National Deworming Day

Operational Guidelines

Child Health Division
Ministry of Health and Family Welfare
Government of India

DRAFT DOCUMENT

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Contents

ACRONYMS

ANM	Auxiliary Nurse and Midwife
ASHA	Accredited Social Health Activist
AWW	Anganwadi Worker
AYUSH	Ayurveda, Yoga, Unani, Siddha and Homoeopathy
BCC	Behavior Change Communication
BCM	Block Community Mobilizer
BEO	Block Education Officer
BHM	Block Health Manager
BPHC	Block Primary Health Center
BRP	Block Resource Person
CDPO	Child Development Project Officer
CHC	Community Health Center
CS	Civil Surgeon
DCC	District Coordination Committee
DEO	District Education Officer
DIO	District Immunization Officer
DM	District Magistrate
DPO	District Program Officer
DPM	District Program Manager
GoI	Government of India
ICDS	Integrated Child Development Services
IEC	Information, Education and Communication
MUD	Mop Up Day
MO	Medical Officer
MoHFW	Ministry of Health & Family Welfare
NDD	National Deworming Day
NDDCC	National Deworming Day Coordination Committee
NIPI	National Iron + Initiative
NHM	National Health Mission
PHC	Primary Health Centre
RDD	Regional Deputy Director
RPM	Regional Program Manager
SIO	State Immunization Officer
SPM	State Program Manager
STH	Soil Transmitted Helminths
VHND	Village Health and Nutrition Day
VHSNC	Village Health Sanitation and Nutrition Committee
WIFS	Weekly Iron Folic Acid Supplementation
WHO	World Health Organization

INTRODUCTION AND RATIONALE

World Health Organization estimates that 241 million children between the ages of 1 and 14 are at risk of parasitic intestinal worms in India, known as Soil-Transmitted Helminths (STH). These children represent approximately 68% of children in this age-group and approximately 28% of the number of children estimated to be at-risk of STH infections globally.

These parasitic infections result from poor sanitation and hygiene conditions, and are easily transmitted among children through contact with infected soil. The consequences of chronic worm infestation in children are both widespread and debilitating. Worms can cause anaemia and under-nutrition, thereby impairing mental and physical development. Under-nutrition and anaemia in children has been well documented in India: almost 7 in 10 children in the 6-59 month age-group are anaemic, with even higher rates of anaemia in rural areas. Nearly half of children under-five in India are stunted, and approximately 43 percent are underweight and the prevalence of anaemia in girls and boys of the age group 15-19 years is 56 percent and 30 percent respectively[1]. Children with the highest intensity STH infestation are often too sick or too tired to concentrate at school or attend school at all. Subsequent life outcomes for these children are also considerably impacted due to lower lifetime incomes[2].

In areas where parasitic worms are endemic, administering safe, effective deworming drugs to children at schools is a development "best buy" due to its impact on educational and economic outcomes and low cost. The evidence shows that mass deworming leads to significant improvement in outcomes related to education, career choice, earnings, and long-term well-being. Rigorous research has shown significant gains from school-based deworming programs on children's health, access to education and livelihoods[3].

In 2009, the Government of India recommended[4] States to conduct mass deworming based on State-specific STH prevalence. The guidance also recommends integrating biannual deworming with the Vitamin–A Prophylaxis program for under-five children. Other Government programs launched in recent years like National Iron + Initiative (including Weekly Iron and Folic Acid Supplementation for adolescents) mandates biannual deworming for children and adolescents under the age group of 1-19 years. Unfortunately, only a few States currently run effective school and anganwadi based deworming programs, some run relatively ineffective programs with sporadic deworming efforts and low coverage, and others have no deworming programs at all. Considering the situation as well as the fact that as per WHO[5], India is endemic for STH, Government of India is renewing its focus on all components of deworming including mapping of State/UT wise STH prevalence. Currently, there is lack of National/Regional level data for estimating the prevalence of worm infestations in India, other than some Statewide prevalence surveys done by external agencies (like Evidence Action- Deworm the World

1 National Family Health Survey – 3; 2005-2006

2 WHO 2012: Eliminating soil-transmitted helminthiasis as a public health problem in children STH soil-transmitted helminthiasis progress report 2001–2010 and strategic plan 2011–2020

3 Deworming- Millennium Development Goals, http://whqlibdoc.who.int/hq/2005/WHO_CDS_CPE_PVC_2005.12.pdf

4 Government of India. MoHFW, Recommendations of the Technical Committee on deworming; 2009 May. Letter No. D.O.No. Z-28020/77/2006-CH(Part)

5 WHO 2010. Soil-transmitted helminthiases: eliminating soil-transmitted helminthiases as a public health problem in children: progress report 2001-2010 and strategic plan 2011-2020

Initiative) in partnership with the State Governments (Bihar, Delhi, Madhya Pradesh and Rajasthan) and National Institute of Cholera and Enteric Diseases (NICED), National Center for Disease Control (NCDC), National Institute of Epidemiology (NIE), AIIMS, PGIMER-Chandigarh etc. for school aged children. The currently available data from few standalone studies and independent State surveys shows significant level of STH prevalence. Moreover, none of the current National or Sub-national surveys like NFHS, DLHS, AHS, NNMB captures this information.

Thus, there is a key gap between existing programs and the coverage needed for STH treatment in India, much of which can be filled by the development of high quality school and anganwadi based deworming programs designed to reach pre-school and school-age children/adolescents at scale. Launching a high quality nationally mandated school and anganwadi based deworming program to reach children at scale will dramatically reduce the harm caused by STH on millions of children in India in a cost-effective, simple and safe manner.

The school and anganwadi based approach for mass deworming provides an easy way to reach large numbers of target-age group children, through existing infrastructure rather than creating new channels of distribution.

ABOUT NATIONAL DEWORMING DAY

A fixed National Deworming Day approach has the potential to ensure maximum coverage with optimal utilization of resources, by leveraging existing programs and infrastructure. A Fixed Day approach will:

- Motivate States to prioritize deworming within current ICDS and school health programs
- Increase public awareness around deworming with standardized campaign messages across the country
- Increase coverage of target beneficiaries
- Establish structures to easily track and respond to any cases of adverse events
- Ensure quality and consistency of coverage reporting

With an aim to intensify efforts towards STH control among children in India, the **Ministry of Health & Family Welfare, Government of India (GOI) has decided to observe National Deworming Day (NDD) on 10th February 2015.** The National Deworming Day will be followed by a **Mop-Up Day (MUD) on 13th February 2015** with the intent of deworming children who missed the dose on February 10th. **All Government and Government aided schools and anganwadi centers will be the sites for implementation of National Deworming Day across the country. States/UTs are encouraged to involve Private Schools as well to participate in the NDD.**

Considering the State preparedness for effectively conducting the deworming round, it has been decided to begin with National Deworming Day in selected **12 States/UTs namely Assam, Bihar, Chhattisgarh, Delhi, Dadar & Nagar Haveli, Haryana, Karnataka, Maharashtra, Madhya Pradesh, Rajasthan, Tamil Nadu and Tripura in the first phase**.

States that have Lymphatic Filariasis (LF) endemic districts are encouraged to integrate mass drug administration with pre-school and school based mass deworming efforts in order to utilize the resources effectively. State may exclude the identified LF endemic districts (List Annexed) for School &

anganwadi based National Deworming Day provided the last round of MDA for Lymphatic Filariasis was conducted in past five months.

Integrated implementation with other school health components like health and hygiene education, mid-day meal etc. should be explored to compliment National Deworming Day.

Long term interventions to minimize STH transmission include improvement in water and sanitation and behaviour change in children of schools and anganwadi centers and community at large through skills-based hygiene education focusing on the use of latrines and encouraging children to wear shoes/*chappals*; hand washing with soap before eating and after using toilet and clean water supply.[6]

OBJECTIVE OF NATIONAL DEWORMING DAY

The objective of National Deworming Day is to deworm all pre-school and school-age children (enrolled and non-enrolled) between the ages of 1-19 years through the platform of schools and anganwadi centers in order to improve their overall health, nutritional status, access to education and quality of life.

TARGET BENEFICIARIES

- All children (both boys and girls) in the age group of 1-19 years.
- States already conducting biannual deworming linked with Vitamin A Prophylaxis program for children under-five shall continue to administer deworming drug along with Vitamin-A. States currently not having bundling of these two interventions are encouraged to use the platform of National Deworming Day for deworming under -five age group children.

KEY STAKEHOLDERS

The Ministry of Health & Family Welfare, Government of India will be the nodal agency for providing all States/UTs with guidelines related to National Deworming Day (NDD) implementation at all levels along with NDD Toolkit which will include materials for training, community mobilization and awareness generation, reporting formats and monitoring checklists, guidelines on financial and budgetary provisions and Adverse Event Management Protocols. The departments of Education and Women & Child Development (ICDS) will also be key stakeholders for the National Deworming Day strategy. The specific roles and responsibilities of the key stakeholders are broadly defined and not limited to:

- **Department of Health and Family Welfare** has the following responsibilities:
    - Lead National Deworming Day Coordination Committee (NDDCC) meetings at all levels which will have representation from all concerned stakeholders/departments
    - Ensure procurement, transportation and distribution of Albendazole tablets to all Government/Government aided schools and anganwadis centers (AWC) with support from Department of Education and Women and Child Development Department
    - Provision for Master Trainers (MTs) to train functionaries from Education and Women and Child Development Department at State and district level and provisioning for training of health functionaries (ASHAs, ANMs)

[6] WHO, June 2013. Monitoring and Evaluation Guidance for School Health Program: Thematic Indicators.

- Disseminate Adverse Event Management Protocol and guidelines at all levels starting from State to school and AWC level
- Develop and provide financial guidelines and budget to various levels for effective implementation
- Develop IEC strategies and materials and provide budgetary allocations for their printing
- Ensure presence of ASHA workers at AWCs on Deworming Day and Mop Up Day to support deworming of non-enrolled children
- Ensure community mobilization, mobilize beneficiaries especially non-enrolled children and adolescents through ASHAs
- Develop and print reporting formats for Education and Women and Child Development Department
- Monitor program progress in the field and ensure timely reporting of coverage data

- **Department of Education** has the following responsibilities:
  - Coordinate with Department of Health and Family Welfare in effective roll-out of National Deworming Day
  - Place requisite indent for Albendazole tablet supply to the Department of Health & Family Welfare based on school enrollment figures
  - Train teachers to administer deworming drugs at schools in convergence with Department of Health & Family Welfare and briefing them on possible adverse events and their management
  - Dissemination of IEC material to all schools, including community mobilization through school management committees
  - Departmental officials should be encouraged to undertake field visits for monitoring and supportive supervision
  - Report coverage data to the Department of Health and Family Welfare in standardized formats within specified timelines

- **Department of Women and Child Development** has the following responsibilities:
  - Ensure community mobilization, especially of non-enrolled children and adolescents through anganwadi workers
  - Coordinate with Department of Health and Family Welfare in effective roll-out of National Deworming Day.
  - Place requisite indent for Albendazole tablet supply to the Department of Health based on AWC survey figures of registered and unregistered children of pre-school age and non-enrolled school age children
  - Using the platform of monthly meetings, to orient Lady Supervisors and anganwadi workers (AWWs) to administer Albendazole (deworming drug) at AWC and briefing them on possible adverse events and their management
  - Dissemination of IEC material to all AWCs
  - Departmental officials should be encouraged to undertake field visits for monitoring and supportive supervision
  - Reports coverage data to the Department of Health and Family Welfare in standardized formats within specified timelines

- **Deworm the World Initiative at Evidence Action** will be the technical assistance partner to MoHFW, Government of India. The specific responsibilities are as follows:
    - Support in development of National Deworming Day implementation strategy
    - Design and develop training and reference materials, community mobilization strategies for increased awareness and coverage of target beneficiaries, Monitoring and Evaluation (M&E) Systems and reporting formats
    - Support in analysis of program monitoring and coverage data
- Other key stakeholders are Ministries of Panchayati Raj, Tribal Welfare, Rural Development, Urban Development, Drinking water and Sanitation.

