Evidence Action

Deworm the World Initiative

USAID FROM THE AMERICAN PEOPLE

Madhya Pradesh School and Anganwadi-Based Mass Deworming Program

Photo Credit: Evidence Action

Round One - Report

July 2015

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ACRONYMS

ANM	Auxiliary Nurse Midwife
ASHA	Accredited Social Health Activist
AWC	*Anganwadi* centre
AWW	*Anganwadi* worker
BMO	Block Medical health officer
BPM	Block Programme Manager
BSM	*Bal Suraksha Maah*
CMHO	Chief Medical Health Officer
DIO	District Immunization Officer
DPM	District Program Manager
FAQs	Frequently Asked Questions
GoI	Government of India
ICDS	Integrated Child Development Services
IEC	Information Education Communication
IFA	Iron Folic Acid
M&E	Monitoring and Evaluation
MD	Mission Director
MoHFW	Ministry of Health & Family Welfare
MoU	Memorandum of Understanding
MUD	Mop-up Day
NDD	National Deworming Day
NHM	National Health Mission
NIPI	National Iron Plus Initiative
ORS	Oral Rehydration Salt
RBSK	*Rashtriya Bal Swasthaya Karyakram*
SDMIS	State Drug Management Information System
SMS	Short Message Service
STH	Soil Transmitted Helminths
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
WCD	Women Child Development
WIFS	Weekly Iron Folic acid Supplementation
WHO	World Health Organization

Executive Summary

The state of Madhya Pradesh dewormed 1,84,90,500 children between 1-19 years old across 1,55,782 government and government aided schools and 90,000 anganwadi centres (AWCs) during the Government of India's inaugural National Deworming Day on February 10, 2015. The state's achievement is the outcome of exemplary leadership from the Department of Health and Family Welfare and the joint efforts of the Department of Education, Women and Child Development (WCD), and Tribal Welfare. Evidence Action's Deworm the World Initiative provided key technical support to program implementation, through funding received from the United States Agency for International Development (USAID), alongside technical partners Micronutrient Initiative and United Nations Children's Fund (UNICEF). The Deworming program's initial success will guide government's efforts toward a sustainable Deworming program that aims to reduce the prevalence and intensity of worm infections for the benefit of all school-age and preschool-age children in the state.

Table 1: Key Achievements from the School and *Anganwadi* - based Deworming in Madhya Pradesh *

Indicators	Findings	% Achievement
Number of schools reporting deworming coverage	1,55,782	100
Number of AWCs reporting deworming	90,000	100
Number of registered children dewormed (1 to 5 years) at AWCs	70,97,422	92
Number of out-of-school children (6-19 years) dewormed at AWCs	13,19,248	65
Number of enrolled children (Class 1 to 12) dewormed at schools	1,00,73,830	91
Total number of children 1-19 years dewormed at schools and AWCs	18,490,500	89

Source: Report submitted by National Health Mission (NHM) MP to GOI dated March 3, 2015 **(Annexure A)**
***** The state conducted NDD following implementation of an existing program called Bal Suraksha Mah- under which children under 5 years were dewormed along with other services at the AWCs. The state decided to cover children who were left-out in the BSM round, to be dewormed during NDD. These two programs together cover the complete 1-19 year age group; the state submitted program coverage data from both program components to the GOI, Ministry of Health.

2015 was a landmark achievement for school and *anganwadi*-based deworming in the country with the announcement of a fixed National Deworming Day (NDD). The first deworming round, which took place in 12 states and union territories including Madhya Pradesh, targeted 140 million children. Evidence Action worked in close association with the Government of India's (GoI) Child Health Division to plan and implement the NDD. This intensive engagement was critical given a compressed timeline between the announcement of the NDD and the Deworming Day. The state referred to the National Operational Guidelines[1] to ensure successful implementation, and was among the first to submit program coverage reporting

[1]NRHM: http://nrhm.gov.in/images/pdf/NDD/Guidelines/NDD_Operational_Guidelines.pdf

data. Experiences and findings from the first mass school-based deworming round in the state will be crucial for planning and implementation of future deworming rounds.

1. Program Background

In India, approximately 241 million children between the ages of 1 and 14 are at risk of parasitic intestinal worms (known as soil-transmitted helminths or STH). The infected children represent approximately 68% of Indian children in this age group and 28% of all children at-risk for STH infections globally, according to the WHO. These parasitic infections result from poor sanitation and hygiene conditions, and are easily transmitted among children through contact with infected soil. Various studies have documented the widespread and debilitating consequence of chronic worm infections, which cause anaemia and malnutrition among children, affecting their physical and cognitive development. Worm infections contribute to absenteeism and poor performance at school, and in adulthood, diminished work capacity and productivity[2].

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

Evidence from across the globe shows that deworming leads to significant improvement in outcomes related to children's health, education, and long-term well-being. In 2008 and again in 2012, the Copenhagen Consensus Centre identified school-based deworming as one of the most efficient and cost-effective solutions to the current global challenges. School-based deworming is considered a development "best buy"3 due to its impact on educational and economic outcomes. The benefits of using such platforms for deworming are immediate. Regular treatment can reduce school absenteeism by 25%, with the greatest participation gains among the youngest pupils[4]. Young siblings of those treated and other children who live nearby but were too young to be dewormed also showed significant gains in cognitive development from school-based deworming.[5] The existing and extensive infrastructure of schools provides the most efficient way to reach the highest number of children, and teachers, with support from the local health system, can administer treatment with minimal training. Preschool settings are often used to provide children with basic health, education, and nutrition services, making this a natural, sustainable, and inexpensive platform for deworming programs.[6]

1.2 Deworming Children in India

Deworming children is part of the Government of India's school and preschool health programs, such as the Weekly Iron-Folic Acid Supplementation (WIFS) program which provides a weekly dose of Iron Folic Acid (IFA) with biannual deworming for adolescents (10-19 years).[7] National Iron Plus Initiative (NIPI) is a national anaemia control program which offers IFA supplementation and deworming for a wider age group of 1-45 years, including

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[2] "Helminth control in school-age children- A guide for managers of control programmes": WHO, 2011
3 http://www.povertyactionlab.org/publication/deworming-best-buy-development
4 Miguel, Edward and Michael Kremer. "Worms: Identifying Impacts On Education And Health In The Presence Of Treatment Externalities," Econometrica, 2004, v72 (1,Jan), 159-217.
5 Ozier, Owen. "Externalities to Estimate the Long-Term Effects of Early Childhood Deworming." Working Paper, Jun. 2011. http://economics.ozier.com/owen/papers/ozier_early_deworming_20110606a.pdf
6 http://journals.plos.org/plosntds/article?id=10.1371/journal.pntd.0000223#pntd-0000223-g003
[7]http://www.nrhmhp.gov.in/sites/default/files/files/Iron%20plus%20initiative%20for%206%20months%20-5%20years.pdf

preschool-age children who also receive Vitamin A. Until recently, only a few states ran effective school and preschool/*anganwadi*-based deworming programs with good coverage. Many programs had sporadic deworming efforts and low coverage, while in other states no deworming programs existed. Considering this complex environment and the clear need to accelerate treatment for India's children, the GoI renewed its focus on deworming by streamlining efforts through the school and *anganwadi*-based National Deworming Day launched in early 2015.

1.3 State Program History

The deworming program in Madhya Pradesh is broadly aligned with two pan-state programs: NIPI and *Bal Suraksha Maah* (BSM). NIPI, an anaemia control program, was launched in March 2014 in the state and includes a biannual deworming component. The service delivered deworming treatment to children ages 1- 19 years through schools and AWCs while pregnant and lactating women, and women of reproductive age are treated through community-based drug administration. Prior to the launch of NIPI (launched in 2014), adolescent girls aged 10-19 years were administered IFA and biannual deworming through the WIFS program, launched in 2013. Since the same stakeholders supported both WIFS and NIPI, the two programs are coupled together.

BSM is the state's biannual month-long program to increase overall health status of children under the age of five. BSM was launched in 2001 and offers comprehensive services such as immunization, micronutrient and iron supplementation, and deworming (beginning in 2008) at AWCs.

In addition, the National Filaria Control Program (NFCP) provides community-wide administration of albendazole, the same drug used for deworming, along with diethylcarbamazine citrate (DEC) on an annual basis in eight districts of the state that are endemic for lymphatic filariasis.

The state has previously administered deworming drugs through these existing programs, but efforts have been disjointed and sporadic. Since the coverage was low in order to reach all at-risk preschool-age and school-age children, a fixed day approach strategy through a comprehensive program, like NDD, with good coverage of more than 75% was needed. This was facilitated through a Memorandum of Understanding (MoU) signed on June 11, 2014 between the State Health Society, National Health Mission (NHM), Government of Madhya Pradesh, and Evidence Action wherein Evidence Action will provide technical assistance to the school and *anganwadi* - based deworming program implemented by state government.

1.4 Prevalence Survey

To develop an appropriate STH treatment strategy, Evidence Action obtained support and approvals from State NHM and Education Department to conduct an STH prevalence and intensity survey among children enrolled in government primary schools. Evidence Action, in partnership with National Institute of Epidemiology – Chennai (NIE), Post Graduate Institute of Medical Education and Research – Chandigarh (PGIMER), and GfK Mode, a market research firm conducted a STH prevalence and intensity survey among children aged 5 to 10, studying in government primary schools in the state. The survey was carried out across 264 schools in 44 blocks of 21 districts covering all 11 agro-climatic zones of Madhya Pradesh, testing a total

of 5617 children for worm infections via stool samples. The sampling survey strategy and epidemiological analysis was designed by the National Institute of Epidemiology. Stool samples were analysed by PGIMER in field laboratories using the WHO-recommended Kato-Katz method. The detailed survey report and findings were submitted to the State NHM (**Annexure B**).

Based on the findings of the prevalence survey, an annual school-based deworming program for school-age children is recommended in the state. Since the NFCP will administer albendazole to communities in 8 districts in 2015, it's recommended that the administration of school-based deworming program and the NFCP be timed six months apart to maximize impact. Prevalence survey also recommends that STH infection levels be surveyed every three years to assess the impact of the school-based deworming program, and to determine whether a change in treatment strategy would be warranted. Lastly, as transmission assessment surveys are an integral tool for the NFCP, Evidence Action also recommends that the state consider integrating assessments of STH prevalence with the lymphatic filariasis transmissions assessment surveys[8]. This is recommended by the WHO, and would allow for quick, cost-effective assessment of the impact of school-based deworming and the NFCP on STH prevalence in Madhya Pradesh.

