthen the role of ASHAs in mobilizing these children and correctly reporting their treatment.

Private school engagement

- Comprehensive training for teachers and other staff, along with adequate and timely information about the program, may help generate awareness and interest from private schools.
- The continued engagement of District Magistrates will help strengthen the implementation of the program at ground

8. Way Forward

Bihar has laid strong foundation for extending deworming treatment to all children ages 1-19 with the inclusion of preschool-age and private school children under the ambit of NDD, which so far was limited to school-based mass deworming. The state has made progress toward institutionalizing deworming by including NDD activities in PIPs, leading the timely finalisation of coverage targets, convening steering committee meetings at state and district levels, and planning ahead for integrated material distribution in trainings. For the biannual round in August, sustained efforts with Women and Child Development will be focussed for strengthening capacity of stakeholder and planning for next rounds. The learnings emerged from private school engagement in this round will be crucial to inform program strategies while scaling the initiative to all districts. Strengthened planning for the biannual round in August, and wider reach to schools including government, government-aided and private schools, will pave the way towards higher coverage. Evidence Action will also strengthen the deworming program in line with the above recommendations through close collaboration with government stakeholders including Lymphatic Filariasis to align all preparation for biannual round in August 2016.

Annexures

Attached as separate files:

Annexure A: Common Reporting Form Submitted by Bihar to Government of India dated May 2, 2016

Annexure B: Prevalence Survey of Bihar

Annexure C.1: Meeting Minutes of State Steering Committee Meeting Dated August 12, 2015

Annexure C.2: Meeting Minutes of State Steering Committee Meeting Dated December 16, 2015

Annexure C.3: Letter from SHSB to WCD and Department of Education for sharing Operation Plan NDD 2016

Annexure C.4: Joint Guideline issued for NDD February 2016 with signature from Principle Secretary of Health, Education and WCD

Annexure C.5: Letter Issued From SHSB to District Magistrate for Private School Engagement

Annexure C.6: Letter issued from SHSB for conducting District Coordination Committee Meeting

Annexure D.1: WHO Requisition Submitted by Department of Health under Global Drug Donation Program

Annexure D.2: Letter Issued for Testing of Albendazole by Department of Health

Annexure E: Details of Mass Media Mix in the State

Annexure F.1: Training Photo of Sample District and Block and SMS

Annexure F.2: Training Quality Assessment Findings

Annexure G: Drug Administration Photo from Field on NDD and Mop- Up Day

Annexure H.1: Letter Issued by SHSB for Monitoring

Annexure H.2: Submission of Monitoring Visit Data by GoB to GoI, MoHFW

Annexure I: Tele-Calling Indicators for Tracking Conducted During NDD February 2016

Annexure J: Key Results from Independent Monitoring

Annexure A: Common Reporting Form Submitted by Bihar to Government of India dated May 2, 2016

Dr. Surendra Kumar
Chief Medical Officer - cum-
State Programme Officer
Child Health



राज्य स्वास्थ्य समिति, बिहार
As ISO 9001:2008 Certified Agency
स्वास्थ्य विभाग, बिहार सरकार

पत्रांक : 5n58/GA/1393/2015/.....

सेवा में,

Dr. Sila Deb,
Deputy Commissioner (Child Health),
Ministry of Health & Family Welfare,
New, Delhi

पटना, दिनांक : / / 2016

विषय : राष्ट्रीय कृषीयुक्ति कार्यक्रम के पांचवें चरण का प्रतिवेदन प्रेषित करने के संबंध में।

संदर्भ: डॉ० शिला देव, स्वास्थ्य एवं परिवार कल्याण मंत्रालय, भारत सरकार से प्राप्त Ltr.001.

महाशया,

कार्यकांड विभागांक सूचित करना है कि राज्य स्वास्थ्य समिति (बिहार), बिहार शिक्षा परिशोधना परिषद् पटना (BEPC), समेकित बाल विकास सेवाएँ (ICDS), निम्न स्वास्थ्य संगठन के सहयोग एवं 'डिजिटल द वर्ल्ड' के सहयोग तत्त्वधान में विद्यालय एवं अंगणवाड़ी आधारित कृषीयुक्ति कार्यक्रम का पांचवां चरण दिनांक 10 फरवरी 2016 (टिचरिंग दिवस) एवं दिनांक 16 फरवरी, 2016 (गोप थप दिवस) को सफलतापूर्वक सम्पन्न किया गया।

अतः उक्त के आलोक में राज्य स्तर पर प्रतिवेदन संकलित कर आपके अवलोकन हेतु उपलब्ध कराया जा रहा है।

विश्वासभाजन,

Ho/-

(डॉ० सुरेन्द्र कुमार)

आपकांक : 668

पटना, दिनांक : 02 / 5 / 2016

- प्रतिलिपि : प्रधान सचिव, स्वास्थ्य एवं परिवार कल्याण, बिहार, पटना को सादर सूचनाार्थं समर्पित।
 प्रतिलिपि : सचिव, महिला एवं बाल विकास विभाग, बिहार, पटना को सादर सूचनाार्थं समर्पित।
 प्रतिलिपि : सौजन्य, स्वास्थ्य-सह-कार्यवाहक निदेशक, राज्य स्वास्थ्य समिति, बिहार, पटना को सादर सूचनाार्थं समर्पित।
 प्रतिलिपि : राज्य परिशोधना निर्देशक, बिहार शिक्षा परिशोधना परिषद्, पटना को सूचनाार्थं समर्पित।
 प्रतिलिपि : निदेशक प्रमुख, स्वास्थ्य सेवाएँ, बिहार, पटना को सूचनाार्थं समर्पित।
 प्रतिलिपि : निदेशक-समेकित बाल विकास सेवाएँ, बिहार, पटना को सादर सूचनाार्थं समर्पित।
 प्रतिलिपि : सहायक निदेशक, समेकित बाल विकास सेवाएँ, बिहार, पटना को सादर सूचनाार्थं समर्पित।
 प्रतिलिपि : सभी जिला पदाधिकारी, बिहार को को सूचनाार्थं एवं आवश्यक कार्रवाई हेतु प्रेषित।
 प्रतिलिपि : सभी क्षेत्रीय उपनिदेशक, स्वास्थ्य सेवाएँ, बिहार को सूचनाार्थं समर्पित।
 प्रतिलिपि : उप निदेशक / सहायक निदेशक, फाईलेरिया नियंत्रण कार्यक्रम, बिहार, पटना को सूचनाार्थं प्रेषित।
 प्रतिलिपि : सभी विधिल सर्जन, जिला स्वास्थ्य समिति, बिहार को सूचनाार्थं प्रेषित।
 प्रतिलिपि : सभी जिला प्रतिरक्षण पदाधिकारी, बिहार को सूचनाार्थं प्रेषित।
 प्रतिलिपि : राज्य कार्यक्रम पदाधिकारी, बिहार शिक्षा परिशोधना परिषद्, पटना को सूचनाार्थं प्रेषित।
 प्रतिलिपि : सभी जिला शिक्षा पदाधिकारी, बिहार को सूचनाार्थं एवं आवश्यक कार्रवाई हेतु प्रेषित।
 प्रतिलिपि : सभी जिला कार्यक्रम पदाधिकारी, आईटीडीडीएस बिहार को सूचनाार्थं प्रेषित।
 प्रतिलिपि : राज्य प्रतिनिधि, विश्व स्वास्थ्य संगठन, बिहार को सूचनाार्थं प्रेषित।
 प्रतिलिपि : राज्य कार्यक्रम प्रबंधक / समन्वयक, डिजिटल द वर्ल्ड को सूचनाार्थं एवं आवश्यक कार्रवाई हेतु प्रेषित।

राज्य कार्यक्रम पदाधिकारी



बिहार राष्ट्रीय कृषि मुक्ति दिवस- 2016
सामान्य रिपोर्टिंग प्रारूप (उपकेंद्र, ब्लॉक, जिले, राज्य के लिए)
 * कृषक नीचे दिए गए सभी दिवस पर और और जोर जोर से उपस्थित नहीं हो 'NA' जिसे

राज्य - Bihar					
कुल सरकारी/सहायक अनुदान स्कूलों की संख्या	74857	विशेष जगह करने वाले कुल सरकारी/सहायक अनुदान स्कूलों की संख्या		73434	
कुल निजी/अन्य स्कूलों/निजी/अन्य स्कूलों की संख्या	572	विशेष जगह करने वाले कुल निजी/अन्य स्कूलों की संख्या		515	
कुल अनुदान स्कूलों की संख्या	86730	विशेष जगह करने वाले कुल अनुदान स्कूलों की संख्या		84425	
कृषि मुक्ति दिवस पर प्रशिक्षित आगामी की संख्या	79398				
कृषि मुक्ति दिवस पर प्रशिक्षित सरकारी/सहायक अनुदान स्कूलों की संख्या	73071				
कृषि मुक्ति दिवस पर प्रशिक्षित निजी/अन्य स्कूलों की संख्या	506				
कृषि मुक्ति दिवस पर प्रशिक्षित अनुदान स्कूलों की संख्या	87791				
एन्बेदाजील कवरेज					
		लड़कियाँ	लड़के	कुल	
स्कूल या जाने वाले बच्चों की कुल संख्या	1644324	1667918	(A)	3312242	
अनुदान स्कूलों में गैर पंजीकृत बच्चों की कुल संख्या	2224103	2335878	(B)	4559981	
अनुदान स्कूलों में पंजीकृत बच्चों की कुल संख्या	3124784	3268892	(C)	6393676	
	सरकारी स्कूल	11758318	11702837	(D)	23461155
स्कूल में नमोदित बच्चों की कुल संख्या	निजी/अन्य स्कूल	114712	146391	(E)	261103
कुल लक्षित बच्चे				(Z)=(A)+(B)+(C)+(D)+(E)	37988157
नमोदित बच्चों की कुल संख्या (वर्ग 1 से 8) जिन्हें कृषि मुक्ति और सीए अव दिवस पर एन्बेदाजील दिखाया गया	सरकारी स्कूल	6695736	6578651	1(a)	13274387
	निजी/अन्य स्कूल	76769	96114	1(b)	172883
नमोदित बच्चों की कुल संख्या (वर्ग 9 - 12) जिन्हें कृषि मुक्ति और सीए अव दिवस पर एन्बेदाजील दिखाया गया	सरकारी स्कूल	3931349	3793831	2(a)	7725180
	निजी/अन्य स्कूल	38393	48723	2(b)	87116
पंजीकृत बच्चों की कुल संख्या (1 से 8 साल) जिन्हें कृषि मुक्ति और सीए अव दिवस पर एन्बेदाजील दिखाया गया		2838693	2971586	(3)	5810279
गैर पंजीकृत बच्चों की कुल संख्या (1 से 8 साल/जिन्हें कृषि मुक्ति और सीए अव दिवस पर एन्बेदाजील दिखाया गया)		1825562	1921194	(4)	3746756
स्कूल या जाने वाले बच्चों की कुल संख्या (9 से 10 साल) जिन्हें कृषि मुक्ति और सीए अव दिवस पर एन्बेदाजील दिखाया गया		099009	903834	(5)	1803643
स्कूल या जाने वाले बच्चों/बच्चियों की कुल संख्या (10 से 12 साल) जिन्हें कृषि मुक्ति और सीए अव दिवस पर एन्बेदाजील दिखाया गया		1023488	1000556	(6)	2024044
कुल योग: बच्चों की कुल संख्या जिन्हें एन्बेदाजील दिखाया गया (T=1a+1b+2a+2b+3+4+5+6)				(T)	34644288
प्रतिशत कवरेज--				(T) X 100 / (Z)=	91.20
स्कूल और अनुदान स्कूलों में नमोदित बच्चों की कुल संख्या				6	
लॉजिस्टिक्स विवरण: ब्लॉक/जिले/राज्य (जो भी लागू हो टिक करें)	सरकारी स्कूल	निजी/अन्य स्कूल	अनुदान स्कूल		
ग्राम एन्बेदाजील की कुल संख्या	24445509	280050			16599803
जिले की एन्बेदाजील की कुल संख्या	20752323	256219			11786479
बच गये एन्बेदाजील बच्चों की कुल संख्या	3693186	23831			4813324
प्रतिक्रिया (अगर कोई)					
नाम, आकार, अवधि का यह रिपोर्टिंग प्रारूप है					
नाम, आकार, अवधि का यह रिपोर्टिंग प्रारूप है					
अधिकारी का नाम और विवरण का उल्लेख करें					

Annexure B: Prevalence Survey Brief Bihar

Evidence Action

Deworm the
World Initiative

Prevalence and Intensity of Soil-Transmitted Helminths in Bihar

In January and February 2015, Evidence Action conducted a field survey to measure the prevalence and intensity of soil-transmitted helminths (STH) infections across the state of Bihar. The STHs like roundworm, whipworm, and hookworm, are a public health concern in India; over 1.41 million children are at risk of infection. The survey was conducted to assess the effect of three rounds of Bihar's school-based deworming program, following a 2011 survey that assessed baseline prevalence and intensity of STH infections.

The 2015 survey was carried out across 65 government primary schools in 14 blocks of 12 districts among children aged 5 to 10. The survey covered all three agro-climatic zones of Bihar. It was timed to occur immediately before the National Deworming Day in 2015.