INVOLVEMENT OF DEVELOPMENT PARTNERS UNDER RMNCH+A STRATEGY

- Development partners working at different levels in the country should actively contribute in National Deworming Day Coordination Committees at National, State, District and Block level.
- Development partners will actively converge with State and District Health Missions to support them in effective implementation of National Deworming Day strategy by engaging the State, district and block level coordinators of State RMNCH+A Unit (SRU).
- Proposed activities for their engagement are:
    - Facilitating State and District level launch of NDD through State and District Health Mission respectively
    - Ensuring quality implementation of proposed training cascade at all levels and orienting various stakeholders/functionaries at different level about NDD implementation
    - Contributing to program quality by undertaking monitoring visits to the field on National Deworming Day and Mop Up Day
    - Supporting State and District Health Mission in development and adaptation of IEC prototypes as per specific language/context requirement
    - Ensuring program implementation in hard to reach and marginalized areas

NATIONAL DEWORMING DAY: IMPLEMENTATION APPROACH

For the Financial Year 2014-2015, the National Deworming Day (NDD) will be observed on 10th February 2015 (Tuesday) across the selected 12 States/UTs of the country. The National Deworming Day will be followed by a Mop-Up Day (MUD) on 13th February 2015 (Friday) with the intent of deworming children who were absent or missed taking Albendazole tablet on February 10th. Most of the efforts to ensure high **coverage of children on deworming days occur in advance of the deworming day itself. States will need to plan ahead and initiate the process of preparatory activities as per the timelines.** (See Annexure)

Figure 1: National Deworming Day – 12 States / UTs in the first phase

Figure 2: The roll-out approach

January	February	March
Program planning and management		
Drug procurement and supply		
Training and distribution		
Community Mobilization		
	**** NDD ****	
	Monitoring and Evaluation	

STEPS OF DEWORMING

Effective school and anganwadi based deworming programs are typically comprised of below mentioned steps.

Figure 3: Steps of deworming

The approach for rolling out the steps of deworming alongside National Deworming Day are explained in Preparatory and Implementation activities below.

PREPARATORY ACTIVITIES

- ✓ **Establishment of National level, State level and District level National Deworming Day Coordination Committees (NDDCC)**
- ✓ **Orientation and capacity building of stakeholders and providers**
- ✓ **Procurement of Albendazole tablets for target beneficiaries and its supply chain management**
- ✓ **Adaptation of the IEC materials shared by Government of India and contextualize as per local needs**
- ✓ **Printing of reporting formats**
- ✓ **Community Mobilization and Awareness activities**
- ✓ **Planning for Monitoring and Evaluation activities**

IMPLEMENTATION PLANNING AND PROGRAM MANAGEMENT

Establish National Deworming Day Coordination Committee (NDDCC)

Constitution and Scope of Work at National Level:

The Ministry of Health and Family Welfare (MoHFW) is the nodal ministry for implementation of National Deworming Day. Other members of the committee will include representatives from Ministry of Human Resource & Development (Department of Education), Ministry of Women and Child Development (ICDS) and other development partners as appropriate. A **National Deworming Day Coordination Committee (NDDCC)** under the chairmanship of MoHFW is responsible for policy formulation, technical support, planning of the National Deworming Day including the allocation of resources for procurement and supply of Albendazole tablets, providing prototypes of resource material for training, IEC/BCC, establishing monitoring systems and reviewing program progress. The Committee will monitor effective implementation of National Deworming Day across all the 12 States and UTs. A similar structure is to be established at State and district level.

Constitution and Scope of Work at State Level:

At State level the National Deworming Day Coordination Committee should be led by the Mission Director- National Health Mission with representatives from Education, WCD (ICDS), Water and Sanitation, Rural Development, Urban Development, Tribal Welfare Department including Nodal Officers for Child Health, Adolescent Health, NIPI, RBSK, IEC Division, ASHA Program, Training Division, Procurement Wing and development partners working in the field of child health and nutrition. States already having functional coordination committees for programs like WIFS and NIPI may include National Deworming Day as an agenda item to these committee meetings. The function of the committee will be to monitor the progress of NDD activities and resolve program issues at State level and provide guidance to Districts for effective implementation. The Committee will monitor the following:

- Ensure necessary budgetary provisions are made in State PIPs and supplementary PIPs every year
- Provide a platform for convergence between Department of Health, Department of Education and Women and Child Development (ICDS) at State level and guide Districts for the same,
- Support Districts in translation to local language and transportation of IEC material, reporting forms, Adverse Event Protocol, FAQs and ready reckoners to block level trainings as appropriate.
- Ensure timely allocation of resources for procurement and transportation of Albendazole tablets to Districts for timely distribution of Albendazole tablets and other resource material during block level trainings across all districts. State may explore to give Albendazole tablets and IEC materials at the training sites or devise own mechanism for drug delivery based on existing RCH system.
- Monitoring and quality assurance of training of Education and ICDS functionaries at district level.
- Coordinate with districts for provisioning and use of Adverse Event Protocol and community awareness materials.
- Monitor status of implementation of National Deworming Day through field monitoring visits by State teams/officials.
- Follow up with districts and blocks for timeliness of the submission of reports and coverage data.

Constitution and Scope of Work at District Level:

A District level National Deworming Day Coordination Committee should be led by District Magistrate with Civil Surgeon/CMHOs, District Education Officer (DEO), District Project Officer (ICDS), District Immunization Officer (DIO), representatives from other departments and development partners as the

attendees. The function of the committee will be to implement and monitor the progress of NDD and resolve programmatic issues at District level and beyond. The committee will undertake following responsibilities:

- Facilitate inter-departmental convergence and ensure use of community based platform like VHNDs, VHSNC meetings, Gram Panchayats for community mobilization and mass awareness.
- Timely printing and transportation of IEC material, reporting forms, Adverse Event Protocol, FAQs and ready reckoners for integrated distribution during block/project level trainings/orientation sessions.
- Ensure timely and adequate procurement and transportation of Albendazole tablets to block level training sites for integrated distribution during block level trainings or as per the plan devised by State for drug delivery.
- Train/orient teachers, principals, AWW, ANMs and ASHA workers.
- Provide for and use of Adverse Event Management Protocol and community awareness materials
- Assess implementation status of the National Deworming Day through monitoring visits by district teams/officials.
- Follow timeliness for the submission and collation of coverage data.

TRAINING AND DISTRIBUTION CASCADE

Orientation and Capacity Building of stakeholders:

Level	Participants	Contents of orientation/training*	Latest by dates
National Level	State Program Managers, Nodal Officers for deworming program, Consultants	• Technical information on STH and Deworming • Program Management at State level • Program coordination with MoHFW	19th January, 2015
State Level	RDD, NHM Consultants on nutrition, child health, data and monitoring, SIO, SPM, and officials from Education, ICDS, Rural Development, Urban Development, Water and Sanitation, Tribal Welfare Department and representatives from partner agencies	• Technical information on STH and Deworming • Program Management • Adverse Event Management System • Monitoring • Logistics and Supply Chain Management	22 – 27th January, 2015
District or Regional Level	CS/CMHOs, RPM, DPM, NHM Consultants, DIO, DPO and other officials from Education, ICDS Department and representatives from partner agencies		28-30th January, 2015
	Orientation: BPO / MOs / BCM / BHM / MO – CHC/ PHC / BEO/ BRP, CDPO and other officials from Education, ICDS Department and		

	representatives from partner agencies		
Block / PHC Level	**Capacity Building**: AYUSH team, ANM, ASHA*, School Principals/ teachers and ICDS functionaries	• Technical orientation on deworming intervention • Drug administration process • Adverse Event Management System • Reporting • Logistics and Supply Chain Management	30th January – 3rd February, 2015
Project Level	All Lady Supervisors (LS)		
Sector Level	All Anganwadi Workers (AWWs)		

** Template, prototypes, training manual and IEC material will be provided by MoHFW, GoI*

** ASHAs will be oriented during their monthly review meetings at block / cluster level as appropriate*

(Please refer to the timelines attached as annexure for further details)

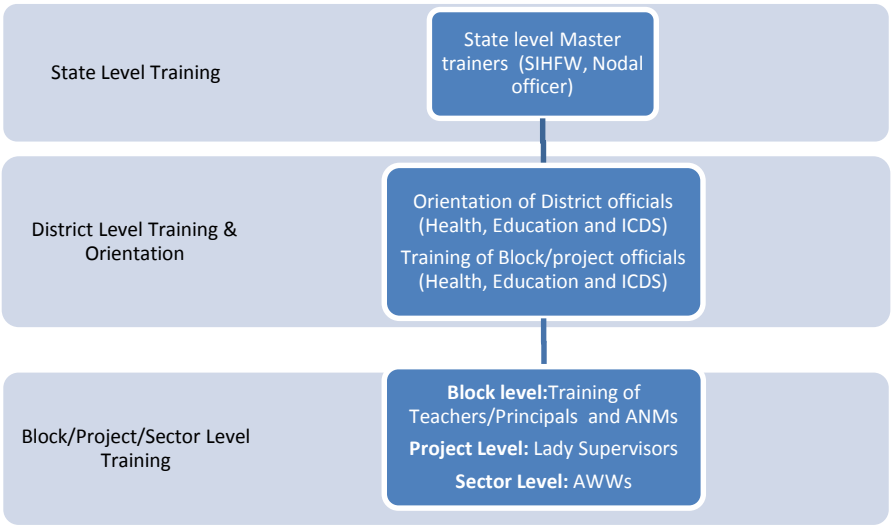
The table above presents an overview of orientation cum capacity building at various levels. At the National level, MoHFW is organizing an orientation workshop on 19th January, 2015 for Nodal officers from States/UTs to orient them on the implementation framework of NDD, related technical aspects and State level program management guidance.

In the State,

- School Teachers/Principals will be trained to administer Albendazole tablets to school enrolled children in the age group 6-19 years;
- Anganwadi workers will be trained to administer Albendazole tablets to pre-school age children in the age group 1-5 years and out of school children and adolescents.

In order to ensure that the teachers and anganwadi workers are equipped to confidently and safely administer deworming tablets, the Health Department in coordination with Department of Education and WCD will facilitate a training cascade starting at the State level, where a pool of master trainers will be identified through nodal training institutions of State Governments like State Institute of Health & Family Welfare (SIHFW) and will be trained on deworming. These master trainers will travel to districts and train district and block level personnel (Health, Education and ICDS). The block level functionaries of Education Department will further train teachers/principals from schools in the block who will administer/support Albendazole administration at schools. Similarly the block/project level functionaries of WCD Department will orient their respective Lady Supervisors in their project level monthly meetings. All trained Lady Supervisors will further train anganwadi workers during their sector level meetings to administer deworming drug. ASHAs will be oriented during their monthly review meetings at block / cluster level as appropriate for community mobilization and reporting.

Figure 4: Training Cascade



Knowledge about deworming and safe administration practices is disseminated efficiently across many functionaries through this process.

Contents of orientation cum capacity building: Functionaries from Health, Education and ICDS across levels will be provided training and resource material to help build up skill sets to effectively implement and monitor the program. The resource material will focus on technical aspects of deworming, its health, nutrition and education outcomes like improving school attendance, deworming drug administration process, logistic and supply management of drugs, and actions to be taken in case of any adverse events.

For teacher/principal and AWW level training, emphasis will be on reasons for and benefits of deworming, mobilizing parents to send children for deworming, how to administer Albendazole tablet, management of adverse events if any, and adherence to guidelines for reporting and coverage data submission.

Bulk SMS: Department of Health will also make provisions for sending out SMS in bulk to all levels of program implementation for reinforcement of key messages on deworming related to drug administration, training and reporting timelines.

- **Duration for Orientation/Training Session:** Half day session
- **Training Material:** GoI will provide package of materials for different levels of the cascade. (Soft copy to be uploaded on the website www.nrhm.gov.in).
- **National Deworming Day Kit:** A NDD kit for Principals/Teachers and anganwadi workers will also be distributed during block level trainings. It will consist of IEC materials for schools and anganwadi centers, reporting formats, FAQs and ready reckoners or handouts which will include adverse event management guidance.
- **Integrating Drug Distribution with Trainings:** At the terminal level of training cascade, **s**chool principals/teachers and anganwadi workers will be provided with NDD kit and also the required quantity of Albendazole 400 mg tablets for conducting NDD and MUD at respective schools and anganwadi centers.

DRUG PROCUREMENT AND MANAGEMENT

- State will calculate the need for Albendazole tablets as 1 Albendazole tablet per child along with 15% buffer stock (buffer stock will include both requirements for non-enrolled children and wastage factor). Thus, a district of average 20 lakh population will require approximately 8.4 lakh Albendazole tablets for one round of Deworming. In case sufficient stocks are not available, the district may contact State or undertake decentralized procurement after taking necessary permission from the State.

The program aims to cover approximately 42% of a district population assuming a district of average 20 lakh population (8% in the age group of 1-5 years + 12% in the age group 5-10 years + 22% in the age group 10-19 years). Thus reaching out to approximately 8.4 lakh beneficiaries per district.