1.5 Recent Advancements to the State Deworming Program

In light of the survey recommendations and to facilitate program planning and implementation, the state of Madhya Pradesh decided on 26th May, 2015 to undertake annual deworming for all children aged 1-19 using a fixed-day approach as NDD. **Thus the biannual deworming strategy for NIPI and BSM has been recently modified to an annual deworming round (National Deworming Day) under the larger umbrella of the NIPI program (Annexure C).**

2. About National Deworming Day

The deworming program in India reached a key milestone with the Government of India's launch of NDD on February 10, 2015. The first phase of NDD targeted all children aged 1-19 years in 12 states/union territories (Assam, Bihar, Chhattisgarh, Dadra and Nagar Haveli, Delhi, Haryana, Karnataka, Maharashtra, Madhya Pradesh, Rajasthan, Tamil Nadu, and Tripura) through the network of government and government-aided schools and AWC.

Evidence Action supported the Ministry of Health and Family Welfare (MoHFW) to plan and finalize operational guidelines for NDD. These guidelines laid out key objectives, operating principles, and roles and responsibilities of stakeholders, and provided budgetary allocations for states to finance program implementation. All training, community awareness materials, monitoring and reporting forms, and other reference materials available through the NDD resource kit were uploaded on the NHM website[9] for participating states/union territories for the launch of NDD.

Evidence Action supported a national-level orientation meeting on January 19, 2015 in Delhi for all states and union territories participating in the first phase, including the four states

[8] Assessing the epidemiology of soil-transmitted helminths during a transmission assessment survey in the Global programme for the elimination of lymphatic filariasis- World Health Organisation 2015

[9] http://nrhm.gov.in/national-deworming-day.html

where Evidence Action was engaged as technical assistance partner (Madhya Pradesh, Bihar, Rajasthan, and Delhi). On February 9, 2015, the Union Minister of Health inaugurated the NDD in Jaipur, Rajasthan. The State Minister of Health for Rajasthan and other senior officials from the national and state government participated in the launch event alongside representatives from development partners and the media. The event received extensive media coverage.

3. Introduction – School and *Anganwadi* - Based Deworming, Madhya Pradesh

3.1 Target Beneficiaries

All children between 1-19 years who were registered at AWCs and enrolled at government and government aided schools were targeted. In addition, out-of-school children were targeted through AWCs.

3.2 Key Stakeholders

Key stakeholders at the state level included the Health, Education, Tribal and WCD Departments and development partners including Evidence Action, UNICEF, and Micronutrient Initiative, whose roles are outlined below.

Health Department- NHM, Madhya Pradesh as the nodal agency, held the key responsibilities for ensuring procurement, transportation and distribution of albendazole was completed properly at all levels. The Department of Health was also responsible for training functionaries and disseminating adverse event management protocols, Information Education Communication (IEC) materials, and reporting and monitoring forms. It also provided financial guidelines and budgetary allocations to districts to support efficient and effective program implementation.

Education, Tribal and WCD Departments were responsible for providing requisitions of albendazole tablets to NHM based on school enrolment figures and the number of registered and out-of-school children targeted at AWCs. The departments were also responsible for ensuring that trainings on drug administration and adverse event management were attended by their respective functionaries, including headmasters, teachers, AWWs, and lady supervisors. Further, these functionaries were oriented on timely submission of coverage reports to the Health Department in standardized formats.

Evidence Action, funded by USAID for technical support activities, worked intensively with all stakeholders to ensure quality planning and implementation of deworming for school-age and preschool-age children. Technical support for BSM focused on tracking program preparedness and field-based monitoring. Evidence Action provided more intensive support on program planning, information sharing, and adoption of NDD operational guidelines to the state context.

4. Program Implementation

The state conducted the NDD on February 10, 2015, and mop-up days (MUD) were held from February 11-14 to reach out to children who missed the Deworming Day due to absenteeism or sickness. Earlier, BSM was held from December 23, 2014 to January 23, 2015. Through these two programs all children ages 1-19 years were targeted and the state submitted program coverage data from both programs to the MoHFW. The implementation of NDD includes several program components detailed below.

4.1 Policy and Advocacy

Although the state of Madhya Pradesh had confirmed its readiness for NDD to the MoHFW, there were concerns when the dates were announced given the schedule of existing initiatives. The Department of Health led a stakeholders' meeting on January 27, resulting in a consensus to implement the program within the time constraints. The state confirmed plans to conduct the Deworming Day on February 10 across all 51 districts, including the eight districts where lymphatic filariasis treatment took place in September 2014.

As part of NDD preparations, Evidence Action worked with the state to adapt operational guidelines, define timelines, and clarify roles of concerned stakeholders for program implementation, which were disseminated to all stakeholders **(Annexure D.1)**. The director of National Health Mission chaired a video conference meeting on January 31, 2015 to disseminate this information to all 51 districts, and to review preparations for NDD **(Annexure D.2)** in the presence of all stakeholders. Due to the tight timelines, this meeting was considered as a steering committee meeting for the districts. Further, all the districts implemented the program in accordance with the operational guidelines released at the state.

Evidence Action advocated with the Departments of Education and WCD to leverage existing resources for the Deworming program in order to maximize program impact. The departments supported initiatives such as uploading deworming-related information to the department's website and sending bulk SMS to program functionaries using existing portals.

In line with National Deworming Day financial guidelines, we supported the state health department to ensure inclusion of all program components, and related budgets in the proposed program implementation plan for the next financial year (2015-16). These have since been approved from the national government.

4.2 Program Management

Evidence Action's technical assistance was primarily provided by a three member dedicated state-based team, including staff field-based regional coordinators and short-term hires such as district coordinators and tele-callers, with additional support and guidance from the national team. Evidence Action's state team provided training to the field based and short term hires on various program components to build a strong common understanding of the program strategy.

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

Regional Coordinators: Evidence Action hired five regional coordinators for year-round engagement, with each responsible for 10-11 districts. They provided program management and oversight to the district coordinators, supported information sharing, led prompt remedial action in the field, guided advocacy with district officials, facilitated the training and distribution cascade, and ensured timely reporting of coverage data. After deworming activities were completed for the first round of NDD, and with support from the state team, their efforts shifted towards exploring opportunities at the districts for synergies with existing work and possible platforms to integrate deworming. The regional coordinators will continue working with district officials to include deworming in district action plans for the next financial year to support institutionalization efforts.

District Coordinators: 51 district coordinators were hired to support on-the-ground program coordination for a three month period around the Deworming round. District coordinators were instrumental in ensuring that IEC and training materials printed by Evidence Action were handed over to district medical officers one week prior to NDD. This was a time-bound activity with tight timelines, but was critical to the program implementation. District coordinators ensured timely delivery of training materials, and further distribution of NDD kits at the trainings for all functionaries at school and anganwadi levels. They participated in trainings at district and block levels and escalated any observed gaps to regional coordinators and the state team for appropriate follow-up at the state level.

Tele-Callers: Six tele-callers were hired to support the deworming round, including one who was placed in the State NHM to support the *Bal Suraksha Mah*. The remaining five were each assigned to work closely with one regional coordinator, as well as the district coordinators within their region. They made calls to block level officials as well as schools to receive updates on program preparation, used to complete daily trackers. These allowed for faster dissemination of information between teams and facilitated timely corrective actions by state government officials.

With support and inputs provided by short term hires, Evidence Action's state team held debrief sessions with the officials at health department of the state to share updates and information from monitoring visits made to schools and *anganwadi* during the Deworming Day. These updates resulted in issuance of letters to the districts prescribing corrective action around issues such as drug and IEC availability, to ensure adherence to program guidelines and support increased coverage **(Annexure E).**

4.3 Drug Procurement, Storage, and Transportation

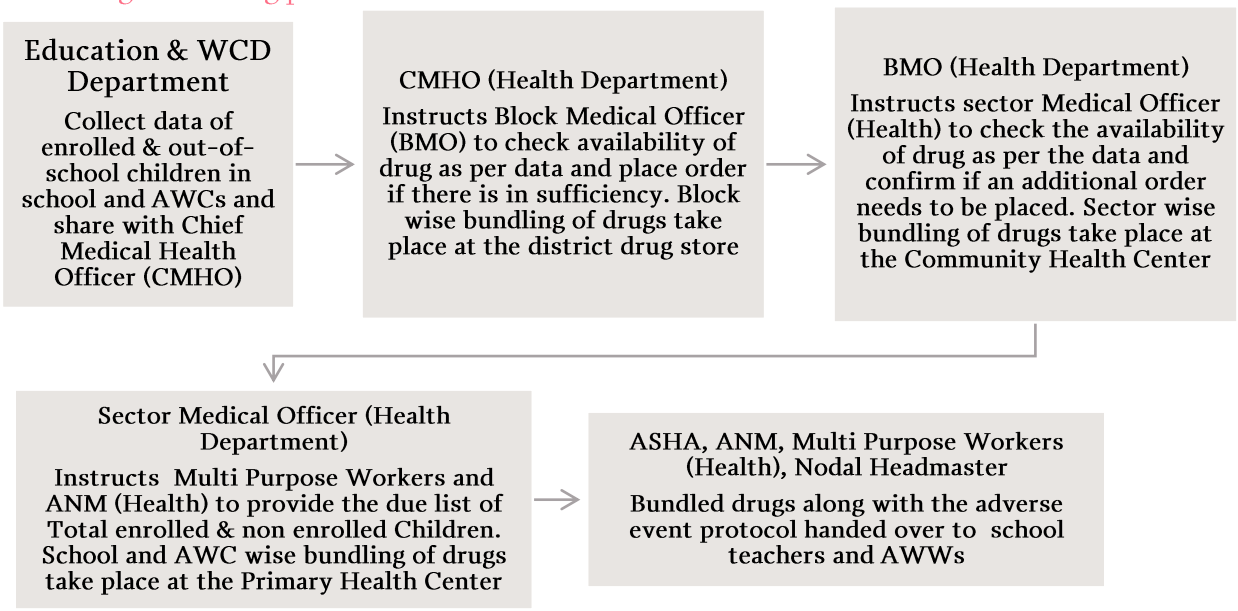
Drug Procurement: The Government of Madhya Pradesh administered albendazole syrups to preschool - age children as part of the BSM program. On NDD, preschool-age children who had not been treated in January were given albendazole suspension, while albendazole tablets were given to school-age children aged 5-19 years. The drug requirement was determined based on enrolment data at schools and *anganwadi* across the state, factoring in a buffer for out-of-school children, wastage, and spoilage. Both tablets and syrups for the deworming round were procured by the government. Before administration, a sample of drugs were tested in a government accredited laboratory to assure quality and safety.