The survey was conducted in partnership with the government of Bihar; National Institute of Epidemiology; the Post-Graduate Institute of Medical Education and Research, Chandigarh; and GfK Mode, a market research firm. The survey sample design and epidemiological analysis were undertaken by the National Institute of Epidemiology. Parasitological analysis was completed by the Post-Graduate Institute of Medical Education and Research in field laboratories using the WHO-recommended Kato-Katz method. GfK Mode supplied the field teams that visited the households of children from selected schools to collect stool samples and school, household, deworming, and sanitation related information, to better understand potential correlates with infection and allow for sample weighting.



Key Results and Findings

The overall average prevalence of any STH in Bihar was calculated as 35%. Roundworm had the highest prevalence, with prevalence of 19%, while hookworm and whipworm prevalence were found to be 17% and 6%, respectively. The prevalence in different agro-climatic zones ranged from 20% in South Bihar Alluvial Plains to 50% in North East Alluvial Plains. Overall, the observed prevalence in this survey was less than the observed prevalence in 2011 (67.5%).

The proportion of children with high and moderate intensity infections in the state was only 7.5% in 2015, compared to 16% high and moderate intensity infections in 2011. Generally, children with higher intensity infections are those with the greatest STH-related morbidity. Therefore, even amongst those still infected, the lower average intensity infections means that the debilitating impact of worms in those children is lesser today in Bihar, than it was in 2011. The change in prevalence and intensity of STH infections indicates that the school-based deworming program appears to have had some effect on parasitic worm infections in the state.

Recommendations for the Government of Bihar

Based on the findings of the prevalence survey and WHO guidelines, Evidence Action recommends that the state government continue with the biannual deworming treatment that was endorsed in 2011. Currently, the biannual treatment is planned to be achieved through the implementation of one round of mass drug administration through the state's existing school-based deworming program, which administers albendazole to all children. The second round of deworming will be achieved through the National Filaria Control Program, which includes annual administration of albendazole through a community-based model. Evidence Action, in line with global best practices, recommends that the administration of school-based deworming program and the National Filaria Control Program be timed 6 months apart to maximize impact.

As evidenced by the current 35% prevalence, Bihar continues to have high rates of STH infection, and should consider strategies to expand deworming coverage. This expansion should consider greater efforts to reach out-of-school children, children in private schools, and preschool-age children through *anganwadis*.

Mapping Prevalence for Treatment Strategies

The WHO estimates that over 870 million preschool and school-age children worldwide are at risk of STH infection, and 141 million children are at risk in India. STH infections interfere with nutrient uptake; can lead to anemia, malnourishment and impaired mental and physical development; and pose a serious threat to children's health, education, and productivity. To mitigate the morbidity caused by STH infections, the WHO recommends treatment strategies based on STH prevalence in a region. To date, there has been limited state-wide worm prevalence data collection in India, making it difficult to develop appropriate treatment strategies that reflect actual worm loads. The 2011 survey, however, found high prevalence of STH infections in Bihar and led to the genesis of the largest school-based deworming program in the world at the time.

Predicted prevalence map of STH in Bihar



In 2015 Evidence Action renewed a memorandum of understanding with the government of Bihar to continue providing technical assistance for the statewide school-based deworming program and to expand the program to preschool-age children through *anganwadis*, thus targeting all at-risk children in Bihar. The government of Bihar took part in the National Deworming Day on February 10, 2015, reaching 18.7 million children aged 6-19. The school-based deworming program is a joint effort of the State Health Society Bihar and the Bihar Education Project Council. Evidence Action provides technical assistance to the government of Bihar to strengthen the school-based deworming program.

* Investing to overcome the Global Impact of Neglected Tropical Diseases, Third WHO report on Neglected Tropical Diseases, 2009

Annexure C.1: Meeting Minutes of State Steering Committee Meeting
Dated August 12, 2015



Letter No. 5772

Date 4/9/15

Dr. Surendra Kumar
SPO(Deworming), SHS Bihar

To,

Principal Secretary, Department of Health and Family Welfare, GoB
Principal Secretary, Department of Human Resources Development, GoB
Secretary W&CD
ED, SHS Bihar
State Project Director, BEPC, Patna
Director, ICDS
Director in Chief, Health services
AO, SHS Bihar
SPM, SHS Bihar RBSK
SPO BEPC, Deworming Program
State Team Leader ASHA Coordinator, SHS Bihar
Ms Priya Jha, Country Director, Evidence Action- Deworm the world Initiative, INDIA Program
State Representative, WHO, Bihar Field Officer, Patna
SPM, Evidence Action- Deworm the world Initiative

Sub – Sharing of attached Minutes of Steering Committee Meeting held on 12 August 2015 regarding forthcoming Mass Deworming Programme.

Dear Sir/Madam

Please find the attached Minutes of Steering Committee Meeting held on 12 August 2015 regarding forthcoming next round of Mass Deworming Programme for your kind reference and records.

Your sincerely


(Dr. Surendra Kumar)

STEERING COMMITTEE MEETING MINUTES

DATE: 12th August, 2015

PARTICIPANTS:

1. Shri Jitendra Srivastava, IAS, Executive Director, SHSB, Chairperson of the Meeting
2. Shri Shashi Bhushan Kumar, IAS, Director ICDS, Govt. of Bihar
3. Smt. Anita Kumari, Assistant Director ICDS, Govt. of Bihar
4. Shri S.Paswan, Joint Secretary, Education, Govt. of Bihar
5. Shri Rajnish Kumar Singh, Administrative Officer -SHSB, Govt. of Bihar
6. Dr. Bipin, Assistant Director Filaria Control Program, Govt. of Bihar
7. Dr. Surendra Kumar, SPO-SHSB-Deworm Program
8. Shri Uday Ujjawal Kumar, SPO-BEPC
9. Dr. Rajesh Pandey, MD, State Coordinator NTD, WHO
10. Dr. R.N.Dwivedi, State Program Manager, NHM
11. Shri Pranay Kumar, State Team Leader, ASHA
12. Ms. Priya Jha, Country Director, Evidence Action- Deworm the World Initiative, New Delhi
13. Mr Dipankar Mukherjee, State Program manager- Bihar, Evidence Action- Deworm the World Initiative

Agenda:

1. Share findings from Round 4 of the School based Deworming program under the NDD implemented in Feb 2015.
2. Planning for implementation of mass deworming program in Bihar.
3. Share findings and recommendations from the STH prevalence survey done by Evidence Action- Deworm the World Initiative.
4. Defining the role of different departments.
5. Follow up on key activities following the MOU (inclusion of Pre-school age children, out of school children, PIP and allocation of financial resources to initiate planning)

The meeting was held on 12th August, 2015 in the Office of the ED, SHSB at 11am.

Introduction:

Country Director, Evidence Action, started the meeting with a power point presentation to brief participants on the findings from the School based Deworming (SBD)round-4 implemented in Feb 2015, and take key discussions for planning the next round. She also shared the STH prevalence mapping results. The survey was conducted in Jan- Feb 2015 and the report with recommendations have been shared in June to the State Government. Key findings were shared at the meeting for the larger group.

Key points that were discussed at the meeting, and decisions taken are mentioned as below:

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A) Revised MoU with the government of Bihar:

Highlights from the MoU signed in May, 2015 was shared. The MOU was revised and renewed for upto 2018, with inclusion of a new stakeholder – Department of Women and Child Development for expanding the program to cover preschool age children.

The MOU also clearly defined the roles and responsibilities of all stakeholders, with Health as the Nodal body to coordinate the program planning and implementation in the state. (MOU attached as Annexure – 1)

B) STH (Soil Transmitted Helminthes) Prevalence Survey:

Findings from the STH prevalence survey were shared including sharing of the process that adopted to complete the survey. Evidence Action shared details of the sampling, methodology for testing, Epidemiology, field and parasitology partners, and WHO recommendation on conducting periodic prevalence survey to guide treatment strategies and monitor the effectiveness of the deworming program. The following recommendations were highlighted from the survey findings:

- There has been significant difference in prevalence of STH from the previous survey conducted in 2011 (57.6%) and now in 2016 (33%). This suggests that there has been some effects on STH prevalence in Bihar. It was noted that the prevalence may have fallen further with greater program coverage and regular implementation of the LF MDA. Therefore, it was important that **Bihar strengthen the biannual deworming strategy to ensure greater coverage and more regular biannual deworming to further reduce the prevalence and reduce reinfection.**
- The Deworming program to devise strategies to **increase coverage through inclusion of preschool children, children attending private schools, and greater efforts to reach out of school children.**
- To decrease reinfection rates other strategies such as reducing open defecation, improved hygiene and sanitation also need to be actively promoted.
- The Executive Director (ED), SHS Bihar also asked for more information on the epidemiological data that showed significant variation on the prevalence across the state, and asked for reasons for the same. Deworm the World, will coordinate with the National Institute for Epidemiology for the details and will share with the ED.

C) Strategy to include Preschool children:

- It was noted that NDD (National Deworming Day) guidelines from the Government of India recommended the inclusion of preschool age children between 1-5 years in deworming. While Bihar has never included this age group in previous rounds, there was commitment through the new MOU to include the preschool age children at the Anganwadi centers and engagement of the ICDS department. With regard to the above discussion following point was decided:

- ED SHSB asked ICDS to nominate a nodal person to lead deworming efforts in the state and be the point of contact for all future coordination meetings. A letter to the effect to be taken out soon was directed by the chairperson of the meeting.
- The drug requirement for this age group will be undertaken by the health department. The ROP for the year 2015- 16 has been received by the state and all approvals for drugs are received. Immediate coordination needs to be initiated between SHSB and ICDS to finalize the drug requirement, and next steps for procurement have to be initiated. Challenges within the state government for procurement were raised, and was decided that those need to be resolved, or alternate steps need to be taken to ensure ICDS has the drugs available to deworm the preschool age children.

D) Deworming out of school children:

- In order to increase coverage, lower prevalence, reduce risk of reinfection, and increase impact, it was important to reach out-of-school children. While progress has been made over the previous rounds to cover these children as per data available, greater efforts needed to be made to reach this at-risk group.
- The ED, SHSB suggested that students who are not regular to school, or do not attend school though enrolled, the HMs through the school enrollment list and child profile can instruct the teachers to reach out to the community/ parents and mobilize all children are atleast present on NDD.
- Adding to the discussion, the SPO BEPC noted that there is "Bal Panji" list available in every school which might be used for mobilizing children for NDD, which was approved by the ED SHSB and directed to finalize the strategy to operationalize the same.

E) Inclusion of Private school children:

- The NDD guidelines from the Government of India recommend inclusion of private school children in the Deworming Program. Deworm the World Team shared that the children who are in the private schools should not be missed as the chances of reinfection increases in the community where all at risk are not dewormed; therefore not a single child should be missed. SPO BEPC noted that the BEPC now have the list of such schools that are affiliated and registered.
- ED SHSB approved the inclusion of private school children in the next deworming round and advised BEPC to give the updated list of all private schools in every district. He advised the issue of letters to these schools ensuring their school children presence on National Deworming Day- NDD at the centers. A detailed strategy needs to be worked out on the same and shared with all stakeholders.

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- ED SHSB asked his officials to get information on the fixed rate contracts to allow for procurement of drugs at BMSICL for preschool children. He said that for the program to happen in Feb 2016, the government will have to start the process immediately.

J) Program Management:

- It was also decided by the ED, SHSB that engagement at divisional level meetings are important to ensure active involvement of the district level officials. ED SHSB suggested to held Divisional Commissioner meetings participated by DMs, BEOs, MOICs, CDPOs. ED SHSB agreed to send letters to all Divisional Commissioners to organize/coordinate divisional level meetings as to facilitate the better convergence between Health, Education and ICDS departments at their level. This will help the government officials to coordinate, support and assign roles of departmental head to ensure that the IEC materials, drugs and reports are generated on time and each district and divisional officer take responsibility of the same. The meeting with the Divisional Commissioners can be initiated by the Deworm the World Team.
- ED SHSB advised in involving ASHA for non-enrolled and out of school children. At the discussion it was mentioned that since ASHA is a worker who receives incentives, the PIP has confirmed the inclusion of incentives to mobilize the same. This will largely support the mobilization efforts for increased coverage during the Deworming Day.
- ED SHSB suggested involving CRCCs (Cluster Resource Center Coordinators) in the program, since they played a key role in the blocks. Therefore they might be incorporated in operational tasks for deworming instead of depending on the BEOs alone.
- Deworm the World Initiative shared the idea of "Deworming wall" at schools where dewormed children could write their names on the poster pasted on the school wall. That will raise interest in the children and the event will gain momentum. ED SHSB approved on the idea as it would increase coverage of the program.
- ED SHSB also approved that the nodal officer of the concerned departments would need to meet further at short intervals to discuss specific plans and strategies and keep the ED and other senior officials of all Departments informed.

The meeting was adjourned thanking all present.