Estimation of Albendazole tablets (400mg):

Albendazole tablets requirement per deworming round = (1 x number of children in the age group 1-19 years enrolled/ registered in schools and angawnadi centers) + 15 % stock as buffer (for covering unregistered/non- enrolled children, wastage and

- Schools and anganwadi centers will provide the drug requirement to the ANMs of the respective area.
- ANM will collect the indent for both enrolled and non-enrolled children and share the school and anganwadi center wise requirement with the Medical Officer-BPHC.
- Procurement of tablets will be ensured by state health department. Supply chain management of tablets till all school and anganwadi centers will be done in coordination with Education and Women and Child Development Department. Supplies will be provided to schools and anganwadis along with a 15% buffer stock for covering non-enrolled children, wastage and spoilage.
- The State Health and Family Welfare Department will procure required Albendazole tablets and will supply the stock as per the requirements to the respective District Health Officers.

Logistic and Supply Chain Management (Drugs and other supplies)

Ensuring sufficient availability of required amount of drugs and supplies is critical to the success of the National Deworming Day. In this regard the supplies required are**:**

a) Sufficient stock of Albendazole tablets (based on the school and anganwadi enrolment/registration data) with 15% buffer stock for covering non-enrolled children, wastage and spoilage.
b) The district Civil Surgeon/ Chief Medical Health Officer will ensure transportation of drugs from district to block (Health Nodal Officer). At the block level MO-PHC will ensure transfer of drug to the Block Education Officer (BEO) and the Child Development Project Officer (CDPO). BEO and CDPO will further ensure availability of drugs for distribution at the block level training and project level monthly meeting respectively.

c) For schools, final distribution of drugs and NDD kit (IEC material + reporting formats and other relevant materials) shall be made to school principal/teachers at the time of training at block level.
d) For anganwadi centers, subsequent distribution of drugs and NDD kit shall be made to Lady Supervisors during their monthly meetings. Lady Supervisors in turn will do the final distribution of drugs and NDD kit to all angnawadi workers (AWWs) in their monthly meeting at sector level.
e) Drugs at all levels shall be stored in a cool, dry place with appropriate provisions. Tablets should be protected from direct sun light.
f) Sufficient number glasses and potable drinking water must be arranged from the kitchen of the school and anganwadis.
g) Sufficient stock of Reporting Formats available for different levels of the cascade.
h) Marker –pens for identification mark on the index finger of a child after administration of Albendazole tablet.
i) Principal/teacher and anganwadi worker (AWW) handout that includes guidance on Adverse Event Management at the school and anganwadi level, including key telephone numbers of officials to be contacted in case of any adverse events.
j) IEC materials for display including posters, banners and handouts in schools and anganwadis.

COMMUNITY AWARENESS AND MOBILIZATION

Awareness Activities

The role of awareness generation, community sensitization and mobilization efforts is very crucial for achieving high coverage. With National Deworming Day occurring on the same day across the country, the State Government will implement locally relevant and contextualized versions of the IEC materials and messages from the national campaign materials shared by the MoHFW, Government of India.

- **Key messages:** The State must ensure that all IEC activities include simple and easy to understand information including benefits of deworming and the effective treatment for children. Awareness activities must be conducted to motivate parents to get their children administered Albendazole tablet at the nearest Government/Government-aided school or anganwadi center on the NDD day. Messaging should also include that children who miss the NDD on 10th February 2015, should get dewormed on the Mop-Up Day on 13th February, 2015.

- **Media mix:** The State will select the most appropriate or all media from the National Government's recommended media mix as fits the local context. State Governments should use a mix of media, including mass media and folk media with a combination of print, audio, video channels of communication and need-based community strategies like leaflets, wall writings and community talks with targeted messages. The recommended activities are newspaper appeals, radio jingles through AIR and FM channels, TV scrolls and local cable channels. ASHA workers will mobilize community members through gram panchayats and VHSNC meetings to share benefits of deworming and ensure greater coverage. School management committees and anganwadi workers shall actively support the community based activities in their respective catchment areas.

- **Integrated distribution of IEC material during trainings:** All school principals/teachers and AWWs attending block/sector level trainings/orientation on NDD implementation will be provided with necessary IEC material to be used at school and anganwadi level on NDD and MUD. The material will consist of posters and banners.

- **Targeted outreach:** Activities for community mobilization will be organized through school management committees, assembly sessions, Prabhat Pheris, Bal Panchayats and other forums for dissemination of messages on the benefits of deworming. In school sensitization drives, school principals will address the children during the morning assemblies, parents during parent-teacher meetings and through classroom messaging.

- **SMS Connect:** The state health department will send out targeted messages to concerned functionaries at all levels at optimal frequency to reinforce important program information, including reminders about critical dates. Bulk SMS platforms already available with stakeholder departments will be explored for the same.

- **Call Centre/Helpline:** State health department may utilize the existing helpline numbers for other schemes related to children's health or as related to resolve and address queries identified by program functionaries at different levels.

- **Village Level Mobilization:** ASHAs will conduct village meetings with parents and disseminate information about harmful effects of worm infestation, benefits of deworming and behavior change practices to reduce re-infection to beneficiaries. Other village based functionaries such as anganwadi workers will also be engaged for community mobilization.

IMPLEMENTATION ON NATIONAL DEWORMING DAY

- ✓ Drug Administration at the school and anganwadi center
- ✓ Adverse Event Management system
- ✓ Monitoring and supervision plan
- ✓ Recording and reporting process

A. Drug Administration at the School and Anganwadi Center

Table 1: Age specific dose for Albendazole tablets

Age group	**Dosage (Albendazole 400 mg tablet)**	**Administration**
1-2 years	Half tablet	• Appropriate administration of tablet to children is important. During intake, children should chew the tablet and if required should consume some water. Clean drinking-water should be available at the school/ AWC on the deworming day.
2 – 19 years	Full tablet	

		• For young children the tablet should be broken and crushed (between two spoons) and then to be administered with water.

At School sites and Anganwadi centers on National Deworming Day :

- ✓ Set up a counter in a clean area with table and chair
- ✓ Potable drinking water with glasses (to be arranged from school/anganwadi kitchen)
- ✓ Marker pens for marking on index finger of children after drug administration
- ✓ Recording and reporting formats (marking must be done on the class attendance register/anganwadi register)
- ✓ Phone numbers readily available of the nearest PHC, Medical Officer - Block PHC, ANM for seeking necessary support for managing any adverse events

- The teachers will administer the Albendazole tablets to the school enrolled children.
- The Anganwadi worker will administer Albendazole tablets to the under-five and out-of-school children and adolescents.
- ***Important:*** **Children who are sick or are on medication on deworming day/mop up day should not be given the Albendazole (deworming drug). These children should be advised to take Albendazole tablet upon recovery or after consultation with the medical doctor.**
- Teachers, AWWs and ASHAs should ensure that the children properly chew and then swallow the tablet and if required, should be given potable drinking water.
- After administration of the Albendazole tablet, teacher/AWW, using a marker, will put an identification mark on index finger of the child.
- Teachers will record the administration of Albendazole for enrolled children in the class registers, compile, and report the coverage data for children enrolled in the class to the principal.
- Similarly anganwadi workers will record the administration of Albendazole to enrolled children and adolescents in the enrollment registers, and then compile and report the coverage data in anganwadi reporting forms. ASHA, while being present at the AWC, will separately record the details of non-enrolled children as per the standard recording format and will submit it to the ANM (for claiming incentive). Teachers and AWWs should ask the children to wait in the school/anganwadi premises for at least 2 hours after consuming the Albendazole tablet so that in case of any symptoms of adverse events, immediate action may be taken.
- The Principal at the school level and the AWW at the anganwadi level will be responsible for compiling and entering the total number of children dewormed in prescribed reporting format. The ANMs of the area will collect the reports from schools and anganwadis under her area of supervision as per the stipulated timeline.
- All the remaining Albendazole tablets will be stored safely after drug administration on the National Deworming Day and Mop-Up Day.
- After the Mop-Up Day, schools and AWCs will return the remaining stock of Albendazole tablets to the ANM when she comes to collect the coverage reports.

- In case of any reported adverse events, the child should be managed as per protocols and information provided in the Adverse Event Management Reporting form (please refer to annexures).
- Schools and anganwadi must have emergency helpline numbers and contact numbers of nearest MO-PHC/ANM (List of contact numbers preferably stuck/fixed on the entrance door or wall).
- The Medical officer at PHC should ensure that the medicines that are mentioned in the Adverse Event Management Protocol (see Annexure) should be available in the health center on Deworming Day and Mop Up Day. MO-PHC must ensure functional referral services ready with them for any prompt actions required on National Deworming Day (10th February 2015) as well as on Mop-Up Day (13th Febraury 2015).

MONITORING AND SUPERVISION PLAN

Monitoring and supervision are essential management tools which will help ensure that the NDD is being implemented as planned and to assess whether desired results are being achieved. Specific monitoring and supervision guidelines are as follows:

1. Designated teams from the MoHFW, GoI will monitor NDD activities by randomly visiting schools and anganwadi centers across States / UTs.
2. Similarly, States/ UTs and Districts will also designate teams/officials for field monitoring on the NDD and MUD. States/UTs and districts will be provided with the necessary budget for conducting this activity effectively.
3. All monitoring teams and personnel from National, State or District levels, including Development Partners, will use a standardized common format for field-level monitoring of NDD.
4. The nodal officer for Deworming Day at the district level will coordinate all monitoring and supervision activities in their respective districts.
5. At all State, district and block levels, supervisory visits must be based on micro-plans developed.
6. Under RMNCH+A intensification strategy, the lead and partner agencies will monitor the implementation of the NDD efforts through block coordinators placed at the 184 High Priority Districts.
7. States, districts and blocks will use existing mobility mechanisms for monitoring purposes. Additionally separate funds will be provided for hiring 4 vehicles for 1 day or re-imbursement for refilling of the fuel. *(Please refer to the financial guidelines section).*
8. All monitoring formats used by officials/teams will be submitted to the health department nodal officer at the State level for further compilation, data entry and analysis.
9. The data will be electronically entered and analyzed by the State HMIS team and it will submit a report to National HMIS cell, under copy to Child Health Division at the MoHFW as a part of their periodic program performance reporting. The HMIS cell at the National level will compile and analyze all the State/UT level reports to assess the performance of NDD implementation across the country. These findings will be shared with all States and program stakeholders to inform them about areas for program improvement for future rounds.
10. **Quality Control:** State to ensure active quality control measures for checking of samples of Albendazole tablets from the schools and anganwadis to be tested as per the state policy for ensuring the quality.

11. Selecting indicators at the outset of the national program is essential for tracking and measuring performance at the State and national level. The key performance indicators for National Deworming Day are:

S. No.	Indicator	Level	Target
1	% of States/UTs with budget earmarks in PIPs for NDD spending on NDD activities	National	All States/UTs
2	% of States/UTs that have sufficient drugs available for NDD	National	All States/UTs
3	% of States/UTs adapting national community mobilization for NDD to their local populations (e.g. language, messaging) and promoting through at least two mediums/channels (e.g. TV, radio, newspapers)	National	All States/UTs
4	% of States/UTs that have reported coverage data for their state to the National Government within 4 months of Deworming Day	National	All States/UTs
5	% of districts that have held District Coordination Meetings about NDD	State/UT	All districts in a State/UT
6	% of Schools reporting data on distributing deworming drugs to children within 3 months of deworming day	State/UT	All schools in a State/UT
7	% of anganwadi reporting data on distributing deworming treatment to children within 3 months of deworming day	State/UT	All anganwadis in a State/UT
8	% children (1-19 years) receiving STH treatment	State/UT	At least 90 %

RECORDING AND REPORTING PROCESS

For Schools:

1. Teachers will record the number of enrolled children dewormed in respective class attendance registers. Following is the method of recording the information:

    - For every enrolled student receiving a tablet on NDD, a **SINGLE** tick mark will be placed next to the name of the student in the class attendance register. Teachers to put a mark on the index finger of the child after giving the Albendazole dose. At the end of NDD, teachers will count up the number of ticks in their attendance registers, and report the number of boys and girls dewormed on NDD in their class to the Principal or Nodal Teacher.
    - After NDD, teacher will prepare a list of children who have missed the dose due to absence of school or sickness and put an effort to inform children to be present on Mop-up day for taking the Albendazole dose.
    - For every enrolled student on MUD, teachers would first check the presence of mark on the finger. In case the finger mark is not there, the child would be administered with the Albendazole tablet. **TWO** tick marks will be placed next to the names of student in their class attendance register. At the end of Mop-Up Day, teachers will count up the number of double

tick marks in their attendance registers, and report the number of enrolled boys and girls dewormed on Mop-Up Day in their class to the Principal and Nodal Teacher.