Evidence Action worked in close coordination with the nodal officer of the deworming program in the health department and further with the state procurement cell to facilitate availability of deworming drugs across the state. Based on the State Drug Management Information System (SDMIS)[10] data, the state health department issued directives to districts with insufficient supplies of tablets to ensure drug availability through open market purchase. A total of 25 districts were falling short of sufficient drug supplies and were advised to borrow from neighbouring districts, with support from regional directors of the health department.

For future deworming rounds, the state can avail of donated drugs for school-age children through the global drug donation program coordinated by WHO. Evidence Action worked with the nodal officer to complete the drug requisition for 2015-16 in August 2014. The drugs for next deworming round (2016) were received at the state in form of two consignments on June 13 and June 18, 2015.

Drug Distribution: As per NDD operational guidelines, and established best practice, drug distribution was integrated with the training cascade (as detailed in the training section below), whereby NDD kits were provided to health functionaries at the district level trainings for onward distribution. The kits included drugs, IEC materials, and reporting forms. The district level procurement and distribution cascade is depicted in Figure 1:

Figure 1: Drug procurement and distribution cascade for NDD at district level



Adverse Event Management: In order to provide guidance on roles and responsibilities of functionaries to minimize adverse events related to drug administration, and to handle and report adverse events that did occur, Evidence Action assisted the state health department to prepare a detailed adverse event management protocol that included emergency contact numbers and a briefing on media handling. This was later translated in Hindi and shared with

[10] SDMIS is the state's online portal for monitoring drug availability, expiry, supply chain, receipt of drugs, and surgical items, and budget utilization. The users include Chief Medical Health Officers, District Hospitals, Special Hospitals, Suppliers, Procurement Cell Users, District Vaccine Stores, and District Malaria Officers.

district level medical officers. 88 mild cases were reported across 10 districts, with no serious adverse events reported (**Annexure F**).

4.4 Public Awareness and Community Sensitization

Activities designed to increase community awareness of deworming were rolled out right after the decision on the NDD date was taken. This was essential as sensitization of the community, including kids and families, help build their trust on deworming, alleviate worries related to adverse events, and overall leads to greater program uptake. The plan included activities that had greater outreach, such as newspaper advertisements; radio jingles; posters at schools and AWCs; *miking* using *mamta raths* (mobile health vans at district and block levels used for information dissemination among communities); banners at health, education and WCD offices; and wall writings. The 30-second radio jingles were run through 17 FM channels and 15 All India Radio (AIR) stations at the state level. Sixty-second TV scrolls were broadcast over local cable channels. The Deworming and mop-up day dates were highlighted in all IEC materials along with other key deworming messages to ensure maximum attendance of the children at the schools and AWCs (**Annexure G1**).

Frontline health workers were oriented in sector level trainings on community sensitization messages and tasked to spread these messages through platforms such as morning assembly at schools, parent-teacher meetings, AWCs, and home visits. While the states were allocated financial resources under NDD for conducting IEC activities, time constraints and lengthy approval processes for procurements and printing caused delays within the government system.

To mitigate this challenge, Evidence Action worked in consultation with the state IEC cell to contextualize messages for posters and banners, and to support printing and distribution of 2,41,594 posters; 939 banners; and 1092 sun-boards to the district level. Field monitoring teams reported that IEC materials were sufficiently available; more details are highlighted in the sections below.

The state was also provided with financial incentives for ASHA workers to motivate them for community mobilisation, but due to the shortage in time and the lack of clarity in its operationalisation, the same could not be utilised.

Inaugural Launch Event: Evidence Action supported NHM to prepare for the February 10 launch at Kamla Nehru Girls Higher secondary school in Bhopal. At the event, NDD was inaugurated by the Honourable Health Minister of the state in the presence of senior state officials from other stakeholder departments.

Evidence Action also briefed media representatives about the program and the event, resulting in widespread coverage. Media kits included key information on the program such as a concept note shared by state NHM. District-level launch events were held widely across the state. The events were led by local district administration and supported by Evidence Action district coordinators **(Annexure G2).**

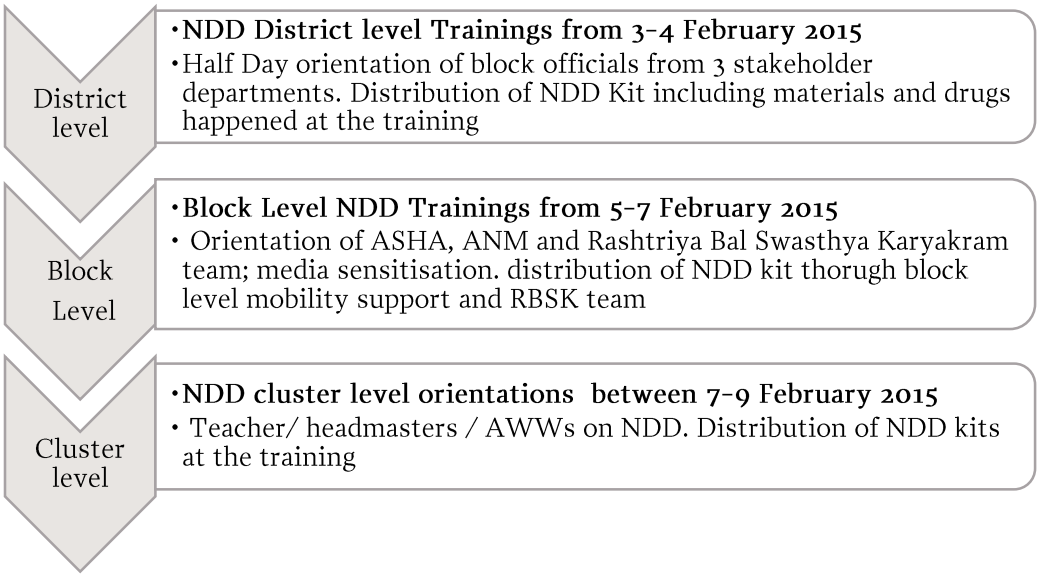
"I know the benefits of taking the deworming medicine. This will help me get rid of worms in my stomach and will make me healthy. I will be able to perform better in school"

Chanchal Kumari, 11 years
Student at Government Higher Secondary School
Anchal Kheda, Hoshangabad District (February 12, 2015)

4.5 Training Cascade

Evidence Action supported the implementation of the training cascade as depicted below, to orient various levels of functionaries in the key departments.

Figure 2: Training cascade followed in Madhya Pradesh during NDD February 2015



As per the cascade, trainings for various functionaries from district to cluster level covered the basics of deworming and detailed operational aspects of the program. According to reports shared by the state government with the Government of India, 76,090 teachers and headmasters; 55,450 AWWs; and 44,518 ASHAs were trained under the NDD training cascade.

Training Resources: Evidence Action helped contextualize materials from the NDD resource kit according to state requirements, including training presentations, handouts for frontline workers, and frequently asked questions (FAQs). Following a request from the state government, Evidence Action supported printing and district-level distribution of handouts and FAQs (number printed=558,713) for headmasters, at which point they were integrated in the cascade **(Annexure H1).**

Training Support: Evidence Action's regional and district coordinators participated in all 51 district-level trainings under NDD. Additionally, the team attended a sample of block-level trainings to provide support and assess quality **(Annexure H2)**

SMS*:* To reinforce key training messages, the state departments sent post-training SMS through their existing platforms to various functionaries. Approximately 68,200 and 78,364 SMS were sent by the State NHM and the Department for Women and Child Development respectively.

Additionally, Evidence Action sent 500,000 SMS to approximately 150,000 headmasters, 50,000 ASHAs and 78,000 AWWs as reminders on date of NDD, Deworming and its benefits, reporting timelines and adverse event management. The NDD radio jingle was also sent as an Interactive Voice Response SMS at three points during NDD and MUDs to 50,000 ASHAs to facilitate mobilization of out-of-school children to the nearest AWC **(Annexure H3).**

Website Uploads: To access information on deworming, functionaries at state, district and block levels visited their respective departmental website to gather information. Opportunity was leveraged to upload key training messages, guidelines, training materials, and reporting timelines to reinforce messages and strengthen program operationalization. As of March 2015, a total of 2586 hits for joint directives, 4800 downloads for reporting forms, and around 8600 downloads for joint directives and reporting formats were reported, according to the Joint Director of WCD **(Annexure H4).**

Highlights from National Deworming

- ✓ The program launch was held on February 10, 2015 at state and districts with political commitment and bureaucratic leadership.
- ✓ Consultants from MoHFW, Government of India, state health department, and development partners including Evidence Action, conducted monitoring visits on NDD. Evidence Action shared findings from the field with the MD, NHM on the same day.
- ✓ The state NHM issued a common letter to all district health departments stating feedback observed on deworming day. Additionally, any districts, blocks, schools, or AWCs that had gaps such as insufficient drugs, reporting forms, or IEC materials were directed in how to fill the gaps to enable higher coverage of all children during the mop-up days.
- ✓ The mild adverse events reported were managed well on the ground. No severe adverse events were reported.
- ✓ Evidence Action hired and trained an independent agency to conduct independent monitoring. The agency visited 125 schools across the state on both deworming day and mop-up day.
- ✓ The state government and development partners worked together to facilitate coverage reporting. The state reported dewormed 1,84,90,500 children out of approximately 2,08,51,407 children in the target age group.