Sincerely Yours

sd/-

(Jitendra Srivastava)
Executive Director

Memo No:- 5769

Patna, Dated:- 4/9/15

Copy To:

1. Shri R.K.Mahajan, IAS, Principal Secretary, Department of Education, Govt. of Bihar

Page | 6

Annexure C.2: Meeting Minutes of State Steering Committee Meeting Dated December 16, 2015

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STEERING COMMITTEE MEETING (SCM) MINUTES

DATE: December 16, 2015

Participants:

1. Sri Jitendra Srivastava, IAS, Executive Director, State Health Society, Bihar
2. Sri Sashi Bhusan Kumar, IAS, Director ICDS, Bihar
3. Sri Rajnish Kumar Singh, AO, SHS Bihar
4. Smt. Anita Kumari, Assistant Director ICDS, Govt of Bihar
5. Dr. Surendra Kumar, SPO-Deworm Program, SHS Bihar, Govt of Bihar
6. Sri Uday Kumar Ujjwal, SRP-BEPC
7. Sri Pranay Kumar, State Team Leader, ASHA
8. Mr. Jeffery Holden Brown, CEO, Evidence Action.
9. Ms Priya Jha, Country Director, Evidence Action – Deworm the World Initiative
10. Mr Dipankar Mukherjee, State Program Manager-Bihar, Evidence Action-Deworm the World Initiative
11. Representatives from Evidence Action- Deworm the World Initiative.

Agenda:

The agenda of the meeting was to update the stakeholders with the progress made post SCM on August 12, 2015 for the preparations for upcoming "National Deworming Day 2016" in the state. The meeting was aimed at building consensus among the stakeholders of the program to mutually agree on timelines and implementation of the state wide NDD 2016.

The meeting was held on December 16, 2015 in the office of Executive Director-SHS Bihar at 09:00 AM

Introduction:

Country Director, Evidence Action, started the meeting with a power point presentation to brief the participants on the key achievements of the NDD 2015 and the preparations for the upcoming National Deworming Day (NDD) in February 2016. The discussion were aligned with reference to the National Deworming Day – 2016 Operational guidelines issued by Ministry of Health and Family Welfare, Govt along with the key decisions taken in the Steering Committee Meeting held on August 12, 2015 under chair of Executive Director, State Health Society Bihar.

Objective and targets for the National Deworming Day, 2016 (Round -5)

- National Deworming Day 2016 will target all children in the age group of 1-19 years, including children enrolled in government and government aided schools, out-of-school children and preschool-age children through *anganwadi* centers.
- Inclusion of central affiliated schools i.e. 45 *Kendriya Vidyalaya* and 39 *Navodaya Vidyalaya* in the state of Bihar.
- In reference to the decision taken in Steering Committee meeting, program plans to expand reach to private schools in four districts i.e. Muzaffarpur, Paschim Champaran, Purnia and Begusarai.
- **Greater ownership at district level** towards the program with regular review of program preparedness through District Coordination Committee Meeting
- **Align integrated distribution** of program resources like drugs, IEC and handouts with training for greater reach to schools and *anganwadi* centers.
- Increasing coverage of all out of school children and *anganwadi* through active **engagement of ASHAs and ANM** in the state

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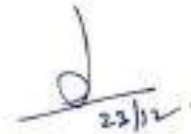
Key points that were discussed at the meeting and decisions taken are mentioned as below:

1. Finalization of denominators for NDD 2016
 - Country Director, Evidence Action stated that fixing the denominators in the following categories: Children enrolled in government and government aided schools, children enrolled in private schools, Out -of-school, preschool registered in *Anganwadis* and not registered, are crucial so that the targets for the program are well defined to have accurate coverage reported. To this ED-SHSB asked the Department of Social Welfare and Education to communicate on the denominators by December 21, 2015 so that the required finalization can take place.
 - Director – ICDS enquired about the target preschool age population for *Anganwadis* in the state of Bihar. To this the Assistant Director- ICDS stated that the targets have been arrived at by using the census 2011 data, to ensure all no child is left treated in the coming round.
2. Inter-departmental coordination between stakeholders
 - ED – SHSB stated that considering the approaching timelines for NDD 2016, regular meetings with all stakeholder departments are crucial and fixed Nodal officer meeting from concerned department on every Monday at 04:00 pm under the chairman ship of ED-SHSB.
 - ED-SHSB decided that a state level coordination meeting will be organized under the chairmanship of Principal Secretary (PS)-Health on December 21, 2015 with the partner departments for better coordination and timely decision making at the state level.
3. On drug procurement for preschool age children, ED-SHSB stated that all the districts have been instructed for short term tender for procurement of Albendazole 400 Mg tablets. This arrangement has been made to ensure drug availability for the target population, in case state does not take place in time. This is critical to the program for preschool age children who have not received deworming other than LF program.
4. ED-SHSB directed the representative from Education to coordinate for figures on private school in the state. He stated that for NDD 2016 the state would pilot the program in four districts i.e Muzaffarpur, Paschim Champaran, Purnia and Begusarai based on STH prevalence for the upcoming NDD 2016 , However for next round the state will target all the private schools in Bihar.
5. ED-SHSB stated that the IEC printing for the state of Bihar will be initiated with immediate effect and no further delays should take place at any level.
6. ED-SHSB stated that the interdepartmental coordination and communication should take place on priority basis so that drugs and IEC availability is ensured at every level.
7. For inclusion of *Kendriya Vidyalaya* (KV) and *Navodaya Vidyalaya* (NV) in the NDD 2016, ED-SHSB stated that the letter in this regard has been shared with the and a separate meeting will be called with the state representatives of KV and NV to ensure participation in the trainings and NDD round 2016.
8. ED-SHSB stated that a nodal person for deworming at district level from Department of Health, District Immunization Officer (DIO) will be appointed to ensure effective interdepartmental coordination for program roll out. A letter to this effect would be issued by SHSB.
9. ED-SHSB directed that the letter of communication with the districts for organizing the District Coordination Committee (DCC) Meetings under chair of District Magistrate should begin immediately. SPO-Child Health agreed for sharing the letter with immediate effect.
10. ED-SHSB stated that joint monitoring at the district level by the government department should be taken for NDD 2016.
11. Country Director, Evidence Action shared that the drug bundling plan for school based deworming has been shared with the department. SPO-Child Health updated that the letter communication for further movement will be initiated with the drug store at Patna. ED-SHSB stated that the bundling plan should be shared at earliest and also the concerned district Civil Surgeons should also be intimated about the integrated distribution.



12. Country Director, Evidence Action – Deworm the world Initiative mentioned the importance of ASHA in mobilizing out-of-school children and the incentive plan as approved by the Government of India. ED- SHSB directed the ASHA Team Leader to provide the contact data base at earliest so that the required training reinforcement messages could be sent to all ASHA. Inclusion of deworming content on regular ASHA training modules should also be explored.
13. ED-SHSB proposed that the Department of Health would facilitate for a provision of two panchayat in every block to be declared as a "Model panchayat" that will aim for 100% coverage in the upcoming NDD 2016. Similar provisions would be explored for awarding top five performing district with CM's, Governor's shield,
14. ED-SHSB directed frequent review with districts on a regular basis would be initiated through Video Conference (VC) in participation of district officials of concerned department including Civil Surgeon to assess preparations for Nation Deworming Day 2016.

The meeting was adjourned thanking all present.



(Jitendra Srivastava)
Executive Director
State Health Society, Bihar

Copy to,

1. Principal Secretary, Health, Bihar
2. Principal Secretary, Education, Bihar
3. Secretary, Social Welfare, Bihar
4. State Project Director, BEP
5. Administrative Officer, SHS Bihar
6. Assistant Director, Filariasis Control Programme, Bihar
7. Assistant Director, ICDS, Bihar
8. State Co-ordinator, NTD, WHO
9. State Programme Manager, NHM, SHS Bihar
10. Team Leader, ARC, SHS Bihar
11. Country Director, Evidence Action – Deworm the World Initiative
12. State Programme Manager-Bihar, Evidence Action Deworm the World Initiative

Annexure C.3: Letter from SHSB to WCD and Department of Education for sharing Operation Plan NDD 2016



Jitendra Srivastava, I.A.S.
Executive Director

Letter No. SHSB/G.A./1393/2015/.....8261.....

To,

1. State Project Director,
Bihar Education Project Council
2. Director,
Integrated Child Development Services, Bihar

Patna, Date: 16/12/2015

Sub: Sharing the Operational Plan for the implementation of National Deworming Day (NDD) February 2016.

Dear Sir/Madam,

As you are aware that State Health Society, Bihar in coordination with Bihar Education Project Council and Integrated Child Development Services has agreed to conduct the NDD in February 2016.

2. We are now very close to the dates of NDD and it's crucial that the important decisions pertaining to training, drug bundling, IEC printing, monitoring and reporting mechanisms are well in place before the round.
3. In this regard State Health Society, Bihar in coordination with Evidence Action– Deworm the World Initiative has developed the Operational Plan for implementation of NDD 2016.
4. The operational plan contains the required timelines for important activities so that a tract of the activities are taken into consideration and also important decisions for successful implementation is taken on time.
5. I would request you to go through the Operational plan and align the activities accordingly.

Yours Sincerely

(Jitendra Srivastava)

Encl: Operational Plan for Round 5 (February 2016).

Annexure C.4: Joint Guideline issued for NDD February 2016 with signature from Principle Secretary of Health, Education and WCD

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बिहार सरकार

पत्रांक:SH5B/Misc./28/10/Part-2/8449.....

सेवा में,

1. सभी जिला पदाधिकारी, बिहार।
2. सभी सिविल सर्जन-सह-सदस्य सचिव, जिला स्वास्थ्य समिति, बिहार।
3. सभी जिला शिक्षा पदाधिकारी, बिहार निम्न योजना परिषद्।
4. सभी जिला कार्यक्रम पदाधिकारी, समेकित बाल विकास सेवाएँ, बिहार।

पटना, दिनांक 23/12/2015

विषय: 10 फरवरी 2016 में 1 से 19 वर्षीय बच्चों में कृमिमुक्ति हेतु 38 जिलों में राष्ट्रीय कृमिमुक्ति दिवस का आयोजन किये जाने के संबंध में।

संदर्भ: राष्ट्रीय कृमिमुक्ति दिवस के संबंध में भारत सरकार द्वारा जारी पत्रांक. Z28020/237/2013-CH, दिनांक 11 दिसम्बर 2015।

महाशया/महाशय,

उपर्युक्त विषयावर्तगत उल्लेखित है कि बच्चों में कृमि संक्रमण, व्यक्तिगत अस्वच्छता तथा संक्रमित/दूषित मिट्टी के संपर्क से संक्रमण होता है। कृमि संक्रमण से बच्चों की जहाँ एक ओर शारीरिक एवं बौद्धिक विकास बाधित होती है वहीं दूसरी ओर उनके पोषण स्तर एवं हिमोग्लोबिन स्तर पर भी दुष्प्रभाव पड़ता है। अतः 1 से 19 वर्षीय बच्चों का कृमिनाशन करना, विश्व स्वास्थ्य संगठन द्वारा अनुशंसित एक साध्य आधारित रणनीति है।

इसी तारतम्य में राज्य में राष्ट्रीय कृमिमुक्ति दिवस का आयोजन भारत सरकार के दिशा निर्देशानुसार एक निश्चित दिवस पर (Fix Day Approach) 10 फरवरी 2016 को 38 जिलों के सरकारी स्कूल, केन्द्रीय विद्यालय, नवोदय विद्यालय, निजी स्कूल (चार जिले- बेगूसराय, मुजफ्फरपुर, पूर्णिया तथा पश्चिमी चम्पारण) एवं आंगनवाड़ी केन्द्रों के माध्यम से 1 से 19 वर्षीय बच्चों का कृमिनाशन किया जायेगा जिस हेतु भारत सरकार के उक्त संदर्भित पत्र के माध्यम से राष्ट्रीय कृमिमुक्ति दिवस का आयोजन 10 फरवरी 2016 एवं नॉन-अप दिवस 15 फरवरी 2016 को किये जाने हेतु निर्देशित किया गया है।

राष्ट्रीय कृमिमुक्ति दिवस का उद्देश्य :- सभी जिलों के सरकारी स्कूल, केन्द्रीय विद्यालय, नवोदय विद्यालय, निजी स्कूल (चार जिले- बेगूसराय, मुजफ्फरपुर, पूर्णिया तथा पश्चिमी चम्पारण) एवं आंगनवाड़ी केन्द्रों के माध्यम से समस्त 1 से 19 वर्षीय बच्चों को कृमिनाशन हेतु एल्बेन्डाजोल की गोली की प्रदायगी सुनिश्चित करना जिससे बच्चों के संपूर्ण स्वास्थ्य-पोषण स्तर, आयुर्न की कमी की रोकथाम से बौद्धिक विकास में सुधार हो सके।

राष्ट्रीय कृमिमुक्ति दिवस के आयोजन के संबंध में निर्देशित किया जाता है कि :

- राष्ट्रीय कृमिमुक्ति दिवस (National Deworming Day -NDD) का समारोहपूर्वक शुभारंभ विशिष्ट एवं गणमान्य व्यक्ति/जिजा कलेक्टर द्वारा दिनांक 10 फरवरी 2016 को सुनिश्चित किया जाये। कार्यक्रम का क्रियान्वयन स्वास्थ्य, शिक्षा विभाग एवं समेकित बाल विकास सेवाएँ के समन्वय से किया जायेगा।
- 10 फरवरी 2016 को आयोजित राष्ट्रीय कृमिमुक्ति दिवस पर 1 से 19 वर्षीय बच्चों को निम्नानुसार खुराक दी जाए-