2. The Principal or nodal teacher will compile the reported class data into the School Reporting Form and submit to ANMs by February 20, 2015.

For Anganwadi Centers:

3. Anganwadi Workers will record the number of enrolled children dewormed in respective AWC enrollment registers. Following is the method of recording the information:

    - For every child receiving a tablet on NDD, a **SINGLE** tick mark will be placed next to the name of the child in the enrollment register. AWW to put a mark on the index finger of the child after giving the Albendazole dose. At the end of NDD, the AWW will count up the number of ticks in their enrollment registers.
    - After NDD, AWW will prepare a list of children who have missed the dose due to absence or sickness and share the list with ASHA. ASHA would then put an effort to inform children to be present on Mop-UP day for taking the Albendazole dose.
    - For every child on MUD, AWW would first check the presence of mark on the finger. In case the finger mark is not there, the child would be administered with the Albendazole tablet, **TWO** tick marks will be placed next to the names of child in their enrolment register. At the end of Mop-Up Day, the AWW will count up the number of double tick marks in their enrollment registers.

4. ASHA, as per the standard reporting format (see annexures), will record the details of non-enrolled children dewormed on NDD and MUD at the anganwadi centers by recording the name of the child, and the name of the father or mother of child on a single sheet of paper. At the end of both NDD and MUD, ASHA along with the AWW will report to the ANM, the number of non-enrolled boys and girls dewormed at the particular AWC. Since ASHA will be incentivized for mobilizing non-enrolled children, a copy of ASHA standard reporting format shall be retained by ASHA which shall be duly signed/attested by the ANM. A blank copy of standard reporting format for ASHA shall be provided by the AWW.
5. The AWW will compile the data on enrolled children and adolescents dewormed on Deworming Day and Mop-Up Day in the anganwadi reporting format, and submit to the ANM by February 20, 2015.

For Schools and Anganwadis after submission of reporting forms to ANM:

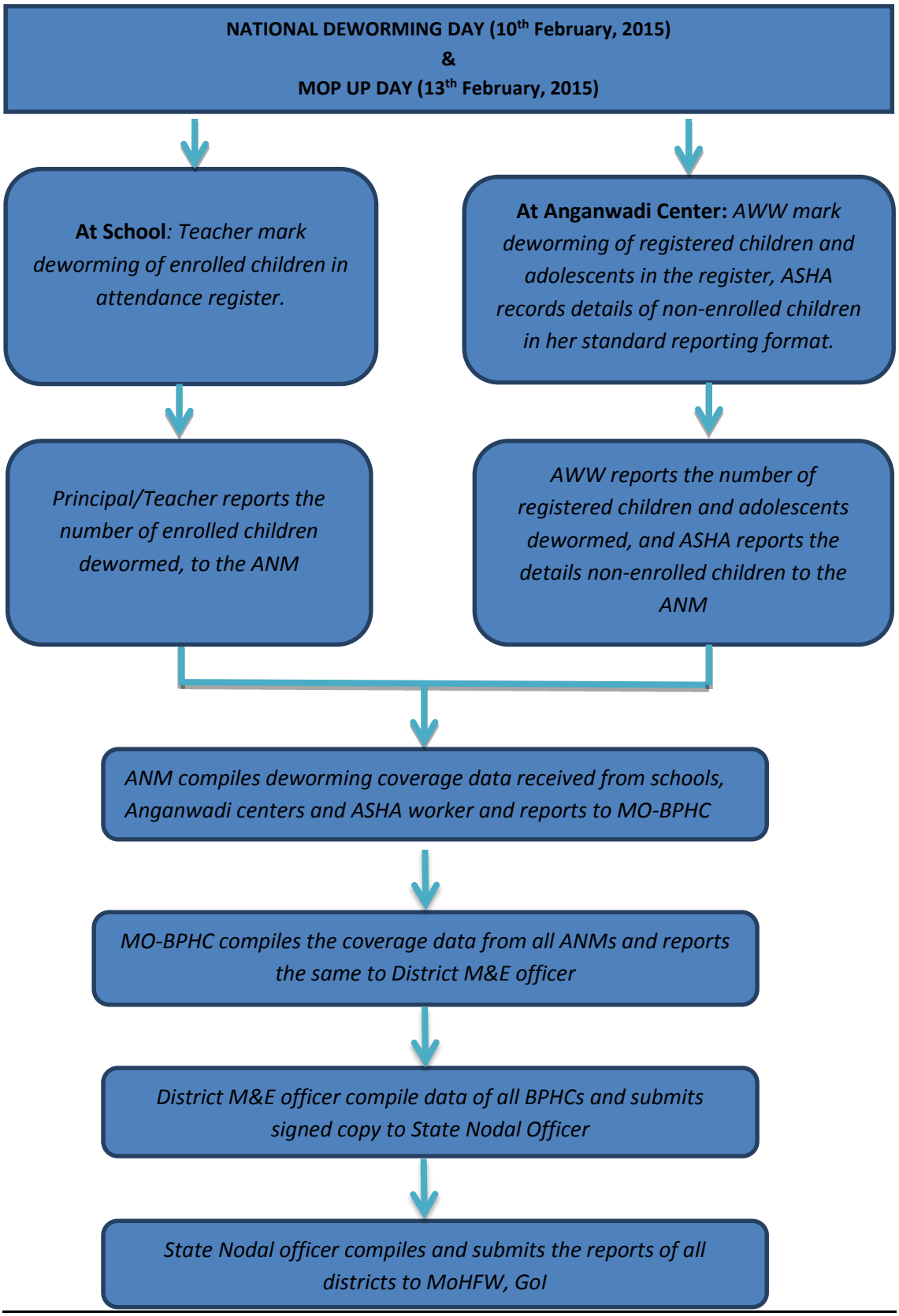
1. ANM will compile the reports received from the schools, AWCs and ASHA worker in her vicinity in Sub-center level Common Reporting Format and submit the form to the MO-BPHC.
2. The Block Medical Officer will compile all the reports received from ANMs in block level Common Reporting Format and submit them to District M&E officer.
3. The District M&E officer will compile data of all BPHCs in District level Common Reporting Format and submit the duly signed compiled reports to the State Nodal Officer.
4. The State Nodal officer will compile the reports of all districts in State level Common Reporting Format and submit the duly signed reports to MoHFW.

Timelines for submission of reporting formats

- National Deworming Day – 10th February, 2015 (Tuesday)
- Mop-Up Day – 13th February, 2015 (Friday)

	Level	Functionary Responsible	Submitted to	Format	Submission date
1	School	Principal	Respective ANM under whose area the school falls in	School Reporting Format	20th February 2015
2	Anganwadi center	AWW	Respective ANM under whose area the AWC falls in	Anganwadi Reporting Format	
3	Anganwadi center	ASHA	Respective ANM under whom ASHA is working	ASHA –Standard Reporting Format	
4	Sub-center level	ANM	MO – BHPC	Sub-Center level Common Reporting Format	03rd March 2015
5	Block Level	MO-BPHC	District M & E Officer	Block level Common Reporting Format	10th March 2015
6	District Level	District M & E Officer	State Nodal Officer	District level Common Reporting Format	17th March 2015
7	State	State Nodal Officer	Child Health, MoHFW	State level Common Reporting Format	20th March 2015

Figure 5: Flow chart for submission of forms for NDD and MUD.



Annexure 1

Reporting formats: National Deworming Day and Mop Up Day

SCHOOL REPORTING FORMAT

* Please fill in all the details below and do not leave any box unfilled.

State :			**District :**		
Block :	**Sub-center :**		**Village :**		
Name of the School			DISE Code of the school		
Number of Teachers trained for Deworming					
Albendazole Coverage					
		Girls	**Boys**	**Total**	
Total No. of children enrolled in the school (6-19 years)				(A)	
No. of **enrolled** children (class 1st to 5th) who were administered Albendazole on National Deworming Day				(1)	
No. of **enrolled** children (class 1st to 5th) who were administered Albendazole on the Mop Up Day				(2)	
No. of **enrolled** children (class 6th to 12th) who were administered Albendazole on National Deworming Day				(3)	
No. of **enrolled** children (class 6th to 12th) who were administered Albendazole on the Mop Up Day				(4)	
Any others					
GRAND TOTAL of number of children who were administered Albendazole (B = 1+ 2+ 3 + 4)		(B)			
Number of adverse events reported from the school (submit adverse event reporting format as applicable)					
Logistic Details					
Total No. of Albendazole tablets given to the school					
Total No. of Albendazole tablets administered to the children by the school (total of both National Deworming Day and Mop-Up day)					
Stock of Albendazole tablets left with School					
(Name and signature of the Signatory) (School Principal)					
You may call up the State Office(Name : ___ / Phone:___) for any assistance required					

SUBMIT TO ANM BY FEBRUARY 20, 2015

ANGANWADI REPORTING FORMAT

* Please fill in all the details below and do not leave any box unfilled.

State :		**District :**	
Block :	**Sub-center :**	**Village :**	
Project Name:		**Anganwadi Center (AWC):**	
Did Anganwadi Worker received training on Deworming (Yes/No)?			
Albendazole Coverage			
	Girls	**Boys**	**Total**
Total No. of children registered in the AWC			(A)
No. of **registered** children (age group 1-5 years) who were administered Albendazole on NDD			(1)
No. of **registered** children (age group 1-5 years) who were administered Albendazole on MUD			(2)
No. of **unregistered** children (age group 1-5 years) who were administered Albendazole on NDD			(3)
No. of **unregistered** children (age group 1-5 years) who were administered Albendazole on MUD			(4)
No. of **out of school** children (age group 6-10 years) who were administered Albendazole on NDD			(5)
No. of **out of school** children (age group 6-10 years) who were administered Albendazole on MUD			(6)
No. of **out of school** adolescent (age group 10-19 years) who were administered Albendazole on NDD			(7)
No. of **out of school** adolescent (age group 10-19 years) who were administered Albendazole on MUD			(8)
GRAND TOTAL of number of children who were administered Albendazole (B = 1+2+3+4+5+6+7+8)	(B)		
Number of adverse events reported from the AWC (submit adverse event reporting format as applicable)			
Logistic Details			
Total No. of Albendazole tablets given to the AWC			
Total No. of Albendazole tablets administered to the children by the AWW (total of both National Deworming Day and Mop-Up day)			
Stock of Albendazole tablets left with AWC			
(Name and signature of the Signatory) (Anganwadi Worker)			
You may call up the State Office(Name : ___ / Phone:___) for any assistance required			

SUBMIT TO ANM BY FEBRUARY 20, 2015

ASHA - STANDRARD REPORTING FORMAT

* Please fill in all the details below and do not leave any box unfilled.

State :			**District :**		
Block :		**Sub-center :**	**Village :**		
Project Name:			Anganwadi Center (AWC)		
Name of ANM:					
Details of non-enrolled children					
S.No.	**Name of the child**	**Father's Name**	**Mother's Name**	**Age (in years)**	**Dewormed (Yes/No)**
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
(Name and signature of ASHA) **(Name and Signature of AWW)**					
You may call up the State Office(Name : ___ / Phone:___) for any assistance required					

SUBMIT TO ANM BY FEBRUARY 20, 2015

COMMON REPORTING FORMAT (For Sub Center, Block, District, State)

* Please fill in all the details below and write 'NA' wherever it is not applicable.