5. Monitoring and Evaluation

Understanding program reach and quality is a key component of a successful deworming intervention. In order to fulfil this need, Evidence Action worked intensively with the state health, and education, departments to ensure quality planning and implementation of the deworming program. The preparedness of the school, AWCs and health systems to undertake

deworming, adherence to the prescribed deworming processes, and ensuring accurate reporting of coverage, are key components of the supportive supervision process, followed by Evidence Action. The process of monitoring and evaluation in each deworming program round are performed in three ways: (1) process monitoring, (2) coverage reporting and (3) coverage validation. In Madhya Pradesh, as preschool-age deworming was implemented through the BSM, monitoring efforts focused on the school-age program through the NDD. In the future, it will be important to expand monitoring to *anganwadis* to better understand program preparedness and performance.

5.1 Process Monitoring, Coverage Reporting, and Coverage Validation

Process monitoring assesses the preparedness of the schools, *anganwadis*, and health systems to implement mass deworming and the extent to which they have followed correct processes to ensure a high quality deworming program. Evidence Action assesses the program preparedness during pre-deworming phase and selected independent monitors observe the deworming processes on Deworming Day and mop-up day. We conduct process monitoring in two ways: a) telephone monitoring and cross verification, and b) physical verification by visiting schools and training venues.

A two-stage probability sampling process[11] was followed to select schools for NDD, mop-up day and coverage validation. Evidence Action hired an experienced independent research agency, SPECTRA Research and Development Private Limited, to conduct field-level process monitoring and coverage validation across 125 blocks in 50 districts of the state[12]. A two-day training was held with 125 independent monitors and supervisors to equip them with knowledge to monitor the deworming program effectively. The monitors visited 125 randomly selected schools on NDD, and an additional 125 schools on mop-up day (February 14) to check for adequacy of drug supplies and awareness materials, and assess whether teachers had received training, and had knowledge of adverse event management protocols and reporting processes. Monitors gathered data by observing deworming and by interviewing headmasters, teachers, and randomly selected students. An additional 750 randomly sampled schools were surveyed from February 18-26 to check whether deworming occurred and reporting protocols were followed, and to validate the coverage reporting.

Field Monitoring Visits for Process Monitoring: Evidence Action's field team of regional and district coordinators conducted visits to districts and blocks, to physically verify drug and IEC availability and training status.

Telephone Monitoring and Cross Verification for Process Monitoring: Our tele-callers placed phone calls to track the delivery and availability of training, drug, and IEC materials at the district, block, and school/*anganwadi* levels as Deworming Day approached. Approximately

[11]Blocks were selected by Probability Proportional to Size (PPS) sampling, followed by random sampling of schools to provide state-wide estimates of indicators. We used PPS sampling to select blocks in Madhya Pradesh, according to the number of schools in that block. PPS corrects for unequal selection probabilities in random sampling of unequally sized blocks. After selecting blocks, we randomly selected schools from within those blocks.

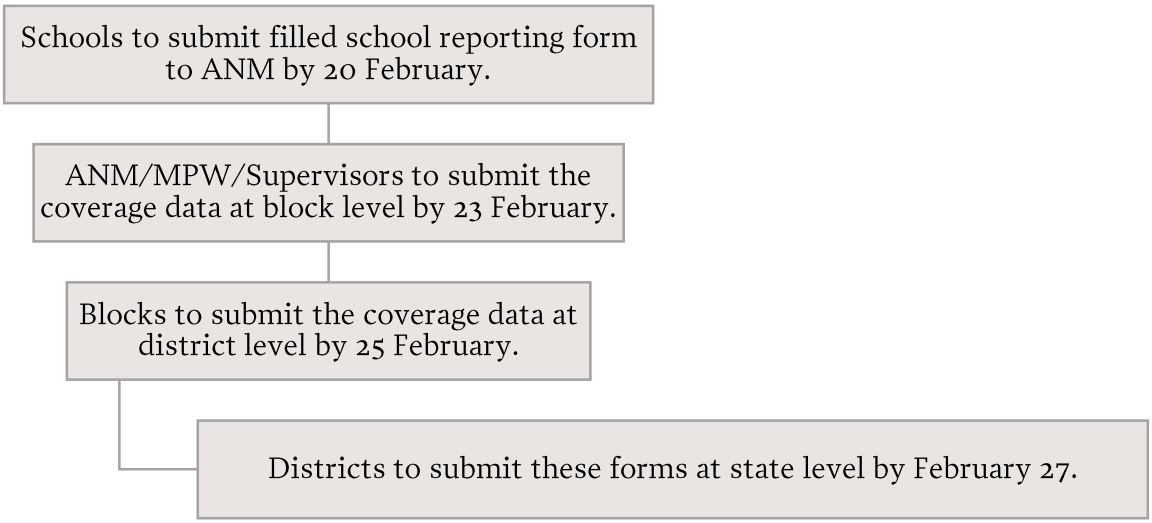
[12] Of the total 313 blocks, 125 blocks were covered under independent monitoring in 50 districts of Madhya Pradesh. Currently there are 51 districts in Madhya Pradesh and our sampling frame included a list of all the schools in the state as newly formed district 'Agar Malwa' was subdivided from the existing 'Shajapur' district.

4,840 successful[13] calls were made from February 1 to 14, including 1,097 calls to schools across 313 blocks and 51 districts, and another 3,586 calls to block and district officials.

Tele-callers created tracking sheets to outline issues identified during calls and monitoring visits. Issues at the district, block, and school levels were shared with the state government to ensure that the government was able to take corrective action to address the gaps in real time as necessary.

Coverage Reporting assesses the estimated numbers of program beneficiaries, and is a crucial component to measure success. With close support from Evidence Action's state and field teams, the Department of Health collected and compiled the coverage report for NDD within the established reporting timelines. School teachers had been trained on the recording and reporting protocols during their trainings. These protocols, along with the reporting cascade and timelines, were also shared with all districts through the state's directives (Annexure C1). In order to improve the accuracy of coverage reporting by the schools, every participating school was instructed to follow a recording protocol for deworming. Every teacher was required to put a single tick mark (✓) next to a child's name in the attendance register if they were administered albendazole on Deworming Day. The teachers were instructed to put a double-tick mark (✓✓) next to a child's name if s/he had been administered albendazole on mop-up days. These tick marks are intended to be the basis for the numbers reported by every school in forms. Schools were supposed to provide the number of enrolled children dewormed by counting the single and double tick marks in the attendance registers. School headmasters were responsible to compile the number of dewormed children from attendance registers of each classes in the school, fill the school reporting format and submit it to the next level. Coverage reporting structure and timeline is shown below:

Figure 3: Coverage Reporting Structure and Timeline



Coverage validation is an ex-post check of the accuracy of the reporting data and coverage estimates. Coverage validation data was gathered through interviews with headmasters and three students (in three different randomly selected classes) in each school, and by checking

[13]Successful calls were those where the tele-caller collected the intended information.

all class registers and reporting forms[14]. These activities provides a framework to validate the coverage reported by the schools and calculate the level of inaccuracy in the reporting data by comparing the ticks with the numbers reported in school reporting forms.

6. Key Findings

During its first round, NDD coverage surpassed 80% of targeted children, as well as schools participating in NDD. Significant room for improvement was revealed in the area of training coverage as well as availability of materials such as reporting forms. The key results are provided below; further details of independent monitoring are shared in **Annexure 1**.

Deworming in Schools: Interviews with headmasters indicated that 86% of schools had done deworming either on NDD or mop-up day. 82% of enrolled children interviewed on deworming day, mop-up day or coverage validation, indicated that they had received a deworming tablet on one of these days. Average attendance based on data from NDD, mop-up day and coverage validation was found to be 64% **(Annexure 1, Table 9 and 12)**.

In conjunction with the 82% of enrolled attending children who said they had been dewormed, this suggests that approximately 52% (or 82% of the average 64% children who attended during the Deworming Day) of enrolled children received albendazole in schools during NDD. The only way coverage could be significantly higher is if a significant number of the children who attended on NDD did not attend school on mop-up day, and if the children who did not attend on the mop-up day attended on NDD. Therefore, the coverage numbers are based purely on attendance and children who said they had been dewormed on NDD or mop-up day, suggest that coverage could have been higher in schools, if greater attendance had been seen at schools.

Drug Availability: 75% of schools reported that they had sufficient drugs (sufficient drugs is defined here as availability of drugs in accordance with number of children enrolled in the school) for deworming. ORS, given as part of adverse event management (AEM) was available in greater quantities than deworming tablets. The district variation in drug availability is represented in **Annexure 1 (Tables 5, 9, and 12)**.

Reporting Forms and IEC Materials: Reporting forms **(Annexure 2** were available in only 43% of schools, while 65% of schools received the posters related to deworming. 54% of interviewed children were aware that the medicine given to them was for deworming. In addition, only 7.9% had heard about deworming from their parents, while 11% had read about deworming through newspapers, whereas, majority of the student (77 %) had heard about deworming from their teacher/school and other sources of information were radio, television, posters, street theatre and friends and relatives. **(Annexure 1, (Tables 3 and 12).**

Training Status: There was limited awareness about training. Only 40% of schools attended deworming related training, with 35% of schools reporting that they did not know the dates of the training and 50% of schools reporting that they did not receive information about deworming related training. 44% of schools did not receive any handouts about deworming. As a result of limited training, it appears that many standard protocols were not followed. For example, less than half of teachers were observed giving any health education on the benefits

[14]Please note that the coverage validation is only able to check the coverage of enrolled children in schools.

of deworming. Findings on reinforcement SMSs suggest that only 40% of headmasters had received any SMS related to the deworming program **(Annexure 1, Tables 2, 9, and 12).**

Training Effectiveness: Trained schools performed better than untrained schools on most indicators. For example, 65% of trained schools and only 34% of untrained schools were aware that a reporting form needed to be submitted after the Deworming Day. Generally, there was very limited awareness around the date of report submission, with only 19% of schools, both trained and untrained, aware of when reports needed to be submitted **(Annexure 1, Tables 3 and 10).**

Management of Adverse Events: The teacher interviews suggested limited awareness about the possibility of adverse events. More than half the teachers interviewed on NDD and mop-up day did not think there could be any adverse events due to deworming. In addition, 65% of teachers indicated that they would take a child to hospital immediately in case of an adverse event, instead of following standard adverse event management protocols and assessing the seriousness of the situation **(Annexure 1, Table 6).**

6.1 Program Coverage

The total coverage data from Madhya Pradesh indicates that 18,490,500 children were dewormed during BSM and NDD activities, against the total target of 20,851,407 children. Thus, the total coverage from the two programs is 89**%** according to government reported figures. Substantial district wise variation was observed in total coverage reporting for the BSM and NDD. The following section explores the extent to which the reported coverage figures might be an accurate reflection of the number of children dewormed.