आयु वर्ग	एलबेन्डाजोल की खुराक	सेवा प्रदाता
1 से 2 वर्षीय बच्चे	अर्धी गोली (चूर कर पानी के साथ)	आंगनवाड़ी कार्यकर्ता
2 से 6 वर्षीय बच्चे	पूरी 1 गोली (चूर कर पानी के साथ)	आंगनवाड़ी कार्यकर्ता
6 से 19 वर्षीय स्कूल में पंजीकृत बच्चे	पूरी 1 गोली (घबाकर पानी के साथ)	शिक्षक
स्कूल नहीं जाने वाले 6 से 19 वर्षीय बच्चे	पूरी 1 गोली (घबाकर पानी के साथ)	आंगनवाड़ी कार्यकर्ता

- दिनांक 10 फरवरी 2016 को समस्त सरकारी स्कूल, केन्द्रीय विद्यालय, नवोदय विद्यालय, निजी स्कूल (चार जिले- बेगूसराय, मुजफ्फरपुर, पूर्णिया तथा पश्चिमी चम्पारण) के माध्यम से 5 से 19 वर्षीय बालक एवं बालिकाओं को कुमिनारान हेतु एल्बेन्डाजोल (Chewable-400 mg) की 1 गोली का सेवन, शिक्षक की उपस्थिति में सुनिश्चित किया जाये।
- सभी 1 से 6 वर्षीय बच्चों तथा स्कूल नहीं जाने वाले समस्त 6 से 19 वर्षीय बालक एवं बालिकाओं को आंगनवाड़ी केन्द्रों में एल्बेन्डाजोल की गोली उपरोक्त तालिकानुसार सेवन कराया जाये।
- **NDD kit के अंतर्गत निम्न सामग्रियाँ हैं-**
 - 1- 1 Hoarding-flex/district
 - 2- 1 Banner/PHC
 - 3- 4 Docket/district (2/health, 1/ICDS & 1/Education)
 - 4- 6 Mini checklist (2/health, 2/ICDS & 2/Education)

NDD kit school & AWC

- 1- Albendazole Drug
- 2- 2 Posters for school
- 3- 2 Posters for Anganwadi
- 4- 1 Handout for school (Reporting Form Handout में संलग्न है)
- 5- 1 Handout for Anganwadi (Reporting Form Handout में संलग्न है)
- 6- 1 ASHA leaflet
- 7- 1 ASHA Reporting form
- 8- Community handbill -1000 each block (आशा द्वारा सामुदाय में वितरित किया जायेगा)

स्वास्थ्य विभाग की भूमिका :-

- विदित हो कि जिला प्रतिरक्षण पदाधिकारी को राष्ट्रीय कुमिमुक्ति कार्यक्रम हेतु नोडल पदाधिकारी नामित किया गया है इससे संबंधित निर्देश राज्य स्वास्थ्य समिति, बिहार का पत्रांक SHSIB/GA/1393/2015/8361, दिनांक 21/12/2015 द्वारा दिया जा चुका है। जिनके द्वारा राष्ट्रीय कुमिमुक्ति कार्यक्रम से संबंधित निम्न गतिविधियों को सुनिश्चित किया जाना है।
- एल्बेन्डाजोल गोलियाँ नि:शुल्क प्रदान की जा रही हैं। जिसके 1 जार में 200 गोलियाँ हैं इसे जिलों की आवश्यकता अनुसार एल्बेन्डाजोल गोलियों की बंडलिंग राज्य स्तर पर की गयी है। शिलेवार सरकारी स्कूल, केन्द्रीय विद्यालय, नवोदय विद्यालय, निजी स्कूल (चार जिले- बेगूसराय, मुजफ्फरपुर, पूर्णिया तथा पश्चिमी चम्पारण) एवं आंगनवाड़ी केन्द्रों में बच्चों की संख्या के मान से एल्बेन्डाजोल गोलियों की अनुमानित जिलों में आवश्यकता अनुसार की विवरणी अनुलग्नक-क संलग्न है।
- राष्ट्रीय कुमिमुक्ति दिवस एवं मॉप अप डे पर डिबार्निंग कार्यक्रम को सम्पन्न करने हेतु जिला तथा प्रखण्ड स्तरीय समन्वय समिति की प्रथम बैठक माह दिसंबर 2015 में एवं द्वितीय बैठक जनवरी 2016 के अंतिम सप्ताह में आयोजित कराना सुनिश्चित करेंगे। इस हेतु कार्यक्रम संबंधी NDD kit की उपलब्धता, जिला स्तरीय शुभारंभ, प्रतिकूल घटनाओं से संबंधित तैयारी सुनिश्चित करें। तत संबंधित निर्देश राज्य स्तर से निर्गत किया जा चुका है।


क्र. सं०	स्तर	विवरण	निर्धारित समय-सीमा	जिम्मेवार
1	जिला स्तर पर	National Deworming Day Kit - <ul style="list-style-type: none"> • प्रखण्डवार एल्बेन्डाजोल गोलियों की बंडलिंग जिलों को उपलब्ध करायी जा रही है जिसे प्रत्येक प्रखण्ड पर उपलब्धता सुनिश्चित कराये। • प्रसार-प्रचार एवं प्रशिक्षण सामग्रियों (होर्डिंग, बैनर, पोस्टर, आशा लिफ्टलेट, आशा रिपोर्टिंग प्रपत्र एवं चेकलिस्ट, हेण्डबिल) की व्यवस्था हेतु सभी जिलों को उपलब्ध करायी 	10 जनवरी 2016 तक	जिला स्वास्थ्य समिति

		जा रही है। जिसे अपने स्तर से बंढलिंग कर प्रत्येक प्रखण्ड पर उपलब्धता सुनिश्चित कराये।		
		सभी COPO/MOIC/BHM/DEO/DPO/BEO/BRP/Teacher-Kendriya vidyalaya, Navodaya Vidyalaya जिला स्तरीय स्वास्थ्य आइ.सी.डी.एस. के अधिकारियों को एन.डी.डी के संबंध में प्रशिक्षण तथा नेशनल डीवर्मेन डे किट का वितरण करना। जिला वार प्रशिक्षण तिथी संलग्न (अनुलग्नक-ख)।	01 से 10 जनवरी 2016	प्रशिक्षण स्थल- जिला स्वास्थ्य समिति द्वारा निर्धारित किया जाना। शिक्षा, स्वास्थ्य तथा आइ.सी.डी.एस. विभाग अपने संबंधित जिला स्तरीय प्रतिभागियों को भाग लेना सुनिश्चित करायेगे।
2	प्रखण्ड स्तर पर	BEO/BRP द्वारा स्कूल के प्रधानाचार्य/ शिक्षकों का प्रशिक्षण (घरघरित चार जिले के निजी स्कूल के प्रधानाचार्य/ शिक्षकों का प्रशिक्षण प्रखण्ड स्तर पर) आसा/ आंगनवाड़ी कार्यकर्ताओं / ए.एन.एम. का उन्मुखीकरण	15 से 31 जनवरी 2016 15 से 31 जनवरी 2016	शिक्षा विभाग स्वास्थ्य तथा आइ.सी.डी.एस. विभाग
3	समस्त स्तर पर	नेशनल डीवर्मेन डे का शुभारंभ- जिला पदाधिकारी के स्तर अथवा उनके उपस्थिति में कराया जाना। मोंप-अप डे	10 फरवरी 2016 15 फरवरी 2016	जिला स्वास्थ्य समिति
4	रिपोर्टिंग प्रणाली	<ul style="list-style-type: none"> आंगनवाड़ी, ए.एन.एम. को रिपोर्टिंग फार्म जमा करेगी। शिक्षक/ हेड मास्टर, CRC को रिपोर्टिंग फार्म जमा करेगे। 	19 फरवरी 2016	स्वास्थ्य, शिक्षा तथा आइ.सी.डी.एस. विभाग
		<ul style="list-style-type: none"> ए.एन.एम. प्रभारी चिकित्सा पदाधिकारी को रिपोर्टिंग फार्म जमा करेगी। CRC, BEO को रिपोर्टिंग फार्म जमा करेगे। निजी स्कूल (चार जिले के लिए लागू) अपना रिपोर्ट BEO को जमा करेगे। 	26 फरवरी 2016	
		<ul style="list-style-type: none"> BEO, DEO/DPO को रिपोर्ट जमा करेगे। केन्द्रीय विद्यालय एवं नवोदय विद्यालय अपना रिपोर्ट DEO/DPO को जमा करेगे। प्रभारी चिकित्सा पदाधिकारी, सिविल सर्जन को रिपोर्ट जमा करेगे। 	10 मार्च 2016	स्वास्थ्य तथा शिक्षा विभाग
		<ul style="list-style-type: none"> DEO/DPO, सिविल सर्जन को रिपोर्ट जमा करेगे। सिविल सर्जन, स्वास्थ्य तथा शिक्षा से प्राप्त रिपोर्ट को संकलित कर राज्य स्वास्थ्य समिति, बिहार को रिपोर्ट जमा करेगे। 	17 मार्च 2016	


उपरोक्त तालिका में उल्लेखित रिपोर्टिंग प्रणाली के अनुसार ससमय सुनिश्चित किया जाय।

7. आंगनवाड़ी केन्द्र रजिस्टर (पोषक क्षेत्र के अंतर्गत उपलब्ध सभी बच्चों) और आशा रिपोर्टिंग प्रपत्र में गोली खिलाने के बाद ✓ का निशान लगाना।
8. मॉप-अप दिवस पर छूटे बच्चों को गोली खिलाना एवं आंगनवाड़ी केन्द्र रजिस्टर (पोषक क्षेत्र के अंतर्गत उपलब्ध सभी बच्चों) और आशा रिपोर्टिंग प्रपत्र में दो ✓✓ का निशान लगाना।
9. जो बच्चे बीमार हैं या कोई दवा ले रहे हैं उन्हें एल्बेम्ब्रजॉल गोली का सेवन नहीं कराया जाए।
10. बच्चों में डिबार्मिंग की दवाई के साइड इफेक्ट बहुत कम होते हैं। कृमि संक्रमण की अधिकता के कारण कुछ मामूली दुष्प्रभाव जैसे- चक्कर आना, जी मचलाना, सरदर्द, उल्टी, दस्त, थकान जैसा अनुभव होने की संभावना हो सकती है। ये कुछ समय में अपने आप ठीक हो जाते हैं।
11. किसी भी प्रकार के दुष्प्रभाव की स्थिति में बच्चों को खुले एवं छायादार स्थान पर लिटाया जाये तथा साफ स्वच्छ पेयजल दिया जाये।
12. आंगनवाड़ी यह सुनिश्चित करेंगे कि राष्ट्रीय कृमिमुक्ति दिवस तथा मॉप-अप दिवस से पहले आशा/ए.एन.एम./RBSK/प्रभारी चिकित्सा पदाधिकारी/डी.एम.ओ. का दूरभाष नं स्कूल में रखेंगे ताकि गंभीर प्रतिकूल स्थिति होने पर संपर्क सूची में दर्ज ग्राम की आशा/ए.एन.एम./RBSK/प्रभारी चिकित्सा पदाधिकारी/बी.एम.ओ. को सूचित किया जाए एवं आकस्मिक परिवहन व्यवस्था 102/108के माध्यम से पीड़ित बच्चों को नजदीकी स्वास्थ्य केन्द्र पर पहुंचाया जाये।
13. दिनांक 15 फरवरी, 2016 को समस्त छूटे हुए बच्चों को मॉप अप डे पर एल्बेम्ब्रजॉल गोली का सेवन कराया जाये।
14. 19 फरवरी 2016 को आंगनवाड़ी अपना रिपोर्ट ए.एन.एम. को उपलब्ध कराना सुनिश्चित करेगी।
15. जिन पंचायतों में शत-प्रतिशत अच्चादन होता है, उक्त पंचायत के सभी प्रधानाध्यापक, सभी आंगनवाड़ी सेविका/सहायिका CRC प्रभारी एवं महिला पर्यवेक्षिका को जिला स्तर पर जिला पदाधिकारी द्वारा पुरस्कृत किया जायेगा एवं उन पंचायतों को "NDD-आदर्श" पंचायत घोषित किया जायेगा। इसका बहन जिला स्वास्थ्य समिति करेगी।
प्रयास किया जाय कि न्यूनतम हर प्रखण्ड में कम-से-कम 2 पंचायतों को इस अभियान में "NDD-आदर्श" पंचायत घोषित किया जा सके।
प्रमंडल स्तर पर सर्वोच्च प्रदर्शन करने वाले जिलों को एवं राज्य स्तर पर उत्कृष्ट कार्य करने वाले 5 जिलों को राज्य स्वास्थ्य समिति, बिहार द्वारा अलग से पुरस्कृत किया जायेगा। इसके तहत उन जिलों के जिला पदाधिकारी, सिविल सर्जन, जिला प्रतिरक्षण पदाधिकारी, जिला शिक्षा पदाधिकारी, जिला कार्यक्रम पदाधिकारी-आइ.सी.डी.एस एवं जिला कार्यक्रम पदाधिकारी-एस.एस.ए पुरस्कृत किये जायेंगे।
सर्वोच्च प्रदर्शन करने में 80 प्रतिशत अधिभार जिले के कुल अच्चादन प्रतिशत को दिया जायेगा एवं 20 प्रतिशत अधिभार "NDD-आदर्श" पंचायतों की संख्या पर निर्भर रहेगा।

10 फरवरी 2016 को आदर्श व्यवस्था के अंतर्गत राष्ट्रीय कृमिमुक्ति कार्यक्रम संचालित करने की कृपा की जाय।


एस.एम. राजू
सचिव,
समर्थन कल्याण, विभाग
बिहार सरकार


डा० धर्मनंद सिंह नंगवार
प्रधान सचिव,
शिक्षा विभाग
बिहार सरकार


आर. के. महाजन,
प्रधान सचिव,
स्वास्थ्य, विभाग
बिहार सरकार

संलग्न : यथोक्त।

Annexure C.5: Letter Issued From SHSB to District Magistrate for Private School Engagement



Jitendra Srivastava, I.A.S.
Executive Director

L. No. SHSB/GA/1393/2015/.....४२१!

To,

District Magistrates,
Dist: Begusarai, Paschim Champaran, Muzaffarpur and Purnia

Patna, Date: 17/12/2015

Sub: Involvement of Private Schools in districts of Begusarai, Paschim Champaran, Muzaffarpur and Purnia in the National Deworming Day (NDD) program February 2016.