State :			**District :**		
Block :	**Sub-center :**		**Village :**		
Number of schools# in the Block / District / State :			**Number of schools <u>reported</u> in the Block / District / State**		
Number of Anganwadi centers in the Block / District / State :			**Number of Anganwadi centers <u>reported</u> in the Block / District / State**		
Number of ASHAs trained for Deworming					
Number of Teachers/Principals trained for Deworming					
Number of Anganwadi Workers trained on deworming					
Albendazole Coverage					
			Girls	**Boys**	**Total**
Total number of children (1-19 years) in State/district/block/sub-center (as applicable)					(A)
Total No. of children enrolled in the schools					
Total No. of children registered in Anganwadis					
Total No. of out of school adolescent registered in Anganwadis					
No. of **school enrolled** children who were administered Albendazole on NDD and MUD					(1)
No. of **AWC registered** children who were administered Albendazole on NDD and MUD					(2)
No. of **AWC registered** out of school adolescent who were administered Albendazole on NDD and MUD					(3)
No. of **non-enrolled/out of school** children who were administered Albendazole on NDD and MUD					(4)
GRAND TOTAL of number of children who were administered Albendazole (B = 1+ 2+3+4)			(B)		
Percent coverage			**<u>(B) X 100</u> / (A)=**		
Number of adverse events reported from all schools and Anganwadi centers (in prescribed format)					
Logistic Details					
Total No. of Albendazole tablets given to the Sub-center / Block / District / State (pls. tick whichever is applicable)					
Total No. of Albendazole tablets administered at the Sub -center / Block / District /State (Total of NDD and Mop-Up Day)					
Stock of Albendazole tablets left at Sub-center / Block / District / State					
Feedback from the Sub-center / Block / District / State (if any) :					
(Name and signature of the Signatory) (ANM / MO-BHPC / District officer / State Officer)					
You may call up the State Office(Name : ___ / Phone:___) for any assistance required					

 # Government schools, Government aided Schools and Ashram Shalas in the State.

SUBMIT TO _____ (as per the timelines, see annexure)

Annexure 2

Financial Guidelines for National Deworming Day

State/UT Level: States/UTs will utilize the funds available under NHM PIP 2014-15 for implementation of National Deworming Day in current financial year. Each of the States/UT shall be provided with funds for activities to be conducted at State level as well as at district.

The table below provides details of expenses to be made at State level:

Sr. No.	Activity	Estimated Expenditure per State/UT (in INR)
1	Dissemination of IEC: radio jingles, Newspaper appeals and TV spots/ scrolls etc. in local language	2,00,000
2	Orientation of District level functionaries (Civil Surgeon, DPM)	To be covered under meeting expenses given to the State
3	Training of Master Trainers at State level	To be covered under the budget for existing training curriculum for FY 2014-15
4	Supervisory visits from State level on NDD	To be covered under mobility expenses given to the State in the PIP
Total		2,00,000

District Level: Following is a suggestive structure for expenditure for 1 district.

Sr. No.	Activity	Estimated Expenditure per district (in INR)
1	Albendazole tablets. In a district of average 20 lakh population, one round of Deworming will require approximately 8.40 lakh Albendazole tablets including buffer stock of 15%	8,40,000 (already approved in NHM PIP 2014-15)
2	ASHA incentive of Rs. 50 for mobilizing and ensuring every eligible child (1-19 years – out of school and non-enrolled) is administered Albendazole. (Conditionality = at least 90% coverage) In a district there will be approximately 2000 ASHAs	1,00,000
3	Printing of (a) Training material (b) IEC materials : Banners / hoardings / Pamphlets (c) Reporting Formats of all levels	 1,50,000 1,50,000 20,000
4	Media activities for awareness generation : cable TV / miking/ wall writing/ inauguration event and other informative activities as appropriate	1,00,000
5	Half day orientation meeting at PHC / Block level for approximately 3000 participants# @ Rs. 150 per participants (apart from printing of training materials)	3,00,000
6	Mobility support for field level monitoring (for 1 day) 4 hired vehicles at rent of Rs. 1000 for 1 day or fuel of Rs. 1000	4,000
7	Marker Pens (2 Markers pens per school/Anganwadi)	(to be procured from the contingency funds, if any)
8	Clean glasses for drinking water	To be arranged from the school/Anganwadi kitchen
	Total	INR 16,64,000
	~ INR 16.64 lakh per district ~ INR 8.24 lakh per district (excluding cost of Albendazole tablets)	

 # A district of average 20 lakh population will have approximately 2500 schools (Government + Government aided + Ashram Shalas). One teacher/Principal per school will be oriented along with 500 ANMs. = 3000 participants (Average number of schools as per Source: DISE, 2013-14)

Annexure 3

List of Lymphatic Filariasis Endemic District where MDA has been proposed during 2014-15*

These LF endemic districts to be excluded for National Deworming Day if there had been MDA round in past 5 months.

Sl. No.	States	Name of district proposed for MDA in 2014-15
1	**Assam**	Dibrugarh
2		Sibsagar
3	**Bihar**	Araria
4		Arwal
5		Aurangabad
6		Banka
7		Begusarai
8		Bhagalpur
9		Bhojpur
10		Buxar
11		Darbhanga
12		East Champaran
13		Gaya
14		Gopalganj
15		Jahanabad
16		Jamui
17		Kaimur
18		Katihar
19		Khagaria
20		Kishanganj
21		Lakhisarai
22		Madhepura
23		Madhubani
24		Munger
25		Muzzaffarpur
26		Nalanda
27		Nawada
28		Patna
29		Purnea
30		Rohtas
31		Saharsa
32		Samastipur
33		Saran
34		Sheikhpura
35		Sheohar
36		Sitamarhi
37		Siwan
38		Supaul

39		Vaishali
40		West Champaran
41	**Chhattisgarh**	Ambikapur/Sarguja (including Balrampur & surajpur)
42		Bilaspur (including Mungeli)
43		Dhamtari
44		Durg (including Balod & Bemetara)
45		Janjgir
46		Jashpur
47		Mahasamund
48		Raigarh
49		Raipur (including Balodabazar & Gariyaband)
50	**Karnataka**	Bagalkot
51		Bidar
52		Gulbarga + Yadgir
53	**Madhya Pradesh**	Chatrapur
54		Chindwara
55		Datia
56		Katni
57		Panna
58		Satna
59		Tikamgarh
60		Umaria
61	**Maharashtra**	Bhandara
62		Chandrapur
63		Gadchiroli
64		Gondia
65		Latur
66		Nagpur
67		Nanded
68		Osmanabad
69		Solapur
70		Thane
71	**Tamil Nadu**	Thiruvannamalai + Cheyyar
72	**Dadra & Nagar Haveli**	Dadra & Nagar Haveli
	Grand Total	**72 LF endemic districts of selected 12 States**

Annexure 4

Ministry of Health and Family Welfare, Government of India			
Timelines for National Deworming Day : 10th February 2015			
Tentative Dates – Latest By	**Activity**	**Responsible Person/Committee**	**Degree of Task**
14 January, 2015	Identifying the nodal officer for State level activities	Secretary Health and MD- NHM	National
16 January, 2015	Steering Committee for NDD	Secretary Health and MD NHM/ State Nodal Officer	National
17 January, 2015	IEC Materials to be finalized	NHM	National
19 January, 2015	National Level Orientation	Nodal officer and consultant	National
17 – 30 January, 2015	Finalization of IEC Material i) Adaptation of IEC ii) Media Plan for Radio and TV	State Nodal Officer	State
22 – 27 January, 2015	State Level Meeting	State Nodal officer	State
28 – 30 January, 2015	District level Meeting	District Nodal officer	District
30 January, 2015	Block & Micro level Trainings Begin	District & Block States	Block/Tehsil
1 February, 2015	Broadcast / IEC – community awareness (Starts)	Central & State IEC Division	National + State + District +Block + Village + School
2 – 5 February, 2015	IEC/Stocks Monitoring /Training + NDD Toolkit (Kit, Reporting format, handouts etc) Teachers, ASHA/ ANM Orientation	National + State Nodal officer	National + State
7 February, 2015	Call for preparedness to State/District Co-coordinators (VC)	MD/State Nodal Officers	State
8 February, 2015	Emergency Response Ready	State Nodal Officers	National
9 February, 2015	National and State Level Media Briefing + Launch	State Nodal Officers	National + State
10 & 13 February, 2015	NDD Operational + Emergency Response Functional	State Nodal Officers	National + State + District
11 February, 2015	Review & plan for Mock Up Day and fill gaps	State Nodal Officers	National + State + District
13 February, 2015	Mop Up + Emergency Response Ready	State Nodal Officers	National + State + District

Annexure 5

NATIONAL DEWORMING DAY MONITORING FORM

DATE OF VISIT (tick the box which applies): ☐ National Deworming Day (10th February 2015)
☐ Mop Up Day (13th February 2015)

GENERAL INFORMATION					
Name & Mobile No. of Monitoring Officer	School/AWC Name	School DISE / AWC Code	District	Block	Ward/ Village

MONITORING SECTION: Circle the correct option based on your observations and interviews.			
Deworming Observations			
1.	Does the school/AWC have deworming drugs?	A. YES	B. NO
2.	Are the drugs available in sufficient quantity to deworm the enrolled as well as non-enrolled children?	A. YES	B. NO
3.	What is the expiry date of the drugs?		
4.	Does the school/AWC have the following provisions for the deworming process? Circle all that apply. Markers B. School/AWC Reporting Form C. Drinking Water D. None of these		
5.	Are the deworming drugs being administered to children?	A. YES	B. NO
6.	Who is administering the drugs to the children? Circle all that apply. A. AWW B. Teacher/ Principal C. ASHA C. Other …….. D. No Deworming taking place		
7.	Is the ASHA present in the AWC?	A. YES	B. NO
8.	Is the ASHA assisting the AWW in the deworming process?	A. YES	B. NO
9.	Is the teacher/AWW separating sick children from healthy children before deworming?	A. YES	B. NO
10.	Did the teacher tick (✓/✓✓) each child's name in the attendance register after giving them the drug?	A. YES	B. NO
11.	Did the ASHA / AWW make a list of the non-enrolled/out of school children who got the drug? YES. B. NO. C. Non-enrolled children did not receive drugs at this AWC		

12.	Where did the teacher/AWW receive training? A. At school. B. At block training. C. At District training D. Teacher/AWW did not receive training		
Adverse Events			
13.	According to the teacher/AWW, can the deworming drugs be given to sick children?	A. YES	B. NO
14.	Is the teacher/AWW aware of the possibility of adverse events from deworming?	A. YES	B. NO
15.	According to the teacher/AWW, what is the appropriate response in case of adverse events? Circle all that apply. A. Let the child rest in an open and shaded place B. Provide clean water to drink C. Contact the ANM/nearby PHC D. No adverse events possible with Albendazole E. Other ……..		
16.	Did you witness any serious cases of adverse events in the school/AWC?	A. YES	B. NO
17.	Does the school/AWC have the phone numbers of the nearest ANM or MO-PHC?	A. YES	B. NO
Community Awareness and IEC Materials			
18.	Which of the following IEC materials are visible at the school/AWC? Circle all that apply. Poster B. Banner C. Other IEC materials D. No IEC materials		
19.	Which of the following reference documents are available at the school/AWC? Circle all that apply. Principal/Teacher Handout B. AWW Handout C. Adverse Events Protocol D. No documents		
20.	Which of the following community mobilization steps have been undertaken by the ASHA before National Deworming? Circle all that apply. A. Conducted village meetings with parents B. Informed parents about harmful effects of worms C. Informed parents of benefits of deworming D. Informed parents about behavior change to prevent reinfection		
ADDITIONAL COMMENTS: Please write any observations that have not been captured in the preceding sections			

Annexure 6

National Deworming Day Fact Sheet

Soil-Transmitted Helminth Infections and School/Anganwadi center-Based Deworming

Summary:

- Intestinal worms, or Soil Transmitted Helminths (STH), are among the most common infections worldwide. The World Health Organization (WHO) estimates that 241 million children between the ages of 1 and 14 are at risk of STH infection in India.
- These worms live in human intestines and consume nutrients meant for the human body. They are transmitted by eggs present in human feces, which contaminate soil in areas where sanitation is poor.
- STH infections can lead to anemia, malnutrition, impaired mental and physical & cognitive development, and reduced school participation. Safe, inexpensive and effective medicines are available to control infection. Regular treatment is a cost-effective method of controlling the public health threat of worms in the absence of improved sanitation.
- Ministry of Health and Family Welfare, Government of India is launching a National school-Anganwadi based deworming strategy through which all children between the ages of 1 and 19 will be administered deworming drugs by teachers and anganwadi workers. The WHO recommends school (anganwadi)-based deworming as a safe and cost-effective intervention that achieves high coverage of at-risk children.

Distribution and prevalence of STH:

- *Global burden*: More than 1.5 billion people or 24% of the world's population are infected with STH worldwide. Infections are widely distributed in tropical and subtropical areas, with the greatest numbers occurring in sub-Saharan Africa, the Americas, China and East Asia. Over 600 million school-age children and 270 million preschool-age children are in need of regular treatment and preventative interventions.
- *India burden*: WHO data indicates that STH is a significant public health concern for India, with 241 million children between the ages of 1 and 14 predicted to be at risk of STH infections. [7]This represents approximately 68% of children in this age group and approximately 28% of all children estimated to be at risk of STH infections globally. State-wide worm prevalence estimates are not available in all states, although GoI has now renewed its focus to conduct STH prevalence surveys in all States soon.