6.2 Recording Protocol and Coverage Validation

Monitors visited 750 schools for coverage validation. 78% of schools were following correct reporting protocols on NDD and mop-up day. To validate coverage of enrolled children, the aggregated number of ticks in school registers is compared to the deworming coverage reported in the school reporting forms submitted to the state to arrive at a state level verification factor[15]. The factor, in this case of 0.8925, indicates that for every 89 enrolled children who were recorded as dewormed in the schools, the school reported that 100 enrolled children had been dewormed. This indicates an overall state level inflation rate16 of 12.04%. In other words, the number of children which the state reported was 12% higher than the number found recorded in school registers. It is clear that training increased the accuracy of reporting significantly. Trained schools had reporting inflation of 5.57%, while non-trained schools had reporting inflation of 18.50% (**Annexure 1, Table 2, 8, and 12**).

[15] A verification factor of 1, means the schools reported exactly what they had recorded as being dewormed. A verification factor less than 1, indicates over-reporting.; a verification factor greater than 1, indicates under-reporting.

[16]This inflation means that the numbers being reported in the reporting forms from schools appeared to be approximately 12% higher than the numbers being recorded in attendance registers.

7. Recommendations

It is critical that all program components are aligned to prevent gaps and delays in program execution. Of particular importance are IEC, training, drug logistics, and adverse event preparedness and correct reporting. Following are the key recommendations for program improvements that emerged out of the monitoring and evaluation

1. The preparatory activities leading up to the NDD were conducted under a compressed time schedule. In forthcoming rounds, all stakeholder engagement and planning and preparations will be initiated in advance as per the operations plan.
2. Findings from this round suggest a need for strengthening the integrated distribution mechanism of drugs, IEC, and reporting forms through the training cascade. The integrated approach will ensure that schools and *anganwadis* are sufficiently equipped to effectively implement Deworming activities for good program coverage and quality.
3. Intensive efforts towards generating community awareness and mobilization for high program coverage will be critical for program success. For instance, parents and siblings may be targeted with specific community mobilisation activities in campaign mode for increasing coverage of out-of-school children. More engagement of ASHAs and AWWs, who conduct community based meetings, mobilize children, conduct health education activities should be encouraged. Utilizing incentives approved by the national government for ASHA workers will provide motivation to these workers to conduct activities for community engagement. Other school based initiatives like talks in the assemblies, *prabhat pheris* led by children can also be explored in future rounds.
4. Training is a critical component of the program. Findings about training attendance suggest that quality and coverage can be improved in future rounds by ensuring that sessions are planned earlier and that greater emphasis is placed on communicating training dates. Findings also suggest that reinforcement SMSs, which were sent post-trainings, should also be sent before the deworming round to inform functionaries about the training dates to maximize participation. Finally, better attendance at trainings may also be used to capture contact details, improving the ability of the deworming program to reach out to the ultimate implementers of the program. Improving attendance at trainings will likely benefits on the distribution cascade as well, since drugs and materials are intended to be distributed at the time of training.
5. Coverage validation findings indicate that following recording protocols and accurate reporting is key to get accurate coverage estimates. Differences in reporting between trained and non-trained schools, suggest that a greater emphasis on recording protocols will improve the quality of coverage data in the next round. These, as other program messages are reinforced at the trainings and therefore participation at the trainings is a key element to program success.
6. The database of functionaries across all stakeholder department needs to be regularly updated and strengthened to ensure information dissemination on the program is reaching the key audience in a timely manner to allow for action as needed.

8. Way Forward

The state's completion of the first round of NDD and its timely reporting of program coverage data has created a strong foundation for future deworming rounds in Madhya Pradesh.

Learnings from the first round of mass school and *anganwadi*- based deworming will be incorporated in the planning and implementation of future rounds. Furthermore, many of the best practices, learnings, and experiences from the deworming program can be applied to other child health programs. Efforts were initiated to institutionalize deworming in state government's agenda by including activities and budget lines in the annual Program Implementation Plan (PIP) and work plans. Continued follow-up with the state to ensure deworming resources and activities are approved will be done to support these efforts over time.

The state of Madhya Pradesh has become a true hallmark for evidence-based program planning. The state's decision to finalize the deworming treatment schedule based on prevalence survey recommendations, as well as implementing the National Deworming Day under the NIPI umbrella are reflective of that. Achievements, learnings, and best practices from Madhya Pradesh will be shared with other implementing states and will help align deworming strategies nationally. In addition, Evidence Action plans to further strengthen the existing deworming program in line with the recommendations above and in close collaboration with other stakeholders. We also plan to strengthen the program through exploring new initiatives around human-centric training designs, data quality assessments, and SMS-based coverage reporting under the guidance of the state. Finally, in light of the deworming program's great potential to improve health, education and productivity for millions of children in Madhya Pradesh, the government's continued commitment and support for program sustainability is critical.

Annexures

Annexure 1: Details of Independent Monitoring
Annexure 2: School Reporting Format
Annexure A: State Coverage Report
Annexure B: State Prevalence Survey Brief
Annexure C: NIPI State Advisory Committee Meeting
Annexure D1: State Joint Directives
Annexure D2: State Level Video Conferencing
Annexure E: Letters issued to CMHOs
Annexure F: Adverse Event Protocol
Annexure G1: Public Awareness and Community Sensitization
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Annexure H4: Website Uploads

Annexure I:

Details of Independent Monitoring

Table 1: Sample Sizes During Independent Monitoring. Day of Visit	No. of Schools Visited	No. of Headmasters/Teachers Interviewed	No. of children Interviewed
Deworming Day	125	125	125 (1 child per school)
Mop-Up Day	125	125	125 (1 child per school)
Coverage Validation	750	750	2,250 (3 children per school)
Total	**1,000**	**1,000**	**2,500**

Table 2: Training Related Indicators (Deworming Day and Mop-Up Day Monitoring)	Deworming Day (125 Schools)	Mop-Up Day (125 Schools	Aggregate (DD & MUD, N=250 Schools)
Indicators	Percentage	Percentage	Percentage
Responses from headmasters/headmasters interviewed:			
School representative attended training for deworming Program	44.8	47.2	46.0
For schools that didn't attend training, reasons were:			
Problem with the location of training	10.9	11.5	11.2
Problem with the timing of training	9.4	4.9	7.2
Weren't aware of the date of training	51.6	41.0	46.4
Problem due to monitory constraints	4.7	3.3	4.0
Other reasons*	25.0	39.3	32.0
*Among the other reason (Don't know/no information about training)	87.5	100	95.0
Responses from teachers interviewed:			
Training status of teachers who were conducting deworming:			
Teachers who were trained at Block level training	13.6	21.6	17.6
Teachers trained by Headmaster or other teachers	20.8	16.8	18.8
Teachers who did not receive training	64.0	60.8	62.4
Based on monitor's observation			
Deworming activities were taken place in the class	69.6	49.6	59.6

Type of health education about Deworming had given			
Harmful effects of worms	40.2	38.1	39.3
How worms get transmitted	41.4	42.9	42.0
Benefits of deworming	50.6	41.3	46.7
Methods of STH prevention	40.2	36.5	38.7
No Health education given	26.4	12.7	20.7
Percentage of teachers who identified sick children before administering the tablet	70.1	76.2	72.7
Schools where the drug was being given by teachers/headmasters	88.5	74.6	82.7
Teachers who told the children to chew the tablets before swallowing it	83.9	79.4	82.0
Teachers who followed the correct recording protocol of ticking (single tick on deworming day and double tick on mop-up day)	78.2	39.7	62.0
Schools where children were given less than one tablet	12.6	4.8	9.3

Table 3: Awareness Related Indicators (From Deworming Day and Mop-Up Day Monitoring)	Deworming Day (N=125 Schools)	Mop-Up Day (N=125 Schools)	Aggregate (DD & MUD, (N=250 Schools)
Indicators	Percentage	Percentage	Percentage
Poster visibility			
Schools in which the poster was clearly visible to all	48.0	43.2	45.6
Schools in which the poster was partially visible/ hidden in a room	3.2	8.8	6.0
Schools in which the poster was not visible	10.4	16.0	13.2
Schools which did not receive the poster	38.4	31.2	34.8
Received SMS about deworming program	35.2	40.8	38.0
Schools where handouts about deworming program was available	58.4	59.2	58.8
When teachers were asked. handouts was helpful for:			
Drug dosage and administration	11.2	14.4	12.8
Adverse event	12.0	14.4	13.2
Health information on STH and transmission	14.4	16.8	15.6
Prevention of worm infection	36.0	43.2	39.6
Schools where safe drinking water was available	88.5	85.7	87.3
Teachers aware that if child is unwell could not give her/him the deworming tablet	64.8	76.0	70.4
Teachers aware that one deworming tablet were to be given	87.2	93.6	90.4
Responses from the children interviewed:			

Children who knew what the medicine was for deworming	64.6	66.1	65.4
Children who knew about deworming, even though they did not know what the tablet was for	14.7	18.9	16.9
Children who had heard of deworming before Deworming Day/before Mop-up day	25.4	49.4	38.2
Children who had heard of deworming on Deworming Day/Mop-up Day	62.0	21.0	40.1
The following are the mediums through which children became aware of deworming-			
Teacher/School	71.8	81.5	77.0
Radio	7.0	6.2	6.6
TV	4.2	6.2	5.3
Newspaper	4.2	4.9	4.6
Posters	11.3	11.1	11.2
Street Theatre	1.4	4.9	3.3
Parents/Siblings	11.3	4.9	7.9
Friends/Relatives	1.4	1.2	1.3

Table 4: Reporting Indicators (From Deworming Day and Mop-Up Day Monitoring)	Deworming Day (N=125 Schools)	Mop-Up Day (N=125 Schools)	Aggregate (DD & MUD) (N=125 Schools)
Indicators	Percentage	Percentage	Percentage
Schools where school reporting form was available	55.2	58.4	56.8
Respondents who were aware of the last date of submission of school reporting form	20.8	24.0	22.4
Respondents who were aware of whom to submit the school reporting Form to	17.6	15.2	16.4
Respondents who were aware of one copy of school reporting form to be submitted	44.0	50.4	47.2
Respondents who were aware that a copy of school reporting form have to retain in the school	46.4	76.8	61.6