Dear Sir,

The National Deworming Day (NDD) was launched by the Child Health Division of the Ministry of Health and Family Welfare, Government of India, in February 2015. It is a fixed day approach to intensify efforts towards control of Soil Transmitted Helminths (STHs) among children in India. Evidence shows that mass deworming leads to significant improvement in outcomes related to education, career choice, earnings and long-term well-being of children. The state of Bihar is carrying out the Bihar Mass deworming program since 2011.

2. Coverage of all school age children is important so as to ensure that children lead healthier and worm free lives. The NDD guidelines prepared by Ministry of Health and Family Welfare, Government of India also recommends that private schools are included in the February 2016 round so that large number of children can benefit from the program.

3. We are sharing the list of Private schools based on DISE 2014-15 data that are to be covered in the NDD 2016.

4. It would be very kind of you if information is circulated to the concerned schools for participation and timely reporting in the deworming program in February 2016. This will help us communicate the training dates and receiving of IEC material and drugs from the concerned Block Education office on time.

5. The exact details of the program would be communicated to you in third week of December 2015. We look forward to cooperation from your end.

Yours Sincerely,

Annexure C.6: Letter issued from SHSB for conducting District Coordination Committee Meeting



चितेन्द्र श्रीवास्तव, भा.प्र.से
कार्यपालक निदेशक

पत्रांक: -SHSB/घ.अ./1393/2015/8361

सेवा में,
शमी जिला पदाधिकारी,
बिहार

विषय : विद्यालय आधारित डिवर्मिंग कार्यक्रम का पंचवर्षा करण दिनांक 10 फरवरी, 2016 (डिवर्मिंग डे) एवं दिनांक 15 फरवरी, 2016 (मीप अप डे) हेतु जिला तथा प्रखण्ड स्तरीय समन्वय समिति की बैठक आयोजित करने के संबंध में।

घटना, दिनांक : 12/12/2015

महाराजा/महाराज,

उपर्युक्त विषयक कहना है कि राष्ट्रीय कृमिमुक्ति कार्यक्रम के तहत राज्य स्वास्थ्य समिति, बिहार, बिहार शिक्षा परियोजना परिषद, घटना (BEPC), समाज कल्याण विभाग (SCDS), विश्व स्वास्थ्य संगठन एवं डिवर्मिंग द वर्ल्ड के संयुक्त तथाधान में उक्त कार्यक्रम का पंचवर्षा करण दिनांक 10 फरवरी, 2016 (नेशनल डिवर्मिंग डे) एवं दिनांक 15 फरवरी, 2016 (मीप अप डे) को प्रस्तावित है। इस कार्यक्रम के अंतर्गत केन्द्रीय विद्यालय, नरोदय विद्यालय, सरकारी एवं नयमित भार जिले यथा बेगूसराय, पूर्णिया, मुजफ्फरपुर एवं पश्चिमी बन्गरण के गैर-सरकारी स्कूली बच्चों को अलबेदाजले (400 mg) की गोली खिलाई जानी है।

उक्त के संदर्भ में निदेशित करना है कि डिवर्मिंग कार्यक्रम हेतु जिला प्रतिरक्षण पदाधिकारी को जिला स्तरीय मोडल पदाधिकारी नामित किया जाता है। उक्त राष्ट्रीय कृमिमुक्ति दिवस एवं मीप अप डे पर डिवर्मिंग कार्यक्रम को सम्पन्न करने हेतु जिला तथा प्रखण्ड स्तरीय समन्वय समिति की प्रथम बैठक माह दिसंबर 2015 में एवं द्वितीय बैठक जनवरी 2016 के अंतिम सप्ताह में आयोजित कराना सुनिश्चित करेंगे, जिसमें शिक्षा, स्वास्थ्य एवं सम्पन्न बाल विकास सेवाएँ, Evidence Action Deworm the world Initiative एवं अन्य विभाग के प्रतिनिधि भी सम्मिलित हों तथा उक्त बैठक में लिये गये निर्णयों का अनुपालन में कृत कार्रवाई तथा बैठक कार्यवाई प्रतिवेदन जिला स्तरीय प्रतिभागियों राज्य स्वास्थ्य समिति, बिहार, घटना को spochildhealth@gmail.com पर एवं Evidence Action Deworm the world Initiative के जिला एवं क्षेत्रीय समन्वय को उपलब्ध कराना सुनिश्चित करेंगे।

विश्वासभाजन,
(चितेन्द्र श्रीवास्तव)




परिवार कल्याण भवन, रोहतापुर,
घटना- 800 014.

दूरभाष: 0612-2290340, 2281545, फैक्स: 2290322,
वेबसाइट: www.statehealthsocietybihar.org

Annexure D.1: Drug testing for WHO albendazole received under the Global drug donation program

Dr. Surendra Kumar
Chief Medical Officer - cum-
State Programme Officer
Child Health



राज्य स्वास्थ्य समिति, बिहार
All 193 PML2008 Certified Agency
स्वास्थ्य विभाग, भोजपुर

पत्रांक : SHSB/G.A./1393/2015/.....¹⁹⁵

सेवा में,
श्री महेश कुमार सिंह
वरीय वैज्ञानिक सहायक/
प्रभारी सरकारी विश्लेषक, बिहार
ड्रग कंट्रोल लैबोरेटरी,
अमम कुर्वा, पटना-07

पटना, दिनांक: 08/01/2016


विषय: अगामी National Deworming Day हेतु फाइलेरिया नियंत्रण इकाई से प्राप्त Albendazole tablet की गुणवत्ता जाँच करने के संबंध में।


प्रसंग: अधीक्षक, राज्य स्वास्थ्य भण्डार, मुलजाराबाग, पटना का पत्रांक 71, दिनांक 08/01/2016। महाराज,

उपर्युक्त विषय के सदर्भ में कहना है कि अधीक्षक, राज्य स्वास्थ्य भण्डार, मुलजाराबाग, पटना को अगले राउण्ड फरवरी, 2016 में क्रियान्वित किये जाने हेतु Albendazole tablet फाइलेरिया नियंत्रण इकाई, पटना से प्राप्त है, जिसका गुणवत्ता जाँच हेतु राज्य स्वास्थ्य भण्डार से Albendazole tablet की बैचवार 200 टैबलेट का पैकेट उपलब्ध करा दिया गया है, जिसका विवरण निम्न है:

S. No.	Batch No.	S. No.	Batch No.	S. No.	Batch No.	S. No.	Batch No.
1	N5266	11	N5229	21	N5225	31	N5281
2	N5226	12	N5273	22	N5280	32	N5241
3	N5268	13	N5233	23	N5274	33	N5280
4	N5245	14	N5253	24	N5285	34	N5229
5	N5276	15	N5223	25	N5222	35	N5233
6	N5242	16	N5238	26	N5283	36	N5234
7	N5248	17	N5231	27	N5282	37	N5272
8	N5244	18	N5230	28	N5240	38	N5236
9	N5228	19	N5243	29	N5235	39	N5224
10	N5232	20	N5219	30	N5237	40	N5279

अतः उक्त उल्लेखित सभी 48 बैचों में उपलब्ध टैबलेट का Expiry Date एवं गुणवत्ता जाँच कर प्रतिवेदन अधीक्षकारी को उपलब्ध कराना सुनिश्चित करें।
उपर्युक्त दवाओं का उपयोग सरकारी कार्य के लिए किया जाना है अतः इस हेतु कोई शुल्क देय नहीं है।

विश्वासभाजन

(आनंद कुमार)


Seal पर
श्री. सुभाष कुमार
मुख्य वैज्ञानिक सहायक
08/01/16

राष्ट्रीय कृमि मुक्ति दिवस कार्यक्रम के अंतर्गत प्रतिकूल घटनाओं का प्रबंधन

यह निर्देशिका बुनियादी तौर पर सामुहिक औषधि प्रदायणी (MDA) के दौरान सावधानी तथा सज्जा हेतु विश्व स्वास्थ्य संगठन के मार्गदर्शी सिद्धांतों पर आधारित है। भारत सरकार के स्कूल एवं आँगनवाड़ी आधारित कृमि नियंत्रण कार्यक्रम में प्रयोग की जाने वाली कृमि निषेधक दवाई (Albendazole-400mg) कारगर, सुरक्षित और बच्चों में कृमि के इलाज में प्रयोग के लिए विश्व स्वास्थ्य संगठन तथा स्वास्थ्य और परिवार कल्याण मंत्रालय, भारत सरकार द्वारा स्वीकृत है। दुनिया भर में लाखों बच्चों का कृमि का व्यापक अनुभव पुष्टि करता है कि इस दवाई से बहुत मामूली, हल्के और छोटे समय रहने वाले साईड इफेक्ट या कभी कभी ड्रग रिफ्रैक्शन होता है और ये अम्लीय पर कीड़ों के मारे जाने से संबंधित होती है।

अधिक मात्रा में कृमि संक्रमण से कुछ बच्चों में हल्का पेट दर्द, तबकाई, जल्टी, दस्त और थकान जैसे आम लक्षण रिपोर्ट किए गए हैं। ये गंभीर लक्षण नहीं हैं तथा आमतौर पर इनके लिए किसी इलाज की जरूरत नहीं होती है। किसी भी राज्य में कृमि मुक्ति दिवस पर एडवर्स इवेंट (AE) या सीरियर एडवर्स इवेंट (SAE) को संभालने के लिए स्वास्थ्य विभाग, शिक्षा विभाग और समेकित बाल विकास सेवाएँ (ICDS) के बीच अच्छी साझेदारी होनी अनिवार्य है। एडवर्स इवेंट प्रोटोकॉल के प्रबंधन में इन तीनों विभागों की प्रमुख जिम्मेदारियों और भूमिका निम्नलिखित हैं।

निम्न लिखित कार्यों को प्रत्येक कार्यक्रम की शुरू की हैकनी

1. प्रत्येक कार्यक्रम के लिए, एक स्वास्थ्य केंद्रों में निम्नलिखित औषधियों की उपलब्धता सुनिश्चित करें

- i. ORS Packets (विद्यालय एवं आँगनवाड़ी, अलाव के पास भी उपलब्धता सुनिश्चित करें)
- ii. Tab. Mangesium Hydroxide + almuninium Hydroxide (500 mg+ 250 mg)/ Suspension (625 mg + 312 mg/5 ml)
- iii. Tab. Chlorpheniramine Maleate (4 mg)
- iv. Tab. Cetrizibe (10 mg)
- v. Tab. Dicyclomine (10 mg)
- vi. Tab. Domperidone (10/20 mg) Susp. Domperidone (1 ml/ ml)
- vii. Tab. paracetamol (250 / 500 mg.) syp. paracetamol (125 mg/ 5 ml)

2. प्रतिकूल घटनाओं के प्रबंधन हेतु, और आपातकालीन स्थिति को संभालने के लिए प्रमुख स्तर पर इनरवॉरी रीस्पॉस टीम का गठन होना है। जिसके सदस्य प्रभारी चिकित्सा पदाधिकारी, नर्स, एएनएम, होमो। इस एमरजेंसी रिस्पॉस टीम में RBSC और AYUSH चिकित्सकों की साझेदारी ले। इस टीम को एडवर्स इवेंट प्रोटोकॉल के बारे में मासिक बैठक में बर्चा या उन्मुखीकरण किया जाना है।

3. प्रत्येक स्तर पर एम्बुलेंस (RBSC-108/102) सेवाएँ भी उपलब्धता सुनिश्चित करें।

4. प्रत्येक प्रखण्ड के प्रभारी चिकित्सा पदाधिकारी, चिकित्सा पदाधिकारी, एएनएम, के महत्वपूर्ण फोन नम्बरों की सूची बनायें (संलग्नक-1)। यह सुनिश्चित करें कि फोन नम्बर ब्लॉक शिक्षा विभाग को प्राप्त है ताकि यह इनके स्कूल प्रधानाध्यापकों तक पहुँचा पायें। ICDS विभाग के CDPO और Lady

राज्य स्वास्थ्य समिति, बिहार
An ISO 9001:2008 Certified Agency

डिप्टी चीडायर, भा-प-सी
विशेष सचिव, स्वास्थ्य
सहा-
कार्यपालक निदेशक

210 साइकल (1)
29/11/16

पत्रांक - SHSB/GA/1375/2015/.....