STH transmission:

- There are three main types of STH that infect people: roundworm (*Ascaris lumbricoides*), whipworm (*Trichuris trichiura*) and hookworms (*Necator americanus* and *Ancylostoma duodenale*).
- Adult worms live in human intestines for food and survival where they produce thousands of eggs each day.

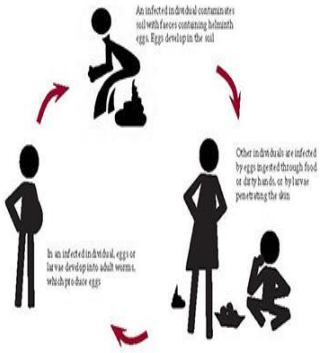
[7] WHO PCT Databank: http://apps.who.int/neglected_diseases/ntddata/sth/sth.html

- Infected people who defecate outdoors spread worm eggs in their feces.
- Subsequently, the eggs contaminate the soil which can spread infection in several ways:
    - Attached to vegetables that are ingested when the vegetables are not carefully cooked, washed or peeled;
    - Ingested from contaminated water sources;
    - Ingested by children who play in soil and then put their hands in their mouths without washing them.

Figure 1: STH Transmission Cycle

1

2



1. An infected individual with feces containing helminth eggs defecates outside. Eggs develop in soil.

2. Other individuals are infected by eggs ingested through food or dirty hands or by larvae penetrating the skin.

3. In an infected individual, eggs or larvae develop into adult worms which subsequently produces eggs.

Symptoms of infection:

- Regular treatment of at-risk populations will reduce the intensity of infection and protect infected individuals from morbidity.
- The greater the amount of worms in an individual (intensity), the more symptoms the infected individual will have.
- People with light infections usually have no symptoms.
- Heavier infections can cause a range of symptoms including diarrhea, abdominal pain, and weakness.
- Loss of appetite.

Prevention of infection:

Infections can be prevented by taking precautions, including:

- Using sanitary toilets, *not* defecating outside.
- Hand-washing, particularly before eating and after using toilets.
- Wearing slippers and shoes.
- Washing fruits and vegetables in safe and clean water.
- Properly cooking food.

Nutritional and health consequences of infection:

STH impair the nutritional status of the people they infect in multiple ways:

- Worms feed on host tissues, including blood, which leads to anaemia.
- Worms increase malabsorption of nutrients. In addition, roundworm may compete for vitamin A in the intestine.
- The nutritional impairment caused by STH is recognized to have a significant impact on growth and physical development.

Benefits of treatment:

Rigorous studies have shown that deworming has a significant impact on the health, education and livelihoods of treated children. Outcomes of deworming can include:

- Decreases anaemia and improves nutrition
- Increases growth and weight gain
- Improves cognition and mental and physical development
- Increases resistance to other infections
- Supports more frequent school attendance
- Improves children's ability to learn better and be more active in school
- Increase hours worked and wages earned in the long-run in adulthood

Deworming also has important spillover effects, meaning that other members of the community who do not receive treatment benefit, as there are fewer worms in the environment. This is especially important for children who are too young to be treated but for whom worms can greatly impair cognitive development.

School/Anganwadi center-based deworming strategy

- WHO recommends deworming without previous individual diagnosis to all at-risk people living in endemic areas.
- Ministry of Health and Family Welfare (MOHFW) is launching the National Deworming Day on 10th February, 2015 in selected 12 States/UTs namely Assam, Bihar, Chhattisgarh, Delhi, Dadar & Nagar Haveli, Haryana, Karnataka, Maharashtra, Madhya Pradesh, Rajasthan, Tamil Nadu and Tripura in the first phase.
- Global Experience including India have shown that deworming treatment delivered through mass campaigns in schools is successful strategy because teachers can safely and cost-effectively administer treatment to large numbers of children.
- Deworming treatment is delivered by teachers to school enrolled children and by Anganwadi workers to under-five and out of school children, with oversight from the health system including ASHAs. Children, the community and parents are comfortable with their teachers and anganwadi workers. Teachers and anganwadi workers can easily give deworming to children with basic training and have been successfully deworming children in some states in India and over 30 countries.
- One full tablet of Albendazole (400mg) will be given to all children (both enrolled and non-enrolled) between the ages of 2 and 19 on National Deworming Day (10th February, 2015). Children between 1 – 2 years would receive half tablet of Albendazole.
- To cover the children who missed the doses due to sickness or absence in school will be covered during the Mop-Up Day on 13th February, 2015.

Deworming goals

- *Global goal:* The WHO global target is to eliminate morbidity due to STH in children by 2020. This goal will be achieved by regularly treating at least 75% of the children in endemic areas (an estimated 873 million). [8]
- *India goal:* The objective of National Deworming Day (NDD) in India is to deworm all pre-school and school–age children (enrolled and non-enrolled) between the ages of 1-19 years through the platform of Government/Government aided schools and anganwadi centers in order to improve their overall health, nutritional status, access to education and quality of life.

[8] WHO, Eliminating Soil-transmitted helminthiases as a public health problem in children, progress report 2001-2010 and strategic plan 2011-2020 (2012)

Annexure 7

NDD FREQUENTLY ASKED QUESTIONS (FAQS) AND EVIDENCE BASE

S.N.	Questions	Answers
1	How do people become infected with intestinal worms and what are the most common worms?	Soil-transmitted helminths (STH) are transmitted by eggs present in human feces which contaminate soil in areas with poor sanitation and hygiene. Transmission can occur when i) eggs that are attached to vegetables are ingested without being carefully washed, peeled or cooked ii) eggs are ingested from contaminated water sources and iii) eggs are ingested by children who play in contaminated soil.[9] Children typically harbor the highest intensity of infection. The main species of intestinal worms are the roundworm (*Ascaris lumbricoides*), the whipworm (*Trichuris trichiura)* and hookworms (*Necator americanus* and *Anclyostoma duodenale)*.
2	What is the prevalence of STH in India?	WHO data indicates that STH is a significant public health concern for India, with 241 million children between the ages of 1 and 14 predicted to be at risk of STH infections.[10] This represents approximately 68% of children in this age group and approximately 28% of all children estimated to be at risk of STH infections globally. State-wide worm prevalence estimates are not available for all States, although Government of India has now renewed its focus to conduct STH prevalence surveys in all States soon.
3	How is Prevalence Survey of STH conducted?	Prevalence of STH in conducted in the field by collection of stool samples from the school children and analyzed in laboratories for identification of parasitic ova and prevalence and intensity is measured. The sample design selected gives an estimate of the state wide prevalence and intensity of STH in a particular State.

[9] WHO, Soil-transmitted helminth infections., Fact Sheet Number 266, Updated April 2014, retrieved from http://www.who.int/mediacentre/factsheets/fs366/en

[10] WHO PCT Databank: http://apps.who.int/neglected_diseases/ntddata/sth/sth.html

		The laboratory analysis is conducted by technical institutes having expertise in parasitology and the study design and analysis of data is done by reputed epidemiological institutes.
4	How can we prevent the spread of worm infections?	There are several ways to prevent the spread of worm infections by improving hygiene, including: • Washing hands, particularly before eating and after using toilets • Using sanitary latrines • Wearing slippers / shoes • Drinking safe and clean water • Eating properly cooked food • Washing vegetables, fruits and salads in safe and clean water
5	What is the effect of STH on the nutritional status of children?	Worms impair the nutritional status of people they infect in multiple ways: • Worms feed on host tissues, including blood, which leads to a loss of iron and protein and often contributes to anaemia • Worms can increase the malabsorption of nutrients; roundworm may compete for Vitamin A in the intestine • Some worms can cause a loss of appetite, reducing nutritional intake and physical fitness • Some worms can cause diarrhea and dysentery
6	What are the development and educational consequences of worms in children?	Worms have negative effects on the mental and physical development of children. Children with worms are often underweight and have stunted growth. Heavy infections often make children too sick or too tired to concentrate at or even attend school. Long term, children not treated for worms are shown to earn less as adults.
7	What is the effect of worms on child mortality?	Intestinal worm infections affect child morbidity, *not* mortality. There is not rigorous evidence that suggests that worms affect child mortality but there is ample evidence that worms fundamentally affect the quality of children's lives and negatively impact their access to health, education and livelihoods.
8	Can Albendazole and iron/folic acid tablets be administered together?	The WHO asserts that periodic deworming can be easily integrated with child health days or vitamin A supplementation programs for preschool-aged children, or integrated with school-based health programs. Additionally, deworming has been prescribed as part of the National Iron + Initiative including Weekly Iron and Folic Acid Supplementation program in India and other school health programs with success already, making the combination cost-effective, safe and easy to administer.
9	Can STH be eliminated from a country?	STH have been eliminated from several countries including the U.S. and South Korea, as sanitation conditions improved alongside the delivery of treatments. The WHO recommends mass

		deworming treatment as a mechanism for controlling the public health threat of worms. A study in Kenya is currently underway that is analyzing the epidemiological requirements, cost-effectiveness and operational feasibility of breaking STH transmission in the absence of improvements in sanitation and findings will be shared broadly.
10	What is the evidence base associated with health impacts and deworming?	Findings from rigorous studies related to health impacts include: • Results and data analysis from a systematic review of 14 randomized control trials found that deworming without previous screening marginally improves hemoglobin concentration, which could translate on a public health scale into a 5 to 10% reduction in the prevalence of anaemia (Humphrey J., 2009) • A systematic review found that treatment with anthelmintic in moderate and heavily infected populations resulted in increased hemoglobin (Smith, J.L. et al. 2010) • A randomized control trial found that reduced exposure to worm infections improved cognition for children less than one year of age (Ozier 2011) • A cluster randomized control trial found that the provision of deworming treatment as part of child health services resulted in an increase in weight gain of about 10% above expected weight gain when treatments were given twice a year and about 5% for annual treatment. (Alderman et al. 2006)
11	What is the evidence base associated with education, livelihoods and deworming?	Findings from rigorous studies related to educational/livelihoods impacts include: • A randomized control trial found that school-based mass treatment reduced school absenteeism by 25% and was far cheaper than alternative ways of boosting school participation. (Miguel and Kremer 2004) • A longitudinal study showed that the long term benefits of childhood deworming are substantial; young adults randomly assigned to a deworming program as children work more as adults and earn higher wages (Baird S. et al 2012) • A historical study of hookworm eradication in the Southern United States in the early 1900s found a substantial income and educational gain as a result of the reduction in hookworm infection. (Bleakley 2007)
12	What is the evidence base for deworming in India?	There are at least two randomized trials in India in the last decade that demonstrate the positive impact of deworming in the country: • A health intervention that provided iron, Vitamin A and deworming drugs to Indian preschool children in the slums of Delhi found a significant gain in child weight and school participation compared to intervention with Vitamin A alone.