Table 5: Drug Availability and Storage Indicators	Deworming Day (N=125 Schools)	Mop-Up Day (N=125 Schools)	Aggregate (DD & MUD, N=250 Schools)
Indicators	Percentage	Percentage	Percentage
Respondents who got information about drug delivery at block level headmaster's training	41.6	38.4	40.0
Schools received deworming tablets	75.2	90.4	82.8
According to the drug packets, the expiration date was			

Before deworming day on deworming day schools/before mop-up day on deworming day schools	5.3	3.5	4.3
After deworming day on deworming day schools/before mop-up day on deworming day schools	94.7	90.4	92.3
Schools where the monitor observed spoilt tablets was			
Thrown away	25.3	22.2	24.0
Given to Children	3.4	-	2.0
Left on the floor	1.1	-	0.7
Kept in some other place	4.6	4.8	4.7
Schools that received deworming drug at cluster level training	31.9	26.3	28.8
Schools where children received deworming tablet on deworming day/ mop-up day	69.6	88.0	78.8
Schools where storage was away from the reach of children	88.3	92.1	90.4
The followings were available on the schools			
ORS	91.9	88.9	90.4
DOMPERIDONE	54.8	47.6	51.2
PARACETAMOL	79.0	76.2	77.6
CHLORPHENIRAMINE MALEATE/CETIRIZINE	58.1	38.1	48.0
Responses from children interviewed:			
Children who said they received a deworming tablet	70.4	84.0	77.2
Children who said they received medicine from the teacher/headmaster	79.2	82.6	81.0
Children chewed tablet before swallowing	76.0	78.0	77.1

Table 6: Adverse Events Related Indicators (from Deworming Day and Mop-Up Day Monitoring)	Deworming Day (N=125 Schools)	Mop-Up Day (N=125 Schools)	Aggregate (DD & MUD, N= 250 Schools)
Indicators	Percentage	Percentage	Percentage
Teachers aware that unwell children could not get the deworming tablet	64.8	76.0	70.4
Teachers who thought it was acceptable for sick children to be dewormed	8.8	5.6	7.2
Teachers who did not identify sick children before administering the tablet	29.9	19.0	25.3
Schools where the monitor observed types of adverse event			
Stomach ache	2.3	1.6	2.0
Nausea	5.7	1.6	4.0
Vomiting	8.0	3.2	6.0
Diarrhea	-	-	0.0

Teachers who did not think there could be adverse effects due to deworming	52.8	52.0	52.4
Children who felt healthy before taking the tablet	68.8	63.3	65.9
Teachers who believed the following to be the adverse effects of deworming			
Mild abdominal pain	49.2	60.0	54.6
Nausea/Vomiting	67.8	75.0	71.4
Diarrhea	25.4	36.7	31.1
Fatigue	16.9	28.3	22.7
When asked about their response in case a student suffers from adverse effects, the teachers answered:			
Make the child lie down in shade	36.8	42.4	39.6
Take the child to the hospital immediately	55.2	75.2	65.2
When asked about their response in case a student continues to suffer from adverse effects, the teachers answered :			
Administer ORS to the child	35.1	38.1	36.7
Call PHC or emergency number	38.1	39.8	39.0
Take the child to the hospital immediately	60.8	65.5	63.3

Table 7: Coverage Validation Indicators (N = 750 Schools)	
Indicators	Percentage
Responses from Headmaster Interviews	
Attended Training for Deworming Program	37.7
For schools that didn't attend training, reasons were:	
Problem with the location of training	2.4
Problem with the timing of training	4.1
Weren't aware of the date of training	31.6
Problem due to monitory constraints	2.7
Other reasons*	56.2
*No information about training)	95.7
* No deworming event conducted	2.4
Percentage of schools received the followings	
Poster	64.7
Handouts	55.3
Others	1.6
Received SMS about deworming program	41.1
Schools had the sufficient drugs for deworming	79.2
Schools had extra storage of drugs after deworming	52.0
Schools where school reporting form was available after deworming and mop-up day	37.9
For schools that didn't have school reporting form, reasons were:	
Did not receive	32.0
Submitted to block resource persons (BRP)	28.1
Unable to locate	10.7
Others	25.5

Schools had complete school reporting form	**38.7**
Schools did deworming on deworming or mop-up day	**88.7**
Schools reported mild adverse event after taking the medicine	**5.5**
Schools reported serious adverse event after taking the medicine	**0.1**
The followings adverse event was happened after taking the medicine	
Mild abdominal pain	**35.7**
Nausea/Vomiting	**66.7**
Diarrhea	**2.4**
Fatigue	**11.9**
When asked about their response in case a student suffers from adverse effects, the headmaster answered:	
Make the child lie down in shade	**73.8**
Take the child to the hospital immediately	**7.1**
Schools said they had received an adverse event reporting form	**45.3**
If schools received adverse event reporting form, was the adverse event reporting form was available at the school	**68.1**
If the schools had an adverse event form available, was the adverse event reporting form filled out	**25.8**

Table 8: Coverage Validation Indicators (N=750 Schools, except where noted)	
Indicators	
State level verification factor (Coverage Reported in Reporting Form / Records in Attendance Register)	0.89250
School following the recording protocol	84.4%
State inflation rate (which measures the extent to which the recording in school reporting forms exceeds records at schools)	12.0 %
State level inflation rate among trained schools (which measures how much the coverage reported in reporting forms exceeded school records in registers for schools that received training)	5.6%
State level inflation rate among untrained schools (which measures how much coverage reported in reporting forms exceeded school records in registers for schools that were not trained)	18.5 %
School level inflation rate for schools that followed the recording protocol (measures how much coverage reported in reporting forms exceeded school records in registers, for schools that were following recording protocols, i.e., ticking).	11.8 %
Children received deworming tablet (Children's response that includes children interviewed on Deworming Day and Mop-up Day)	81.8
Enrolment- Attendance Analysis	
Children present on Deworming day(based on Deworming Day Monitoring data, N= 125 Schools)	55.8%
Children present on Mop-up day (based on Mop-Up Day Monitoring data 125 Schools)	52.8%
Children present on Deworming day(based on Coverage Validation data)	66.3%

Average attendance of children on Deworming day and Mop-up day ((based on Deworming Day or Mop-Up Day & Coverage Validation data, N = 1000 schools)	63.8%

	Indicators for Table 9
I_1	Attended Training for deworming program
I_2	Received SMS about deworming program
I_3	Received poster about deworming program
I_4	Received handouts about deworming program
I_5	Had the sufficient drugs for deworming
I_6	Had school reporting form available
I_7	Deworming on Deworming or Mop-Up Day according to headmaster

Table 9 : District Wise Variation In Key Indicators (DD, MUD & CV)								
Districts	Indicators							
	I_1	I_2	I_3	I_4	I_5	I_6	I_7	N (schools)
ASHOK NAGAR	93.8	31.3	68.8	37.5	87.5	68.8	87.5	16
BHIND	45.8	25.0	70.8	66.7	37.5	37.5	66.7	24
CHHATARPUR	47.8	43.5	73.9	43.5	73.9	39.1	87.0	23
DATIA	68.8	18.8	56.3	50.0	93.8	31.3	100.0	16
GUNA	50.0	43.8	75.0	43.8	75.0	81.3	87.5	16
GWALIOR	12.5	68.8	25.0	12.5	37.5	18.8	56.3	16
MORENA	8.3	16.7	50.0	54.2	33.3	37.5	79.2	24
PANA	41.7	45.8	54.2	41.7	79.2	20.8	83.3	24
SHEOPUR	37.5	0.0	75.0	87.5	75.0	50.0	75.0	8
SHIVPURI	70.8	70.8	79.2	58.3	62.5	66.7	87.5	24
TIKAMGARH	12.5	0.0	31.3	37.5	43.8	6.3	56.3	16
ANUPPUR	12.5	0.0	62.5	37.5	75.0	25.0	75.0	8
BALAGAHAT	4.2	58.3	50.0	29.2	87.5	0.0	91.7	24
DINDORI	0.0	43.8	87.5	43.8	31.3	31.3	68.8	16
JABALPUR	12.5	29.2	50.0	66.7	79.2	54.2	91.7	24
KATNI	62.5	58.3	79.2	37.5	87.5	37.5	95.8	24
MANDLA	16.7	54.2	58.3	58.3	70.8	62.5	95.8	24
REWA	12.5	35.0	25.0	20.0	62.5	20.0	80.0	40
SATNA	34.4	37.5	59.4	56.3	81.3	56.3	81.3	32
SEONI	20.8	16.7	75.0	58.3	100.0	25.0	95.8	24
SHAHDOL	100.0	43.8	93.8	100.0	93.8	87.5	100.0	16

SIDHI	62.5	25.0	75.0	79.2	62.5	45.8	91.7	24
SINGRAULI	12.5	18.8	87.5	62.5	93.8	31.3	93.8	16
UMARIA	100.0	62.5	87.5	100.0	87.5	25.0	100.0	8
ALIRAJPUR	29.2	12.5	66.7	75.0	75.0	37.5	87.5	24
BARWANI	12.5	12.5	75.0	62.5	75.0	29.2	83.3	24
BURHANPUR	37.5	37.5	75.0	50.0	75.0	25.0	87.5	8
DEWAS	43.8	50.0	68.8	31.3	93.8	25.0	87.5	16
DHAR	20.0	40.0	75.0	55.0	80.0	47.5	92.5	40
INDORE	23.5	5.9	64.7	58.8	52.9	17.6	64.7	17
JHABUA	0.0	25.0	31.3	37.5	75.0	18.8	62.5	16
KHANDWA	12.5	37.5	75.0	50.0	62.5	0.0	75.0	8
KHARGONE	18.8	28.1	56.3	46.9	68.8	31.3	68.8	32
MANDSAUR	56.3	87.5	68.8	50.0	93.8	50.0	100.0	16
NEEMUCH	75.0	50.0	62.5	87.5	62.5	37.5	87.5	8
RATLAM	45.8	45.8	66.7	50.0	70.8	66.7	79.2	24
UJJAIN	66.7	70.8	83.3	54.2	95.8	62.5	100.0	24
BETUL	100.0	54.2	79.2	91.7	91.7	58.3	100.0	24
BHOPAL	62.5	37.5	50.0	50.0	62.5	12.5	87.5	8
CHHINDWARA	43.8	65.6	40.6	46.9	78.1	25.0	84.4	32
DAMOH	31.3	31.3	37.5	37.5	62.5	43.8	75.0	16
HARDA	62.5	37.5	100.0	100.0	75.0	100.0	100.0	8
HOSHANGABAD	31.3	37.5	56.3	68.8	100.0	37.5	100.0	16
NARSIMHAPUR	81.3	62.5	93.8	93.8	87.5	43.8	93.8	16
RAISEN	62.5	58.3	75.0	70.8	91.7	50.0	100.0	24
RAJGARH	18.8	25.0	68.8	62.5	81.3	50.0	75.0	16
SAGAR	33.3	58.3	83.3	70.8	87.5	87.5	100.0	24
SEHORE	66.7	16.7	95.8	83.3	95.8	70.8	100.0	24
SHAJAPUR	50.0	50.0	66.7	62.5	70.8	50.0	79.2	24
VIDISHA	58.3	75.0	41.7	62.5	62.5	54.2	95.8	24