श्री श्री विमल सार्वन,
बिहार।

पटना दिनांक - 29/11/2016

विषय - राष्ट्रीय क्षयमुक्ति दिवस का आयोजन 10 फरवरी (द्वितीय) से 2015 तथा 15 फरवरी 2015 (प्रथम-अंग) को बिहार जाने पर प्रतिकूल घटना को प्रबंधन हेतु दिशा निर्देश के संबंध में।

सहायता/सलाह

उपर्युक्त विषय के सम्बन्ध में अवगत है कि राज्य में राष्ट्रीय क्षयमुक्ति दिवस का आयोजन मात्र सरकार के दिशा निर्देशानुसार एक निश्चित दिनांक पर 'Fix Day Approach' को बनायी 2016 एवं सोम-बुध दिवस 10 फरवरी 2015 को 38 जिलों के सम्बन्धी स्कूल, केंद्रीय विद्यालय, नवोदय विद्यालय, मित्री स्कूल (एन डिपेंड- इण्डियन मूलभूतपुर, पूर्णिया तथा प्राथमिक संस्थाएं) एवं जयनवादी केंद्रों के माध्यम से 1 से 19 वर्षीय बच्चों का क्षयनाश हेतु जनचेतनाजनक मोती प्रसारण जाना है।

इस दिवस पर बच्चों को जनचेतनाजनक मोती प्रसारण करने के दौरान प्रतिकूल घटना के प्रबंधन के लिए आपके क्षेत्र पर Emergency Response Team का गठन किया जाना है जिसमें प्रमुखी अधिकारी एवं प्रमुखी अधिकारी के अलावा अन्य अधिकारी शामिल होंगे। आपके क्षेत्र में प्रतिकूल घटना को प्रबंधन हेतु निम्नलिखित दिशा निर्देश जारी किए जा रहे हैं। आपके क्षेत्र में प्रतिकूल घटना को प्रबंधन हेतु निम्नलिखित दिशा निर्देश जारी किए जा रहे हैं। आपके क्षेत्र में प्रतिकूल घटना को प्रबंधन हेतु निम्नलिखित दिशा निर्देश जारी किए जा रहे हैं।

305
28/11/16

विश्वासभाजन

(डिप्टी चीडायर)

अनुलग्नक, Adverse Event Protocol

आपांक 58, दिनांक 28/11/16
प्रतिनिधि - सुनील कुमार निदेशक, पदाधिकारी, निदेशक, पिलासरी
को प्रमुखी एवं निदेशक, एवं निदेशक AEFI केंद्र
की उपलब्धता अनुनिर्दिष्ट करें।

29/11/16
निदेशक, पदाधिकारी
को प्रमुखी



Annexure E: Sample of Poster and Banner


कृमि से मुक्ति, बच्चों को शक्ति

क्या आप जानते हैं कि कृमि संक्रमण से बच्चों में:


- कुपोषण और घुन में कमी होती है, जिसके कारण हमेशा थकावट रहती है
- संपूर्ण शारीरिक और मानसिक विकास में बाधा आ सकती है

कृमि संक्रमण से बचाव के लिए ध्यान दें


नाखून साफ
और छोटे रखें



जानस पास
सफाई रखें




हमेशा साफ
पानी पीयें



खूले में शीच न
करें, हमेशा शीचालय
का प्रयोग करें




खाने को ढक
कर रखें



खूले में शीच न
करें, हमेशा शीचालय
का प्रयोग करें



साफ पानी
में धूल व
खंजूरों को डालें




जानने हवा सलून से
कोई, बिजनेसकर खाने
से फले और शीच
जानने के बाद





10 फरवरी 2016

ध्यान दें:

- गैर-नामनिष्ठ/स्कूल न जाने वाले बच्चों को भी दवाई जरूर दिलावार्
- जो बच्चे सूट गए हैं उन्हें 15 फरवरी 2016 को दवाई जरूर दिलावार्
- अधिक जानकारी के लिए ए.एन.एम./आर/आंगनवाड़ी कार्यकर्ता से संपर्क करें
- यह दवाई बच्चों और बड़ों के लिए सुरक्षित है
- किसी भी आपातकालीन स्थिति में अपने नज़दीकी स्वास्थ्य केंद्र/108 पर संपर्क करें







Photos of IEC Materials from Field, Miking, Prabhat Pheris, Etc.

Miking in school in Begusarai



Hoarding Display



Miking in Khaimur district



NALANDA

बिहारशरीफ जागरण

रविवार, 11 फरवरी 2016 दैनिक जगमग **3**

कृमि से मुक्ति के लिए डीएम ने अभियान का किया शुभारंभ

बच्चों को एक दूध सूखे की दवा मिल जाएगी न ही अभियान की शुरुआत

जगमग शहरवासी, बिहारशरीफ : स्वास्थ्य विभाग के अतिरिक्त चिकित्सक डॉ. सुभाष कुमार ने शुभारंभ के दौरान डॉ. सुभाष कुमार द्वारा बच्चों को अल्बेंडाजोल टिब्रक का नमूना दिया। इस मौके पर डॉ. सुभाष कुमार ने कहा कि यह दवा बच्चों को कृमि से मुक्ति देने के लिए है। इस दवा को लेने से बच्चों में कृमि के कारण होने वाले रोगों को दूर किया जा सकता है। डॉ. सुभाष कुमार ने कहा कि यह दवा बच्चों को कृमि से मुक्ति देने के लिए है। इस दवा को लेने से बच्चों में कृमि के कारण होने वाले रोगों को दूर किया जा सकता है।

अल्बेंडाजोल बच्चों के शारीरिक विकास के लिए जरूरी

• स्वास्थ्य मंत्री ने दवा खिला कृमि मुक्ति दिवस का किया उद्घाटन

• बच्चे के 4.35 करोड़ बच्चों को दवा मिलने का लक्ष्य

डाक्टर बोलते, लाभदायक है दवा

डॉ. सुभाष कुमार ने कहा कि यह दवा बच्चों को कृमि से मुक्ति देने के लिए है। इस दवा को लेने से बच्चों में कृमि के कारण होने वाले रोगों को दूर किया जा सकता है।

कृमि मुक्ति दिवस पर

कृमि मुक्ति दिवस का शुभारंभ डॉ. सुभाष कुमार ने किया। इस दौरान बच्चों को अल्बेंडाजोल टिब्रक का नमूना दिया गया।

बच्चों के विकास के लिए अल्बेंडाजोल जरूरी

• स्वास्थ्य मंत्री ने दवा खिला कृमि मुक्ति दिवस का किया उद्घाटन • 4.35 करोड़ बच्चों का लक्ष्य निर्धारित

दवा नहीं हुआ कोई बीमार : निदेशक

डॉ. सुभाष कुमार ने कहा कि यह दवा बच्चों को कृमि से मुक्ति देने के लिए है। इस दवा को लेने से बच्चों में कृमि के कारण होने वाले रोगों को दूर किया जा सकता है।

कृमि मुक्ति दिवस पर

कृमि मुक्ति दिवस का शुभारंभ डॉ. सुभाष कुमार ने किया। इस दौरान बच्चों को अल्बेंडाजोल टिब्रक का नमूना दिया गया।

District launch at West Champaran



Annexure F.1 : Training Photo of Sample District and Block and SMS
District Level Training in Begusarai



Block level training



Sample of flipchart and Handout

बिहार	राष्ट्रीय कृषि मुक्ति दिवस	आंगनवाड़ी कार्यकर्ता के लिए फ्लिपचार्ट
-------	----------------------------	--

10 फरवरी 2016



प्रशिक्षक के लिए निर्देश

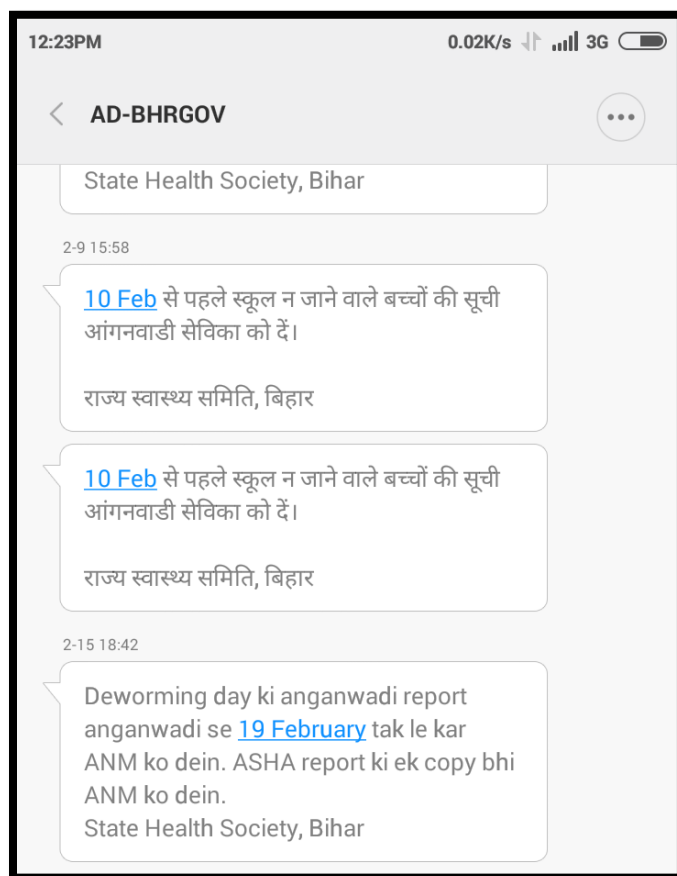
- यह फ्लिपचार्ट पढ़कर और प्रशिक्षक के नोट्स विस्तारपूर्वक समझकर प्रशिक्षण सत्र की पहले से तैयारी करें।
- प्रशिक्षण शुरू होने से पहले, आंगनवाड़ी कार्यकर्ता को हैंडआउट बांट दें। सुनिश्चित करें कि प्रशिक्षण के समय हैंडआउट को भी समझाएँ।
- प्रशिक्षण में हैंडआउट के साथ जुड़े रिपोर्टिंग फॉर्म और गाईडलाईंस विस्तार में समझाएँ।
- आपको फ्लिपचार्ट में दी गई 10 महत्वपूर्ण जानकारी प्रशिक्षण में जरूर शामिल करनी है। इनमें से कोई भी जानकारी न छोड़ें। इस फ्लिपचार्ट प्रशिक्षार्थी (पार्टिसिपेंट) के लिए एक चित्र और प्रशिक्षक के लिए नोट्स दिए गए हैं।
- प्रशिक्षण बातचीत के माध्यम से करें, और सुनिश्चित करें कि प्रशिक्षार्थी (पार्टिसिपेंट) सीख रहे हैं।



हैंडआउट



Training reinforcement messages



SMS plan for Health, WCD and Education for NDD 2016

National Deworming Day (National Deworming Day) 2016-SMS plan for Health Department					
Schedule Day (Preferably morning time)	Theme/ Key Message	Messages		Intended Audience (Hinglish SMS are preferred by district and block level officials while ANM, ASHA, ASHA sahoyinis prefer Hindi SMS to be sent)	Total number of functionaries#
		Hinglish Message (160 character limit)	Hindi** messages (70 character limit)		
5-Jan	Dates of National Deworming Day and Mop Up Day	National Deworming Day 10 Feb aur Mop up Day 15 Feb ko hai. Sabhi 1-15 varsh ke bacchon ko deworming dawa school, angawadi me khilayi jaegi. Kripaya poori tayari rakhe	10 Feb दिवसिन के मे बच्चो को आंगनवाडी/स्कूल में दिवसिन दवा खिलाय	District(CMHO, DPM, DIO Block(BMO, BPM, BCM); ANM+ASHA	121716
Training schedule reinforcement Messages					
5-Jan	To reinforce training dates and preparations for National Deworming Day	Dhyan dein: National Deworming Day ki training 06-01-2016 se 10-01-2016 tak hai. Training zarur attend kare, tayyari rakhein.	दिवसिन त्रेनिग 06-01-2016 से 10-01-2016 तक है। अवरय उपस्थित रहे व तैयारी रखें	District: CMHOs, DPM, DIO + (BMO, BPM, BCM, etc)	1116

Annexure F.2: Training Quality Assessment Findings

Quality Assurance for Training

To assess the quality of training imparted at all levels and knowledge gain post trainings, training monitoring assessment and pre-post tests were conducted with support from Evidence Action field based teams in Bihar. Training quality assessment was conducted across all district level trainings and sampled block level trainings which were attended by district coordinators to ensure that key messages on deworming are shared during training. Pre-post analysis of knowledge gain during district level trainings was conducted across all districts and findings are explained below in the report. Based on the analysis of results for district level pre-post trainings and other criteria like absence of blocks in district level trainings, sampled block level trainings were selected for pre-post assessment

Participant's Description				
STATE	TOTAL PARTICIPANTS	PRE PARTICIPANTS	POST PARTICIPANTS	COMMON PARTICIPANTS IN BOTH*
BIHAR	596	358	518	280

*The findings have been derived for participants present during pre and post test administration

Key Findings

1. Around 40% participants were not aware about the correct way to administer the Albendazole tablet 1-2 years children.
2. Participants were relatively less aware about side effects of Albendazole
3. 14% of participants were not aware about the recording /reporting the information of dewormed children on National Deworming Day. Similarly, around 20% of the participants were not aware about the recording /reporting the information of dewormed children on Mop-Up Day.
4. Further, around 35 % and 32% of the participants were not aware about correct procedure to report the data of dewormed children in the anganwadi and School reporting form.
5. Further, around 36 % of the participants were not aware about correct procedure to report the data of dewormed children in the *anganwadi*/School reporting form.
6. Around 23% and 26 % participants were not aware about correct submission date of reporting form to MO- PHC/BEO and Civil surgeon/DEO.
7. Around 39 % of the participants were not aware correct submission date of District common reporting form by DEO to Civil Surgeon officer and 63 % were not aware of correct submission date to State Nodal Officer.
8. Around 39 % of the participants were not aware correct submission date of District common reporting form by DEO to Civil Surgeon officer and 63 % were not aware of correct submission date to State Nodal Officer.