		Absenteeism was reduced by one-fifth in the treatment group (Bobonis et al, 2006) • A cluster randomized control trial in preschool children found that the group treated with 4 rounds of Albendazole showed a greater weight gain as compared to the non-treated group (Awasthi S. et al 2008)
13	What is the WHO's guidance on Deworming?	The WHO recommends preventing and controlling STH-related morbidity through the periodic treatment of at-risk populations living in endemic areas, particularly preschool-age children, school-age children and women of childbearing age (including pregnant women in the second and third trimesters and breastfeeding women). The WHO recommends deworming treatment without previous individual diagnosis to all at-risk people living in endemic areas. Treatment should be given once a year when the STH prevalence in the community is over 20% and twice a year when the STH prevalence exceeds 50%.[11]
14	What is the Deworming treatment to be given to children?	Albendazole is the name of the deworming drug used by the Government of India and is a safe treatment for intestinal worms used across the globe. The recommended dosage for children between the ages of 2 and 19 is 1 tablet (400 mg) and ½ tablet of Albendazole for children 1 – 2 years. For young children the tablet should be broken and crushed and then to be administered with water.
15	Does the Deworming treatment have side effects?	The deworming treatment has very few side effects. There may be some mild side effects like dizziness, nausea, headache, and vomiting, all likely due to the worms being passed through the child's body. These side effects disappear after some time. Side effects are usually experienced by children with high infections. If symptoms do not go away within 24 hours, or if they are very severe, the child is probably experiencing something unrelated to the treatment and should be taken to the nearest health facility

[11] WHO Strategy for Intestinal Worms, retrieved from http://www.who.int/intestinal_worms/strategy/en/

Annexure 8

FAQ for Frontline health workers

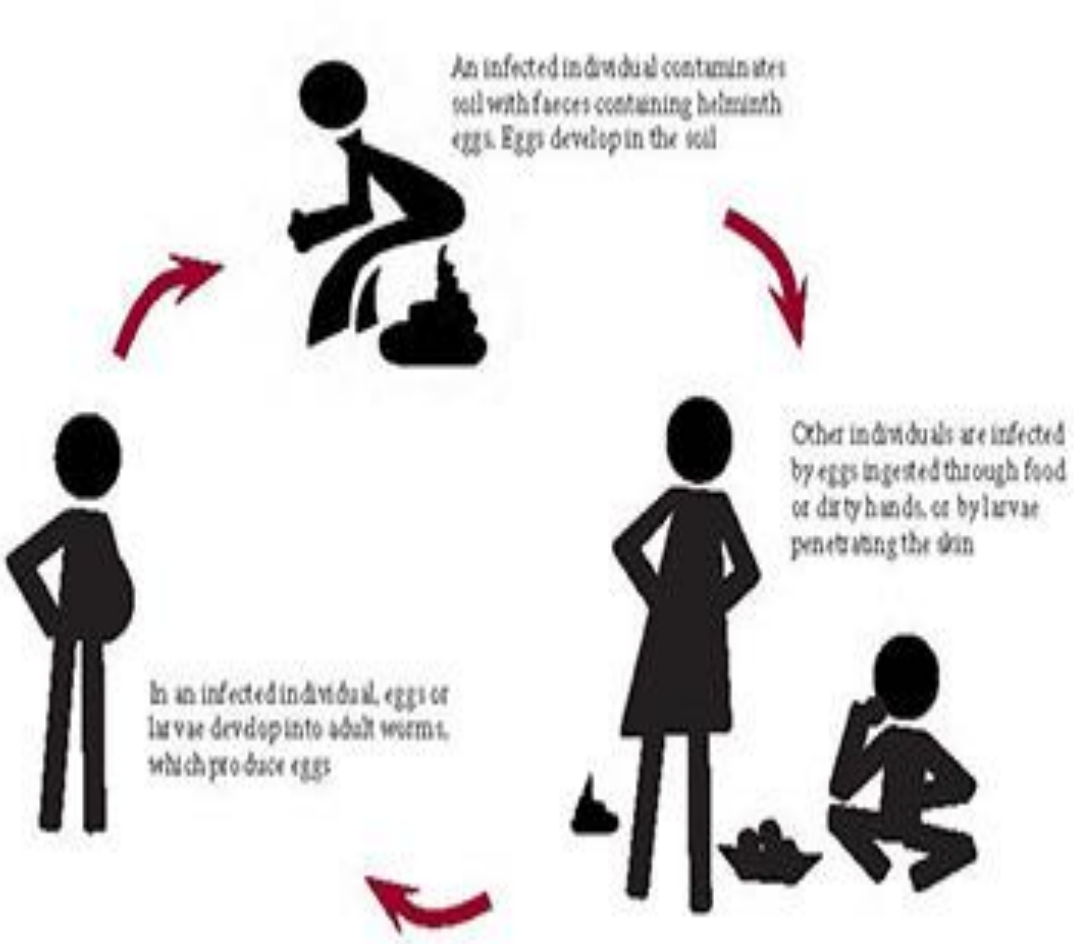
S.No	Questions	Answers
1.	What are intestinal worms?	Worms are parasites, which live in human intestines for food and survival. The worms consume nutrients meant for the human body and cause blood loss, poor nutrition and stunt growth.
2.	How do people get infected with worms?	Worm infections result from poor sanitation and hygiene conditions, and are transmitted from contact with infected soil. A schematic of the transmission cycle of soil-transmitted helminths is attached in Annexure I.
3.	How to prevent the spread of worm infections?	There are several ways to prevent the spread of worm infections by improving hygiene, including: • Washing hands, particularly before eating and after using toilets • Using sanitary latrines • Wearing slippers • Drinking safe and clean water • Eating properly cooked food • Washing vegetables, fruits and salads in safe and clean water
4.	What are the harms associated with having worms? Why is Deworming children important?	Worm infections interfere with the health, nutrition and education of children. Worms can cause anaemia and malnourishment, which has negative effects on mental and physical development. Malnourished and anaemic children are often underweight and have stunted growth. Children with heavy infections are often too sick or too tired to concentrate at school or attend school at all. A child regularly treated for worms: • Grows faster and is healthier • Is more resistant to other infections • Learns better and is more active in school • Attends school more regularly
5.	What is National Deworming Day?	National Deworming Day is a day when all children (both enrolled and un-enrolled) between the ages of 1 and 19 can receive treatment for intestinal worms from teachers at all government and government-aided schools and by anganwadi workers in anganwadi centers.
6.	Why National Deworming Day is observed when there are other programs having a Deworming component?	While deworming has been a part of other programs, like National Iron + Initiative including the Weekly Iron and Folic Acid Supplementation Program (WIFS), deworming has occurred inconsistently and not all at-risk children are currently receiving treatment. Going forward, deworming will happen on the same day across India to maximize the number of children treated.

7.	When is National Deworming Day?	For financial year 2014-15, National Deworming Day will be observed on 10th February, 2015 in 12 States/UTs in the first phase. A list of States/UTs observing National Deworming Day on 0th February is in Annexure II
8.	Why are teachers and anganwadi workers distributing treatment, as well as health personnel?	Children are comfortable with their teachers, anganwadi workers and the community and parents have a lot of confidence in them. The teachers & anganwadi workers can easily give the deworming drugs to children with basic training. Teachers and anganwadi centers have been successfully deworming children in some states in India and over 30 countries[12].
9.	Why treat all children if some do not appear sick?	The effects of worms might not be seen immediately, but they can cause long-term harm to children's health, education, and overall well-being. Children can carry worms for a long time and not know they are sick; you will only see that they are doing poorly in school and not growing well. Since the drugs are safe whether or not a child is infected, and the cost of diagnosis is high, it is better to treat every child.
10.	What is the treatment to be given to children?	Albendazole is the name of the deworming drug used by the Government of India and is a safe treatment for intestinal worms used across the globe. The recommended dosage for children between the ages of 2 and 19 is 1 tablet (400 mg) and ½ tablet of Albendazole for children 1- 2 years. For young children the tablet should be broken and crushed and then to be administered with water.
11.	Does the deworming treatment have side effects?	The deworming treatment has very few side effects in children. There may be some mild side effects like dizziness, nausea, headache, and vomiting, all likely due to the worms being passed through the child's body. These side effects disappear after some time. Side effects are usually experienced by children with high infections. If symptoms do not go away within 24 hours, or if they are very severe, the child is probably experiencing something unrelated to the treatment and should be taken to the nearest health facility.
12.	Is it safe for children to consume the deworming tablet without having a meal?	It is fine to take the deworming tablet on an empty stomach.

[12] 2010 Global NGO Deworming Inventory Summary Report: Deworming Programs by Country., retrieved from http://storage.ugal.com/5115/deworming-programs-by-country-2010-3.1.12.pdf

13.	Should the deworming tablet be given to a sick child?	If a child is sick, do not give him or her the deworming treatment. Only children who appear well should be treated.
14.	What should the teacher/anganwadi workers do if a child shows a negative reaction/adverse reaction after deworming?	Call the help line as provided to you during the training session. Let the child rest in the shade and drink water. If the symptoms are very severe, it is probably unrelated to the treatment and the child should be taken to the nearest health facility.

Transmission cycle of soil-transmitted helminths[13]



[13] Helminth control in school age children., A guide for managers of control programs ., 2nd edition ., WHO(2011)

National Deworming Day	**States**
10th February 2015	Rajasthan
	Delhi
	Chhattisgarh
	Tamil Nadu
	Madhya Pradesh
	Haryana
	Karnataka
	Assam
	Bihar
	Tripura
	Dadar Nagar Haveli
	Maharashtra

Annexure 9

Adverse Event Protocol

National Deworming Day – At Schools and Anganwadi centers

Adverse Event Protocol

1. PURPOSE

This document is primarily based on the World Health Organization (WHO) guidelines[14] for assuring drug safety during mass drug administration (MDA).

The deworming drug (Albendazole 400 mg) used in the Government of India's school & Anganwadi center (AWC) – based mass deworming program is effective, very safe, and approved by the WHO and the Ministry of Health and Family Welfare (MOHFW) of India for treating soil-transmitted helminths in pre-school and school-age children and adolescents. Extensive experience of deworming millions of children worldwide confirms that this drug itself causes only rare, mild and transient side events or adverse drug reactions, and that these reactions are generally related to degeneration of the worms that have been killed. Most of the adverse events observed in school programs occur during initial rounds of implementation of the intervention – a time when children harbor more infections of high intensity. Mild abdominal pain, nausea, vomiting, diarrhea and fatigue are the most commonly reported adverse events in some children with increased worm load , are not serious and do not normally require medical treatment.

An effective Adverse Event Protocol is intended to protect the program, and those who administer the program, by providing clear instructions on the management of adverse events. Although rare, adverse events can and do happen in programs on a large scale, and all stakeholders should be well-prepared to ensure safety of all children participating in the program.

2. DEFINITIONS

An ***Adverse Event*** **(AE)** is a medical incident that takes place after a preventive chemotherapy intervention and is suspected to be but is not necessarily caused by the medicines used in the intervention. Some AE, after investigation, may be found to have been caused by the medicine. Such AE will also be referred to as adverse drug reactions or side effects.

[14] Assuring safety of preventive chemotherapy interventions for the control of neglected tropical diseases., practical advice for national programme managers on the prevention, detection and management of serious adverse events., WHO(2011)

A ***Serious Adverse Event*** **(SAE)** is fatal, life-threatening, disabling, or incapacitating or that results in hospitalization after drug intake.

Serious adverse events can be defined as those that:

- are life-threatening or fatal

- cause or prolong hospital admission

- cause persistent incapacity or disability; or

- concern misuse or dependence on the drug

There are a number of key types of SAEs:

- Those caused by the drugs themselves: e.g., an allergic reaction to the drugs

- Those caused by the parasites degeneration when they are killed: e.g., intestinal blockage

- Those caused by operational issues: e.g., choking

- Those which are coincidental but unrelated: e.g., malaria around the same time as drug administration

3. PREPARATORY PHASE FOR MANAGING ADVERSE EVENTS

To effectively deal with any AE or SAE on Deworming Day, a coordinated approach should be established between the Health Department, the Education Department and WCD (ICDS) Department of the respective State Government. The roles and responsibilities of these three primary departments in adverse events management are detailed below.