Table 10: District Level Verification Factor (Inverse of Inflation)	
District Name	Verification factor
ASHOK NAGAR	1
BHIND	0.524
CHHATARPUR	1.029
DATIA	0.823
GUNA	1
GWALIOR	0.840
MORENA	0.376
PANA	4.448
SHEOPUR	1.569
SHIVPURI	0.970
TIKAMGARH	0.639

ANUPPUR	1
BALAGAHAT	1.002
DINDORI	0.957
JABALPUR	0.732
KATNI	0.813
MANDLA	1.155
REWA	0.517
SATNA	0.825
SEONI	1.124
SHAHDOL	0.999
SIDHI	1.129
SINGRAULI	-
UMARIA	1
ALIRAJPUR	1.048
BARWANI	0.573
BURHANPUR	1.004
DEWAS	0.780
DHAR	0.666
INDORE	-
JHABUA	0.408
KHANDWA	0.882
KHARGONE	0.917
MANDSAUR	0.253
NEEMUCH	0.872
RATLAM	0.059
UJJAIN	0.786
BETUL	1.003
BHOPAL	0.780
CHHINDWARA	0.759
DAMOH	0.488
HARDA	1.039
HOSHANGABAD	1.053
NARSIMHAPUR	1.018
RAISEN	1.016
RAJGARH	1.328
SAGAR	0.778
SEHORE	1.170
SHAJAPUR	0.946
VIDISHA	0.623
- *Indicates that indicator could not be calculated due to missing data sets.*	

Table 11: Indicators by Trained and untrained schools	Deworming Day (N = 125 Schools)		Mop-Up Day (N= 125 Schools)		Aggregate (DD & MUD) (N=250 Schools)	
Indicators	Trained Schools	Untrained Schools	Trained Schools	Untrained Schools	Trained Schools	Untrained Schools
Teachers aware that if child is unwell could not give her/him the deworming tablet	76.8	56.3	84.7	68.9	80.8	62.6
Percentage of teachers who thought it was acceptable for sick children to be dewormed	5.4	10.9	3.4	8.2	4.4	9.6
Teachers who told the children to chew the tablets before swallowing it	88.6	79.5	80.6	76.7	85.3	78.3
Teachers who followed the correct recording protocol of ticking (single tick on deworming day and double tick on mop-up day)	88.6	66.7	48.4	30.0	71.7	51.3
Schools where children were given less than one tablet	13.6	12.8	6.5	3.3	10.6	8.8
Schools where children were given more than one tablet	4.5	2.6	0.0	3.3	2.6	2.9
Teachers aware that one deworming tablet were to be given	89.3	85.9	96.6	91.8	92.9	88.9
Percentage of teachers who did not think there could be adverse effects due to deworming	50.0	54.7	50.8	52.5	50.4	53.6
Teachers who believed the following to be the adverse effects of deworming						
Mild abdominal pain	53.6	48.3	69.0	51.7	61.3	50.0
Nausea/Vomiting	64.3	72.4	75.9	72.4	70.1	72.4
Diarrhea	32.1	20.7	37.9	34.5	35.1	27.6
Fatigue	28.6	6.9	27.6	31.0	28.1	19.1
When asked about their response in case a student suffers from adverse effects, the teachers answered:						
Make the child lie down in shade	33.9	37.5	47.5	36.1	40.7	36.8
Take the child to the hospital immediately	55.4	56.3	78.0	75.4	66.7	65.8
When asked about their response in case a student continues to suffer from adverse effects, the teachers answered :						
Administer ORS To the child	43.2	29.2	45.5	31.5	44.4	30.4
Call PHC or emergency number	40.9	37.5	47.3	33.3	44.3	35.3
Take the child to the hospital immediately	54.5	66.7	70.9	59.3	63.4	62.7

Respondents who were aware of the last date of submission of School reporting form	26.8	17.2	27.1	21.3	27.0	19.2
Respondents who were aware of whom to submit the School reporting Form to	23.2	12.5	16.9	14.8	20.1	13.6
Respondents who were aware of one copy of School reporting form to be submitted	62.5	29.7	66.1	37.7	64.3	33.7
Respondents who were aware that a copy of School reporting form have to retain in the school	51.8	39.1	83.1	70.5	67.4	54.8

	Table 12: Aggregate level Analysis (N = 1000 Schools)	
	Indicators	Percentage
1	Attended Training for Deworming Program	39.8
2	For schools that didn't attend training, reasons were:	
	Problem with the location of training	4.6
	Problem with the timing of training	4.8
	Weren't aware of the date of training	35.4
	Problem due to monitory constraints	3.0
	No information about training	47.9
3	Received SMS about deworming program	40.3
4	Received Poster about deworming program	64.7
5	Received Handouts about deworming program	56.2
6	Schools had sufficient drugs for deworming	75.0
7	Schools had extra storage of drugs after deworming	50.5
8	Schools where Children got deworming tablet on deworming day/ mop-up day	86.2
9	Schools where school reporting form was available	42.6
10	Children received deworming tablet (Children's response)	81.8

Annexure II:

School Reporting Form

अनुलग्नक – ब

नेशनल डीवर्मिंग डे एवं मॉप–अप डे हेतु रिपोर्टिंग प्रपत्र
(शालाओं हेतु प्रपत्र)

जिलाः			ग्राम/कस्वाः			
विकासखण्ड			उप स्वास्थ्य केन्द्र			
स्कूल का नामः			स्कूल का डी.आई.एस.ई. कोड			
कुल कुल शिक्षक जिन्होंने कृमिनाशन पर प्रशिक्षण प्राप्त किया						
कुल प्राप्त एल्बेण्डाजोल गोलियों की संख्या			कुल शेष एल्बेण्डाजोल गोलियों की संख्या –			
कुल प्रदान की गई एल्बेण्डाजोल गोलियों की संख्या *(नेशनल डीवर्मिंग डे एवं मॉप–अप डे दोनों का कुल योग)*						
	कक्षा 1 से 5 तक में पंजीकृत कुल बच्चे		कक्षा 6 से 8 तक में पंजीकृत कुल बच्चे		कक्षा 9 से 12 तक में पंजीकृत कुल बच्चे	
	बालक	बलिकाएं	बालक	बलिकाएं	बालक	बलिकाएं
कुल हितग्राहीयो की संख्या						

बच्चे जिन्हें नेशनल डीवर्मिंग डे पर एलबेन्डाजॉल की गोली दी गयी				छूटे हुए बच्चे जिन्हें एक मॉप अप राउड के अन्तर्गत डिवार्मिंग की गयी		
	कक्षा 1 से 5 तक में पंजीकृत कुल बच्चे	कक्षा 6 से 8 तक में पंजीकृत कुल बच्चे	कक्षा 9 से 12 तक में पंजीकृत कुल बच्चे	कक्षा 1 से 5 तक में पंजीकृत कुल बच्चे	कक्षा 6 से 8 तक में पंजीकृत कुल बच्चे	कक्षा 9 से 12 तक में पंजीकृत कुल बच्चे
बालक						
बलिकाएं						
कुल						
स्कूलों में हुई प्रतिकूल घटनाओं की कुल संख्या (यदि घटना हुई है तो प्रतिकूल घटना रिपोर्टिंग प्रपत्र भरकर प्रेषित करें)						

हस्ताक्षर आशा कार्यकर्ता	हस्ताक्षर संस्था प्रधान/प्राचार्य	हस्ताक्षर ए.एन.एम.

दिनांक 20 फरवरी 2015 तक उपरोक्त प्रपत्र भरकर ए.एन.एम. को प्रेषित करें।

Annexure A

State Coverage Report

COMMON REPORTING FORMAT (For State)

State : Madhya Pradesh		**District : 51 Districts**	
Block : 313 Blocks	**Sub-center : 9,237**	**Village : 53,487**	
Number of schools State:	**155782 Schools (85,113 Primary School & 70669 Middle, High & Higher Secondary Shool)**	**Number of schools reported in the State**	**155782 Schools**
Number of Anganwadi centers State :	**90,000 AWCs (80,160 AWCs & 9,840 Mini AWCs)**	**Number of Anganwadi centers reported in the State**	**90,000 AWCs**
Number of ASHAs trained for Deworming			44,518
Number of Teachers/Principals trained for Deworming			76,090
Number of Anganwadi Workers trained for Deworming			55,450