Annexure G: Drug Administration Photo from Field on NDD and Mop- Up Day





Annexure H.1: Letter Issued by SHSB for Monitoring



पत्रांक : SHSB/Misc./28/10/Part-2/777

सेवा में,

सभी सिविल सर्जन-सह-सदस्य सचिव,
जिला स्वास्थ्य समिति, बिहार ।

पटना, दिनांक: 03/02/2016

विषय: दिनांक 10 फरवरी 2016 को राष्ट्रीय कृमि मुक्ति दिवस एवं दिनांक 15 फरवरी 2016 को मॉप-अप दिवस के दौरान निरीक्षणोपरांत प्रतिवेदन उपलब्ध कराने के संबंध में।

प्रसंग: संयुक्त हस्ताक्षरित रा०स्वा०स० पत्रांक: SHB/Misc./28/10/Part-2/8449, दिनांक 23/12/2015

महाशया/महाशय,

उपर्युक्त विषयक एवं प्रासंगिक पत्र के संदर्भ में आप अवगत हैं कि दिनांक 10 फरवरी 2016 को राष्ट्रीय कृमिमुक्ति दिवस एवं 15 फरवरी 2016 को मॉप-अप दिवस सभी जिलों में आयोजित किया जाना है। इस हेतु राज्य, जिला, प्रखण्ड, स्कूल तथा आँगनवाड़ी केन्द्र स्तर तक की सभी तैयारियाँ लगभग पूरी हो चुकी हैं। कृपया उपरोक्त प्रासंगिक पत्र का अवलोकन किया जाय, जिसमें "स्वास्थ्य की भूमिका" शीर्षक के अंतर्गत उल्लेखित किया गया है कि राष्ट्रीय कृमि मुक्ति दिवस एवं मॉप-अप दिवस के दिन तीनों विभागों के तीन सदस्यीय जिला टास्क फोर्स द्वारा कार्यक्रम का निरीक्षण किया जाना है।

अतः सुलभ संदर्भ हेतु निरीक्षण प्रपत्र संलग्न करते हुए अनुरोध है कि सभी जिला टास्क फोर्स सदस्य सरकारी स्कूल/निजी स्कूल/आँगनवाड़ी केन्द्र का निरीक्षण कर उक्त निरीक्षण प्रपत्र को भरेंगे। तत्पश्चात् भरे गये निरीक्षण प्रपत्र को दिनांक 17.02.2016 तक राज्य स्वास्थ्य समिति, बिहार के ईमेल spochildhealth@gmail.com पर भेजना सुनिश्चित करें, ताकि राज्य स्तर पर संकलन किया जा सके।

कृपया इसे प्राथमिकता दी जाये।

विश्वासभाजन

40/03-02-16

(डा० कुमार पुरुषोत्तम सिंह निराला)

प्रभारी राज्य कार्यक्रम पदाधिकारी

शिशु स्वास्थ्य

अनुलग्नक: निरीक्षण प्रपत्र ।



राज्य स्वास्थ्य समिति, बिहार

An ISO 9001:2008 Certified Agency



पत्रांक : SHSB/..Misc./28/10/Part-2.....

सेवा में,

सभी सिविल सर्जन-सह-सदस्य सचिव,
जिला स्वास्थ्य समिति, बिहार ।

पटना, दिनांक:...../02/2016

विषय: दिनांक 10 फरवरी 2016 को राष्ट्रीय कृमि मुक्ति दिवस एवं दिनांक 15 फरवरी 2016 को
मॉप-अप दिवस के दौरान निरीक्षणोपरांत प्रतिवेदन उपलब्ध कराने के संबंध में।

प्रसंग: संयुक्त हस्ताक्षरित रा०स्वा०स० पत्रांक: SHB/Misc./28/10/Part-2/8449, दिनांक 23/12/2015

महाशया/महाशय,

उपर्युक्त विषयक एवं प्रासंगिक पत्र के संदर्भ में आप अवगत हैं कि दिनांक 10 फरवरी 2016 को राष्ट्रीय कृमिमुक्ति दिवस एवं 15 फरवरी 2016 को मॉप-अप दिवस सभी जिलों में आयोजित किया जाना है। इस हेतु राज्य, जिला, प्रखण्ड, स्कूल तथा आँगनवाड़ी केन्द्र स्तर तक की सभी तैयारियों लगभग पूरी हो चुकी है। कृपया उपरोक्त प्रासंगिक पत्र का अवलोकन किया जाय, जिसमें "स्वास्थ्य की भूमिका" शीर्षक के अंतर्गत उल्लेखित किया गया है कि राष्ट्रीय कृमि मुक्ति दिवस एवं मॉप-अप दिवस के दिन तीनों विभागों के तीन सदस्यीय जिला टास्क फोर्स द्वारा कार्यक्रम का निरीक्षण किया जाना है।

अतः सुलभ संदर्भ हेतु निरीक्षण प्रपत्र संलग्न करते हुए अनुरोध है कि सभी जिला टास्क फोर्स सदस्य सरकारी स्कूल/निजी स्कूल/आँगनवाड़ी केन्द्र का निरीक्षण कर उक्त निरीक्षण प्रपत्र को भरेंगे। तत्पश्चात् भरे गये निरीक्षण प्रपत्र को दिनांक 17.02.2016 तक राज्य स्वास्थ्य समिति, बिहार के ईमेल spochildhealth@gmail.com पर भेजना सुनिश्चित करें, ताकि राज्य स्तर पर संकलन किया जा सके।

कृपया इसे प्राथमिकता दी जाये।

विश्वासभाजन

ह०/-

(डा० कुमार पुरुषोत्तम सिंह निराला)

अनुलग्नक: निरीक्षण प्रपत्र ।

ज्ञापांक:.....777.....

पटना, दिनांक...03/02/2016

प्रतिलिपि: कार्यपालक निदेशक कोषांग, राज्य स्वास्थ्य समिति, बिहार को कृपया सूचनार्थ ।

प्रतिलिपि: सभी जिला पदाधिकारी, बिहार को सूचनार्थ प्रेषित ।

प्रतिलिपि: राज्य परियोजना निदेशक, बिहार शिक्षा परियोजना परिषद् को सूचनार्थ एवं आवश्यक कार्यार्थ प्रेषित।

प्रतिलिपि: निदेशक, समेकित बाल विकास सेवाएँ विभाग को सूचनार्थ एवं कार्यार्थ प्रेषित।

प्रतिलिपि: सहायक निदेशक, समेकित बाल विकास सेवाएँ विभाग को सूचनार्थ एवं आवश्यक कार्यार्थ प्रेषित।

प्रतिलिपि: सभी क्षेत्रीय अपर निदेशक, स्वास्थ्य सेवाएँ बिहार को सूचनार्थ एवं आवश्यक कार्यार्थ प्रेषित।

प्रतिलिपि: राज्य कार्यक्रम प्रबंधक, Evidence Action- Deworm the World Initiative, Patna, Bihar को सूचनार्थ एवं आवश्यक कार्यार्थ प्रेषित ।

Handwritten signature and date: 02-02-16

प्रभारी राज्य कार्यक्रम पदाधिकारी
शिशु स्वास्थ्य



परिवार कल्याण भवन, शेखपुरा,
पटना- 800 014,

स्वस्थ बिहार
समृद्ध बिहार

दूरभाष: 0612-2290340, 2281545, फैक्स: 2290322,
वेबसाइट: www.statehealthsocietybihar.org

Annexure H.2: Submission of Monitoring Visit Data by GoB to GoI, MoHFW

----- Forwarded message -----

From: Dr Surendra Kumar <spochildhealth@gmail.com>

Date: Sat, Apr 16, 2016 at 6:09 PM

Subject: Re: Reminder: NDD 2016 report

To: Sila Deb <drsiladeb@gmail.com>

Cc: sahil_chopra005@yahoo.com

Dear Madam,

Please find the attached **coverage** report in the prescribed format for National Deworming Day (NDD) 2016.

Also find the attached **data** set for NDD Monitoring checklist for the monitoring visits conducted by Evidence Action during National Deworming Day and Mop Up day.

The **data** set for visits by government departments at the district level will be shared shortly.

The state is very thankful you and your team for the support resulting in a very successful NDD in **Bihar**.

Annexure I: Tele-Calling Indicators for Tracking Conducted During NDD February 2016

		Pre Deworming																		
		Drugs			Training						IEC			Pre-deworming calls to schools/anganwadi						
Level of call		District Level		Block level		District Level		Block level		District Level		Block level		School and Anganwadi						
Proposed timeline		Nov-December		December-January		Jan 1 to Jan 15		Jan 15 to Jan 31		December-January		January		February 8-9						
Actual timeline		December-January		January-February		Jan 1 to Jan 15		Jan 15 to Feb 8		January-February		Jan 15 to Feb 8		February 8-9						
Primary		Officials called	Total no of calls	Officials called	Department	Total no of calls	Officials called	Department	Total no of calls	Officials called	Department	Total no of calls	Officials called	Department	Total no of calls	People called	Department	Total no of calls		
		CS	38	BEO	Education	496	CS	Health	38	MOIC	Health	1174	CS	38	BHM	Health	384	Head Masters (Govt)	Education	303
		DIO	50	MOIC	Health	1175	DIO	Health	50	BHM	Health	359	DIO	52	BEO	Educatio	432	Head Masters (PVT)	Education	252
				BHM	Health	360	DEO	Educatio	38	BEO	Educatio	520	DPO-ICD	38				Head Masters (KVINV)	Education	358
							DPO-ICDS	ICDS	38									Anganwadis	ICDS	40

During Deworming								
Calls on NDD			Calls between NDD and MUD			Calls on MUD		
School and Anganwadi			School and Anganwadi			School and Anganwadi		
10-Feb-16			February 11 to February 14 2016			15-Feb-16		
10-Feb-16			February 11 to February 14 2016			15-Feb-16		
People called	Department	Total no of calls	People called	Department	Total no of calls	People called	Department	Total no of calls
CS	Health	16	Govt Schools	Education	232	CS	Health	38
HM	Education	197	Pvt schools	Education	159	DIO	Health	10
Aw/w	ICDS	110	KVINV	Education	97	HM	Educatio	114
			Aw/w	ICDS	297	Aw/w	ICDS	114
						DPO	ICDS	28

After Deworming								
Coverage reporting								
School/Anganwadi Level			Block level			District Level		
Feb 16 to February 25			February 26 to March 10			March 11 to March 17		
Feb 16 to February 25			February 26 to March 10			March 11 to March 17		
People called	Department	Total no of calls	Officials called	Department	Total no of calls	Officials called	Department	Total no of calls
HM-Govt	Education	283	MOIC	Health	343	CS	Health	124
HM-PVT	Education	429	BHM	Health	560	DEO	Education	142
HM-KVINV	Education	82	ANM	Health	579	DPO-ICDS	ICDS	38
Aw/w	ICDS	264	BEO	Education	515	DIO	Health	142
			CRCC	Education	459			

Annexure J: Key Results from Independent Monitoring

Annexure 1: Analysis for Process Monitoring (School/Anganwadi)