3.1. Health Department:

Health Department Roles and Responsibilities	
Who	**What**
State Nodal Officer	1. Inform the State and district official about the date of Deworming Day and Mop-Up Day 2. Orient the District Civil Surgeon about the flow of information of any AE and SAE 3. Distribute the Adverse Events Protocol and reporting form to the District Civil Surgeon (**Annexure I**)
District Civil Surgeon	1. Inform and orient the Block Medial Officer about Deworming Day and Mop-Up Day. 2. Prepare an Emergency Response Team and train them to handle any AE or SAE at the block level 3. Ensure that Ambulance Services are available at block level 4. Distribute the reporting forms and cascade of information diagram to the block medical officer. (**Annexure I**)

	5. Circulate list of important phone numbers of the district health officials to every Block Medical Officer (**Annexure II**)
Block medical officer	1. Inform and orient the PHC/CHC/ANMs about Deworming and Mop-Up Days 2. Depute doctors to handle calls on the emergency helpline for Deworming Day and Mop Up Day 3. Prepare PHCs/CHCs/ANMs to manage an increased number of children presenting with minor, non-specific symptoms 4. Ensure ambulance services are on ALERT for handling any SAE cases 5. Ensure phone numbers of the PHCs/ANMs are circulated to the block education department for distribution to the school principals, Anganwadi workers, ASHAs, ICDS Supervisors and ICDS - CDPOs. (**Annexure III**)

3.2 Education Department:

Education Department Roles and Responsibilities	
Who	**What**
State Education nodal officer	1. Inform all district education officers about Deworming Day and Mop-Up Day. 2. Distribute the reporting form to the district education officer (annexure I) 3. Distribute the Adverse event protocol and reporting format to the district education department.
District Education officer	1. Inform and orient the block education officer about Deworming Day and Mop-Up Day. 2. Distribute the reporting form to the district education officer or the "cascade" of information flow to the district civil surgeon (Annexure I)
Block Education officer	1. Inform and orient the principal and school teachers about Deworming Day and Mop-Up Day. 2. The flow of information or the "cascade" on SAE in the school is shared with the department officials and school principals.(Annexure I) 3. Circulate important phone numbers of the block level health officials to the school principal
Principals and teachers	1. Teachers should inform parents of the children through different forums such as school management committee meetings or parents teachers meeting as appropriate ahead of Deworming Day about the following : a. Deworming and Mop Up Day b. Benefits of deworming on children's health and education

	c. Mild side effects in children may be expected to only children with high worm load. The side effects are usually not serious and would pass by soon. d. Preparations undertaken by the Education and Health Department to manage any AE. e. Build confidence that the child will be taken under observation and care if they show any serious side effects. They will be immediately taken to the nearest health centre. 2. Schools should prepare a shaded open area for children experiencing any side effects to rest until recovery.
ANMs	Should be prepared to **accompany sick children to health facilities** and ensure they receive appropriate medical attention and care. Visit assigned schools in advance if possible and collect information and phone numbers of the School principal. Provide their phone number to the School principal. Share the information collected with the Civil Surgeon. Also share the phone number of the helpline to all the assigned schools

3.3 Education Department:

Women and Child Development (ICDS) Department Roles and Responsibilities	
Who	**What**
State Program Officer (ICDS) - Nodal Officer	1. Inform all district ICDS officers about Deworming Day and Mop-Up Day. 2. Distribute the reporting form to the district ICDS officer (annexure I) 3. Distribute the Adverse event protocol and reporting format to the district ICDS department.
District ICDS officer	1. Inform and orient the Child Development Block Officer (ICDS-CDPOs) about Deworming Day and Mop-Up Day. 2. Distribute the reporting form to the district education officer or the "cascade" of information flow to the district civil surgeon (Annexure I)
Child Development Block Officer (CDPO) – ICDS	1. Inform and orient the ICDS Supervisors and Anganwadi workers about Deworming Day and Mop-Up Day. 2. The flow of information or the "cascade" on SAE in the Anganwadi centers is shared with the department officials and Anganwadi workers. (Annexure I)

	3. Circulate important phone numbers of the block level health officials to the CDPOs, ICDS Supervisors, Anganwadi workers
Anganwadi Workers and ASHAs	3. AWWs should inform parents of the children through different forums such as VHND, VHSNC meetings, Gram Panchayats, home visit etc about the following : f. Deworming and Mop Up Day g. Benefits of deworming on children's health and education h. Mild side effects in children may be expected to only children with high worm load. The side effects are usually not serious and would pass by soon. i. Preparations undertaken by the WCD (ICDS), Education and Health Department to manage any AE. j. Build confidence that the child will be taken under observation and care if they show any serious side effects. They will be immediately taken to the nearest health centre. 4. AWCs should prepare a shaded open area for children experiencing any side effects to rest until recovery.
ANMs and ASHAs	Should be prepared to **accompany sick children to health facilities** and ensure they receive appropriate medical attention and care. Visit assigned AWCs in advance if possible and collect information and phone numbers of the AWWs. Give own phone number to the AWWs. Share the information collected with the Civil Surgeon. Also share the phone number of the helpline to all the assigned AWWs

4. MANAGING ADVERSE EVENTS ON DEWORMING DAY

On National Deworming Day, school principals, teachers and Anganwadi Workers should be prepared for any AE or SAE by having read through the Adverse Events Protocol in advance, and ensuring that the protocol and emergency numbers are on hand.

All teachers and AWWs should clearly understand that any children who are not well on deworming day should not be given the deworming drug.

4.1 Mild Adverse Events

MILD ADVERSE EVENTS

WHAT ARE THEY?

Events such as nausea, mild abdominal pain, vomiting, diarrhoea and fatigue may occur among few children especially those with high worm infestation. These side events are transient and usually do not require hospitalization.

WHAT SHOULD THE TEACHER /PRINCIPAL/AWWs DO WHEN MILD ADVERSE EVENT AT SCHOOL or ANGANWADI CENTERS HAPPENS?

1. Children with ANY side effects should be taken to an open and shaded place and allowed to lie down and rest. They should be provided with clean potable drinking water.
2. Teachers, AWWs and parents should be prepared for these events and take immediate action in case that they occur.
3. Children should remain at school or Anganwadi centers till at least 2 hours after treatment

DO NOT PANIC and FOLLOW GUIDELINES

4.2 Severe Adverse Events (SAE)

SERIOUS ADVERSE EVENTS (SAE)

A ***Serious Adverse Event*** **(SAE)** is fatal, life-threatening, disabling, or incapacitating or that results in hospitalization after drug intake.

1. Separate the affected child from other children and stop deworming activities.
2. Stay calm and communicate that the SAE is likely not due to the deworming drug.
3. School principal should immediately call the Helpline number as per shared details. The school principal should use the information cascade.
4. If ambulance services are available, immediate ALERT to the ambulance should be given for transport of the child to the nearest PHC/CHC.
5. The child's parents should be informed immediately.
6. Immediate treatment should be provided to the child (See **Annexure VI**: Guidelines for Emergency Response Team)
7. The ANM should inform the Medical officer who should complete an incident report form (**ANNEXUR IV)** and submit it to the Civil Surgeon within the same day.
8. Once the report form is received, further notification to the next level must be made as per "cascade" of information flow. (**ANNEXURE** I).
9. The Executive Director of SHS, or the designated officer will sign /confirm the report(s), and determine if further investigation is needed and submit the report to the Executive Director immediately. The Executive Director, SHS or the designated officer will be the spokesperson to the media.

5. MEDIA HANDLING

MEDIA HANDLING:

The designated officer will be the spokesperson to the Media. In all cases, it is important to maintain calm messaging and indicate that the adverse event is very likely not due to deworming medicine.

Before any media contact it is vital to prepare:

- key messages;
- answers for the likely and awkward questions;
- identifying which issues not to respond to (e.g. blaming an individual or speculating on the cause before the investigation is complete).

The key messages should be kept to a minimum and are likely to include some of these facts:

If the teacher or AWWs is unable to manage Deworming Day after a SAE they should do the following:

1. Principal / AWW should suspend deworming temporarily until the health officials reach the school/AWC and make a decision about how to proceed.
2. Immediately elevate the situation via the information cascade **(Annexure I)**

6. MANAGEMENT OF SAE AFTER DEWORMING DAY

It is possible that an adverse event may occur after deworming day and may still be attributed to the administration of deworming drugs. Teachers, AWWs, parents, health facilities and all health officials and providers, including ANMs must be vigilant for such incidents in their area and elevate immediately through the information cascade. By becoming involved early in any potential SAE, the Principals and ANM will reduce the chances that SAEs are incorrectly attributed to deworming drugs and will be able to undertake good and accurate community sensitization ahead of any media coverage.

RESPONSIBILITIES AFTER DEWORMING DAY

WHO	WHAT
Parents	Should be informed that though mild AEs are expected and serious events are likely to be unrelated to the drugs, they are **encouraged to report the incident** at the earliest to ANM, ASHA or school principal if they are very worried about the health of their child.
Teachers / AWWs / ASHAs	Should investigate absenteeism more carefully after deworming day and **encourage any sick children to seek treatment** or inform an ANM if they are worried.
ANMs	To report any case brought into notice to the District Civil Surgeon

7. DO's AND DON'TS TO AVOID ANY SAE:

DO	DON'T
• Keep telephone numbers for helpline and the nearest health center and / or provider such as ANM and MOIC handy. • Always direct the children to **CHEW** the medicine to avoid choking. • Provide Water during SAE.	• Never administer medicine to a sick child. • Do not instruct children to swallow the medicine without chewing first.

Information Cascade: If there is any SAE at the school or home the information cascade should be followed as per **Annexure I**

ANNEXURE I

INFORMATION CASCADE

Home:

To fill the reporting form (Annexure II)

↗

Parent → Principal or AWW or ANM→ Medical Officer → Medical Officer in Charge → Civil Surgeon → State Program Officer/ Nodal Officer →Executive Director

ANNEXURE II

CONTACT LIST OF DISTRICT MEDICAL OFFICER

The form is to be filled by the State Civil Surgeon and given to the State Education Officer for dissemination to schools and AWCs

STATE HEALTH SOCIETY CONTACT DETAILS			
District wise Name & Contact No.			
S.No.	District	District medical officer	Mobile No:
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
12			
15			
16			
17			
18			
19			

ANNEXURE III

CONTACT LIST OF BLOCK MEDICAL OFFICER

The form is to be filled by the Distinct Medical officer and given to the District Education Officer and District Program Officer (ICDS) for dissemination to Schools and AWCs respectively

DISTRICT STATE HEALTH SOCIETY CONTACT DETAILS			
Block wise Name & Contact No.			
S.No.	Block	Block medical officer	Mobile No:
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
12			
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19			

ANNEXURE IV

MILD ADVERSE EVENT REPORTING FORM
(Event that can be handled at School/AWC Level) to be filled up by the School Principal / AWW

Name and Address of Child:	
School Address:	**Contact detail of parent:**
Treatment Site:	
Reported By:	
Contact Details of the person reporting:	

Drug Name (generic name)	**Dose**	**Brand & Manufacturer**	**Batch Number**

Date/Time Deworming tablet given	**Date and Time AE started**

Action taken to treat AE :

Past Medical history if any :

Nearest Hospital / Health Centre to where the child was taken in case he/she has not recovered:

ANNEXURE V

SERIOUS ADVERSE EVENT REPORTING FORM

From the Hospital / Health Centre

Date of Report:

Patient Name :	**Age:**	**Sex:**
Patient Height and Weight:		
Location	**District**	**Block:**

Pre-existing conditions if any :
Health status of the child during Deworming: Good Poor Unknown
Other Medicine being taken (concurrently or recently):

Drug name (generic name):	**Batch Number :**	**Date of treatment:**
How many tablets did the child take:	**Did the child chew the tablet:**	**Was this the first time the child took deworming drugs:**

Clinical signs and symptoms:	
Date of onset of symptoms	**How long after deworming the symptoms showed?**
Was the patient hospitalised? : Y or N	**If Yes : Date of Admission** **Reason for Admission**
Conclusion:	

Sign and Seal of the Reporting Official

Annexure VI

EMERGENCY RESPONSE SYSTEM

An Emergency Response System has been put in place by the Health & Family Welfare Dept. State Government to manage any adverse events, mild and/ or severe.

In case of any such adverse events, don't panic, as these adverse events are usually very mild in nature and subside soon.

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

Step 2. The doctor on call will give you some telephonic instructions before his/ her arrival. Follow the instructions and wait for arrival of health team.

Step 3. Doctor/ Paramedical staff arrival at the site. They assess the condition of the child, note down the vitals, and carry the adequate amount of the following medicines:

Medicine Kit:

Susp/Tab Domperidonione /Ondasterone

Susp/Tab Dicyclomine

ORS Packets

Susp/Pack Paracetamol

Step 4. In case child is very sick inform Civil Surgeon and call Ambulance to transport child to the nearest Govt. Hospital/ health facility for further management.

Guidelines for Doctors/ ANMs on Emergency Response Duty

1. Learn about the location of school and AWC in your area where deworming will be undertaken. Also collect medicine kit for management of SAE.
2. Visit assigned schools and AWCs in advance if possible and collect information and phone numbers of the school principal and Anganwadi workers. Give your phone number to the school principal.
3. Share the information collected with the Civil Surgeon. Also share the phone number of the helpline to all the assigned schools and AWCs
4. In case of reporting of any emergency follow the protocols circulated to resolve the issue.

National Deworming Day Coordination Committee

Ministry of Health and Family Welfare, Government of India

Name	Designation	Contact Number	Email Id
Dr. Rakesh Kumar	Joint Secretary (RCH)	011 23061723	rk1992uk@gmail.com
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Ms. Preetu Mishra	Consultant – National Iron Plus Initiative	011 23061218	nipi.mohfw@gmail.com
Ms. Priya Jha	Country Director, Evidence Action-Deworm the World Initiative	011 26167680	priya.jha@dewormtheworld.org

Child Health Division

Ministry of Health and Family Welfare

Nirman Bhawan

Maulana Azad Road, New Delhi, India

http://www/mohfw.nic.in

Photo Credit: Evidence Action

Ministry of Health and Family Welfare
Nirman Bhawan
Maulana Azad Road, New Delhi, India
http://www.mohfw.nic.in