Table: 1 Interview with headmaster/headmistress/principal and Anganwadi workers

Indicators	School		Anganwadi	
	%	N	N	%
Type of School				
Govt./Govt. Aided schools	95.5	252	NA	NA
Private Schools	4.6	12	NA	NA
Respondent of the section				
Headmaster/Principal	77.7	205	NA	NA
Vice principal	8.7	23	NA	NA
Nodal Teacher	8.3	22	NA	NA
Any other teacher	5.3	14	NA	NA
Category of school				
Primary(1 to 5)	51.5	136	NA	NA
Primary with upper primary(1 to 8)	38.6	102	NA	NA
Primary with upper primary and secondary(1 to 10)	2.3	6	NA	NA
Primary with upper primary secondary and higher secondary(1 to 12)	0.8	2	NA	NA
Upper primary only(6 to 8)	1.1	3	NA	NA
Upper primary with secondary and higher secondary(6 to 12)	0.0	0	NA	NA
upper primary with secondary(6 to 10)	1.5	4	NA	NA
Secondary only (9 to 10)	2.3	6	NA	NA
Secondary with higher secondary(9 to 12)	1.1	3	NA	NA
Higher Secondary only or Jr. college(11 to 12)	0.8	2	NA	NA
Did teacher/ Anganwadi worker attended training in last 2 months	81.4	215	77.5	200
Did trained teacher provide training to other teachers				
Yes, trained all other teachers	77.2	166	NA	NA
Yes, trained some other teachers	12.6	27	NA	NA
No, did not train other teachers	7.9	17	NA	NA
Don't know /don't remember	2.3	5	NA	NA
Reason for not attending official training				
Location was too far away	4.1	2	9.8	5
Did not know the date/timings	49.0	24	60.8	31
Busy in other official work	4.1	2	0.0	0
Attended deworming training in the past	12.2	6	5.9	3
Not Necessary	8.2	4	7.8	4
Source of information about recent round of deworming program				
Departmental communication	62.1	164	47.3	122
Television	8.7	23	7.8	20
Radio	3.0	8	2.7	7
Newspaper	14.8	39	6.2	16

Banner	10.6	28	7.8	20
SMS	34.1	90	26.0	67
Training	38.3	101	32.9	85
Other school/teacher and Lady Supervisor	3.8	10	24.0	62
Awareness about the ways a child can get worm infection	84.1	222	NA	NA
Different ways that children can get worm infected				
Having foods without washing hands	89.2	198	79.8	206
Not washing hands after using toilets	77.5	172	68.6	177
Not using sanitary latrine	48.6	108	45.7	118
Moving in bare feet	62.6	139	51.6	133
Consume vegetables and fruits without washing	55.4	123	49.2	127
Having long and dirty nails	50.0	111	46.1	119
Receive SMS about the deworming program	64.4	170	55.8	144
Preference to receive the SMS				
Morning	28.4	75	28.7	74
Afternoon	12.9	34	8.1	21
Evening	10.2	27	10.1	26
Any time	45.8	121	45.7	118
Do not prefer the SMS	5.3	14	9.3	24
Having integrated distribution(Tables, Poster/Banner, handouts/reporting, adverse event reporting form) in training	37.2	98	39.1	101
Visibility over the Deworming Day Poster/Banner is posted			72.0	138
Clearly posted/visible to all	70.9	148		
Hidden in a room/partially visible.	11.3	19	10.0	20
Not posted/ not visible	17.7	36	18.0	35
Awareness about to whom to submit the completed School(CRC)/Anganwadi Reporting(ANM)	63.2	167	68.0	175
Retain a copy of the School/Anganwadi Reporting Form at the school after submitting one copy	15.1	40	79.0	203
Teachers/Anganwadi who think any adverse event can occur after taking the deworming tablets	34.8	92	25.0	64
Possible adverse events could be reported by children after taking the tablets				
Mild abdominal pain	60.9	56	71.9	46
Nausea	55.4	51	54.7	35
Vomiting	69.6	64	79.7	51
Diarrhea	17.4	16	10.9	7
Fatigue	17.4	16	12.5	8
Other, specify	12.0	11	4.7	3
Response in case a child complains of mild stomach ache, nausea, vomiting, and diarrhea after taking the tablets,				
Make the child lie down in open and shady place	79.9	211	80.2	207
Give ORS/ water	24.6	65	24.4	63
Observe the child at least for 2 hours in the school	36.4	96	34.9	90

Response in case the child continues to report symptoms of stomach ache, vomiting, diarrhea, etc. even after a few hours				
Call PHC or emergency number	69.7	184	63.6	164
Take the child to the hospital /call doctor to school	51.5	136	50.8	131
Don't know / don't remember	3.8	10	0.8	2
Other, specify	1.9	5	0.8	2
Deworming activity going in your school/Anganwadi today				
Yes, getting now	74.2	196	88.7	229
Yes, after few hours	12.5	33	0.0	0
No, will not administer today	13.3	35	11.3	29

Table: 2 Integrated Distribution of Drugs and IEC material

Items Received in training	Schools			Anganwadi		
	Received	Verified	Received in training	Received	Verified	Received in training
Tablets	91.3	79.3	60.2	92.2	76.9	62.6
Poster/Banner	76.9	73.4	60.1	74.8	72	62.7
Handouts/ Reporting form	65.5	72.8	56.6	64.3	72.3	62.7

Note:-The sample size for items received in schools and *anganwadis* were 263 and 250 respectively

*The denominator for verified is the number of particular item received

Table3: Observation of deworming activity in the class/Anganwadi

Indicators	School (145)*		Anganwadi(171)*	
	%	N	%	N
Deworming activity is taking place in the class/Anganwadi	61.2	145	74.7	171
Teachers/Anganwadi worker giving any health education related to deworming				
Yes	84.1	122	79.5	136
Could not observe as I reached late	0.7	1	0.6	1
What are being included by the teacher/ Anganwadi worker as a part of health education to children				
Harmful effects of worms	58.2	71	54.4	74
How worms get transmitted	59.0	72	55.1	75
Benefits of deworming	55.7	68	54.4	74
Methods of worm infection prevention	38.5	47	44.1	60
Teacher/ Anganwadi worker were asking the children if they are sick/under medication before giving the tablet	89.7	130	83.6	143

What teacher/ Anganwadi worker did ,If there was any sick child in the class room				
Gave Albendazole tablet to the child	16.9	22	16.8	24
Did not give the Albendazole tablet to the child	83.1	108	83.2	119
Students/children are told to chew the tablet before swallowing it	93.8	136	93.0	159
Deworming tablets were distributed by				
Teacher/headmaster	93.8	136	0.0	0
Anganwadi worker	NA	NA	92.4	158
Asha/ANM	0.7	1	7.6	13
Students	4.1	6	0.0	0
Teacher/ Anganwadi worker asking students to take Albendazole tablets in the class/ Anganwadi only	99.3	144	94.7	162
Teachers/ Anganwadi worker following the protocol of putting single tick ✓ (deworming day) or double tick ✓✓ (mop-up day) on each child's name/roll no. in the attendance register after giving them the deworming tablet	75.9	110	77.8	133
Practice followed by teacher ,if the ticking/double ticking Protocol did not followed				
Prepare the separate list for dewormed child	17.1	6	39.5	15
Put different symbols	28.6	10	15.8	6
Nothing was done	51.4	18	42.1	16
Any child not given the prescribed dose of Albendazole tablet				
Yes, less than the prescribed doze	13.1	19	11.7	20
Yes ,more than the prescribed doze	2.8	4	6.4	11
No, the prescribed doze is being given	84.1	122	81.9	140
Any adverse event observed (nausea, vomiting, stomach-pain diarrhoea, etc.) after taking the tablet	11.0	16	8.2	14

*Deworming activity was observed by monitors in 145 schools and 171 *anganwadis*

Table: 4 Interview with school teacher

Indicators	%	N
Attended any official training for deworming program in the past 2 months	64.0	169
Received training for deworming		
At official level training	60.4	102
By Headmaster/ teacher	35.5	60
Others (specify)	4.1	7
Awareness about the ways a child can get worm infection	78.4	207
Different ways that children can get worm infected		
Having foods without washing hands	92.3	191
Not washing hands after using toilets	76.3	158

Not using sanitary latrine	51.2	106
Moving in bare feet	66.2	137
Consume vegetables and fruits without washing	51.2	106
Having long and dirty nails	45.9	95
Awareness about prescribed dose of albendazole		
One	95.5	252
More than one	3.0	8
Less than one	1.5	4
Teachers who think any adverse event can occur after taking the deworming tablets	36.0	95
Possible adverse events could be reported by children after taking the tablets		
Mild abdominal pain	81.1	77
Nausea	61.1	58
Vomiting	73.7	70
Diarrhea	16.8	16
Fatigue	21.1	20
In case a child complains of mild stomach ache ,nausea, vomiting, and diarrhea after taking the tablets, Your response should be		
Make the child lie down in open and shady place	81.4	215
Give ORS/ water	31.8	84
Observe the child at least for 2 hours in the school	33.3	88
If the child continues to report symptoms of stomach ache, vomiting, diarrhea, etc. even after a few hours, Your response should be		
Call PHC or emergency number	71.2	188
Take the child to the hospital /call doctor to school	47.3	125

Table: 5 Interview with school child

Indicators	%	N
Child got a white tablet in school today	95.2	218
Child was feeling sick before taking the tablet in the school today	8.3	18
Child got tablet by		
By Teacher / headmaster	96.8	211
By ASHA/ANM	0.5	1
By Other student	1.8	4
Other	0.5	1
Child consume tablet	98.6	215
Reason to not consume tablet		
Was feeling sick	33.3	1
I'm afraid of taking the tablet	0.0	0
Parents told me not to have it	66.7	2
Don't have worms so don't need it	0.0	0

Did not like the taste	0.0	0
Had difficulty swallowing	0.0	0
Taking home	0.0	0
Other, specify	0.0	0
Awareness of child that, how to consume the tablet		
Chewed tablet before swallowing	89.0	193
Swallowed tablet directly	11.0	25
Other, specify	0.0	0
Awareness of child that, why tablet is provided		
Deworming	79.4	173
Any other answer(unrelated to deworming)	4.1	9
Don't know /don't remember	16.5	36
Source of information about deworming activity		
Teacher / school	93.9	170
Television	5.0	9
Radio	1.7	3
Newspaper	5.5	10
Poster/Banner	22.7	41
Parents/siblings	7.7	14

Annexure 2: Analysis for Coverage Validation (School/Anganwadi)

Table 1: Findings from School/Anganwadi Coverage Validation data

Table:1 Coverage Validation Indicators	School		Anganwadi	
	%	N	%	N
Responses from the headmasters/principals/Anganwadi interviewed				
Attended training for deworming program	85.7	347	81.9	307
For schools/Anganwadi that didn't attend training, reasons were:				
Location of training was far away	11.1	6	19	12
Was not aware of the date/ timing of training	61.1	33	54	34
Busy in other official work	1.9	1	6.3	4
Attended deworming training in the past	9.3	5	1.6	1
Not necessary	13	7	7.9	5
Other reasons	24.1	13	17.5	11
Schools/Anganwadis observed deworming	93.1	377	95.7	359
Schools/Anganwadis received the followings				
Tablets	96.3	390	98.1	368
Poster	75.8	307	81.6	306
Handouts/Reporting form	73.3	297	74.4	279

Others	5.9	24	7.7	29
Received SMS about deworming program	62.7	254	56.3	211
Schools/ <i>Anganwadis</i> had the sufficient drugs for deworming	85.7	323	90.7	323
Schools/ <i>Anganwadis</i> where copy of school reporting form was available	61.2	231	55.1	200
For schools/ <i>Anganwadis</i> that didn't have copy of school reporting form, reasons were:				
Did not received	23.29	34	18.87	30
Submitted to ANM	30.14	44	61.64	98
Unable to locate	15.07	22	7.55	12
Others*	31.51	46	11.95	19
<i>Anganwadis</i> having list of out of school(6-19) children	NA	NA	42.6	153
<i>Anganwadis</i> having list of non-registered(1-5) children	NA	NA	45.7	164

Table: 2 School Coverage Validation Indicators

Indicators	%
Schools where all the classes followed the correct recording protocol	62.1
Schools where one or more of the classes followed the correct recording protocol	66.6
Schools where none of the classes followed the correct reporting protocol	33.4
Schools where one or more of the classes followed other recording protocol	16.2
Schools where no reporting protocol was followed	17.5
State level verification factor	0.763
State inflation rate (which measures the extent to which the recording in school reporting forms exceeds records at schools)	30.92
Attendance on Deworming Day	69.7
Attendance on mop-up day	58.4
Children who attended on both Deworming Day and mop-up day	54.5
Maximum attendance of children on Deworming Day and mop-Up Day according to the CV data	73.6
Schools had surplus storage of drugs after deworming	43.2
Schools had complete school reporting form	97.5
Schools reported serious adverse event after taking the medicine	3.4
Average number of adverse events reported per school	0.1
State level inflation rate among trained schools (which measures how much the coverage reported in reporting forms exceeded school records in registers for schools that received training)	29.8
State level inflation rate among untrained schools (which measures how much coverage reported in reporting forms exceeded school records in registers for schools that were not trained)	69.8
School level inflation rate for schools that followed the correct recording protocol (measures how much coverage reported in reporting forms exceeded	25.3

school records in registers, for schools that were following recording protocols, i.e., ticking).

Table: 3 Interview of children during Coverage validation

Indicators	%
Children received Deworming tablets	95.9
Supervised Administration of tablets	91.3
Children consumed tablet	94.6
Way child consumed the tablet	
Chewed tablet before swallowing	90.7
Swallowed tablet directly	9.3

Table: 4 Anganwadi Coverage Validation Indicators

Indicators	%
Anganwadi that followed recording protocol	90.5
State level verification factor for Registered children(1-5 years)	0.74
State level verification factor for non- registered children(1-5 years)	0.77
State level verification factor for out of school children(6-19 years)	0.69
State inflation rate (1-5 years)	34.6
State inflation rate for non- registered children (1-5 years)	28.9
State inflation rate for out of school children(6-19 years)	43.9