Albendazole Coverage	**Girls**	**Boys**	**Total**
Total number of children (1-19 years) in State/district/block/sub-center (as applicable)	**9800161**	**11051246**	**20851407**
Total No. of children enrolled in the schools	**5222797**	**5889537**	**11112334**
Total No. of children registered in Anganwadis	**3622009**	**4084393**	**7706402**
No. of **enrolled** children (class 1st to 5th) who were administered Albendazole on NDD and MUD	**2440786**	**2417392**	**4958178**
No. of **enrolled** children (class 6th to 12th) who were administered Albendazole on NDD and MUD	**2517496**	**2598156**	**5115652**
No. of **registered** children (age group 1-5 years) who were administered Albendazole on NDD and MUD	**3308722**	**3788700**	**7097422**
No. of **unregistered** children (age group 1-5 years) who were administered Albendazole on NDD and MUD	**0**	**0**	**0**
No. of **out of school** children (age group 6-10 years) who were administered Albendazole on NDD and MUD	**221712**	**214625**	**436337**
No. of **out of school** adolescent (age group 10-19 years) who were administered Albendazole on NDD and MUD	**528031**	**354880**	**882911**
GRAND TOTAL of number of children who were administered Albendazole (B = 1+ 2+3+4+5+6)	**18490500**		
Percent coverage	**(B) X 100 / (A)= = 18490500 x 100/ 20851407 = 89%**		
Number of adverse events reported from all schools and Anganwadi centers (in prescribed format)	**88 Mild adverse event reported in 10 districts (Satna – 2, Jabalpur-5, Neemuch - 1, Seoni-2, Khargone-6, Bhopal-1, Betul-30, Hoshangabad-1, Datia-17 and Sagar - 23)**		

Logistic Details	
Total No. of Albendazole tablets given to the State	156608 (10x 10 packs)
Total No. of Albendazole tablets administered at State	133270 (10x 10 packs)
Stock of Albendazole tablets left at State	23338 (10x 10 packs)
Feedback from the State (if any) :	• *Prevalence of STH in Madhya Pradesh is less than 50% in all agroclimatic region with maximum being 26.9% in Jhabua hills and least prevalence of 0.5 % reflected in Malwa Plateau stratum. Hence, the state need to one deworming day as per WHO recommendations.* • *Albendazole suspension has been administered in children aged 1 to 5 years as per recommended doses.*

Evidence
Action

Deworm the
World Initiative

Prevalence and Intensity of Soil-Transmitted Helminths in Madhya Pradesh

In September and October 2014, Evidence Action conducted a field survey that tested for soil-transmitted helminth (STH) prevalence and intensity across the state of Madhya Pradesh. The survey was conducted in partnership with the National Institute of Epidemiology; the Post-Graduate Institute of Medical Education and Research (PGIMER); and GfK Mode, a market research firm.

It was carried out across 264 government primary schools in 44 blocks of 21 districts among children aged 5 to 10. The survey covered all of the 11 agro-climatic zones of Madhya Pradesh.

Field teams visited the households of children in the selected schools to collect stool samples and school, household, deworming, and sanitation related information, to better understand potential correlates with infection and allow for sample weighting.

The sampling survey strategy and epidemiological analysis was designed by the National Institute of Epidemiology. Stool samples were analyzed by PGIMER in field laboratories using the WHO-recommended Kato-Katz method. The survey was timed to ensure that it did not overlap with treatment for lymphatic filariasis (LF), which could have biased the results given that both LF and STH are treated with albendazole.

Key Results and Findings

The overall weighted prevalence of any STH in Madhya Pradesh was calculated as 12.2%. Hookworm was the most prevalent, with a weighted prevalence of 12%, while roundworm and whipworm prevalence were found to be very low at 0.2% and 0.003%, respectively.

The prevalence in different agro-climatic zones ranged from 0.5% in Malwa Plateau to 26.9% in Jhabua Hills. The weighted prevalence of any STH was lowest (9.2%) among children in class/grade 1 (ages 5-6).

Prevalence increased with age, ranging from 10% and 12% STH prevalence among children in classes/grades 2 to 4 (ages 7-9), to nearly 16% among children in class/grade 5 (ages 10-11).

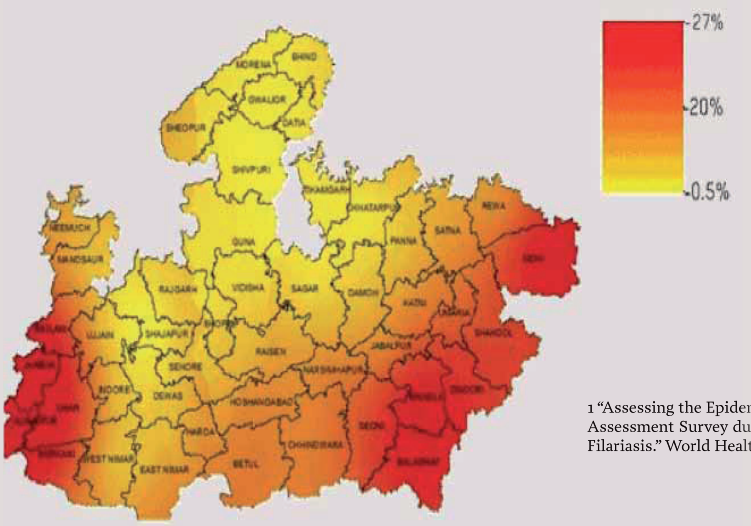
Sanitation indicators were poor in the sampled households, with 87% of households practicing open defecation, increasing the likelihood of re-infection.

Recommendations for the Government of Madhya Pradesh

Based on the findings of the prevalence survey and WHO guidelines, Evidence Action recommends an annual school based deworming program for school-age children in the state. Since the National Filaria Control Program (NFCP) will administer albendazole to communities in 8 districts in 2015, Evidence Action recommends that the administration of school-based deworming program and the NFCP be timed six months apart to maximize impact.

Evidence Action also recommends that STH infection levels be surveyed every three years to assess the impact of the school-based deworming program, and to determine whether a change in treatment strategy would be warranted. As transmission assessment surveys are an integral tool for the NFCP, Evidence Action recommends that the state consider integrating assessments of STH prevalence with the LF transmissions assessment surveys. This is recommended by the WHO[1], and would allow for quick, cost-effective assessment of the impact of school-based deworming and the NFCP on STH prevalence in Madhya Pradesh.

Predicted prevalence of any STH infection in Madhya Pradesh



Background

The WHO estimates that over 870 million preschool and school-age children worldwide are at risk of STH infection. 241 million children are at risk in India. STH infections have significant negative impacts on the health and educational outcomes of these children. To mitigate the morbidity of parasitic worm infections, the WHO recommends treatment strategies based on STH prevalence in a region. To date, there has been limited statewide worm prevalence data collection in India, making it difficult to develop appropriate treatment strategies that reflect actual worm loads.

In June 2014, Evidence Action signed a Memorandum of Understanding with the Government of Madhya Pradesh to provide technical assistance for a statewide school and anganwadi-based deworming program targeting all at-risk children. This assistance included the implementation of a survey to determine statewide STH prevalence and intensity.

There are existing programs in the state that already administer albendazole: The NFCP that treats the entire community in select endemic districts, the Weekly Iron and Folic Acid Supplementation (WIFS) Program that administers a dose of albendazole to school-age children between 10-19 years, and an anganwadi-based biannual mass deworming program of preschool children. However, there was no comprehensive school-based mass deworming program or an understanding of statewide prevalence and intensity of STH infections. Given the pre-existing deworming treatments described above, this prevalence survey cannot be considered a baseline survey of an untreated population, but is rather a survey to assess STH infection rates in a treated population, to determine an optimal treatment strategy.

The government of Madhya Pradesh took part in the National Deworming Day on February 10, 2015. The program targeted 18.4 million school-age and preschool-age children between 1-19 years. The school-based deworming program is a joint effort of the Department of Health and Family Welfare, the Department of Education, Department of Women and Child Development, and the Department of Tribal Welfare. Evidence Action provided technical assistance.

1 "Assessing the Epidemiology of Soil Transmitted Helminths during a Transmission Assessment Survey during a Global Programme for the Elimination of Lymphatic Filariasis." World Health Organization, 2015.

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Annexure C

NIPI State Advisory Committee Meeting

National Health Mission
Madhya Pradesh
8, Arera Hills, Jail Road, Bhopal – 462004

No./Child Health- Nutri./NHM/2015/ 5536 **Bhopal, Date:** 26-5-15

Meeting Minutes

State National Iron Plus Initiative Advisory Committee Meeting dated 19.05.2015

National Iron plus Initiative programme is being implemented in the State of Machya Pradesh. Since the stakeholders departments for Weekly Iron Folic acid supplementation (WIFS) programme and National Iron plus Initiative (NIPI) programme are similar, hence the State WIFS advisory committee was subsumed and re-constituted as State National Iron Plus Initiative Advisory Committee vide GO No. 7050 dated 30th Aug 2014. The first advisory committee meeting for the financial year 2015-16 was held on 19.05.2015 at State office National Health Mission, GoMP under the chairmanship of Principal Secretary, Health and Family Welfare, GoMP.

The meeting was attended by the following officials:-

1. **Mrs. Gouri Singh, Principal secretary, Dept. of health and family welfare, Madhya pradesh**
2. **Mr. Faiz Ahmed Kidwai, Mission Director – NHM, Bhopal**
3. **Dr. B.N. Chouhan, Director , NHM , Bhopal MP**
4. **Ms. Reeta Singh, Deputy Commissioner ,Tribal Dept. Satpuda, Madhya Pradesh**
5. **Dr. Archana Misra, Deputy Director- Maternal Health , NHM Bhopal MP**
6. **Dr. Pragya Tiwari, Deputy Director –Child Health Nutrition , NHM Bhopal MP**
7. **Dr. Dilip Hedau, Deputy Director- Adolescent Health , NHM Bhopal MP**
8. **Dr. Vinay Dubey, Deputy Director- Procurement , NHM Bhopal MP**
9. **Dr. Pankaj shukla, Deputy Director- IEC , NHM Bhopal MP**
10. **Dr. Nidhi Patel, Deputy Director- ASHA , NHM Bhopal MP**
11. **Ms. Rekha Patel, Dy. Director, Viddhya, Lok Sikshan Sanchalnalaya, MP**
12. **Ms. Tanuja Srivastava, State Coordinator –Gender Rajya Siksha Kendra, MP**
13. **Mr. Usmsan Khan, State Coordinator – Training , Rajya Siksha Kendra, MP**
14. **Ms. Ritu Ghosh, State Representative, Micronutrient Initiative, Madhya Pradesh**
15. **Ms. Pushpa Awasthy, Nutriton Officer, UNICEF, MP**
16. **Dr. Aboli Gore, Deputy Team Leader, MPTAST, Bhopal**
17. **Ms. Esha Kalra, Program Manager, Evidence Action- Deworm the World Initiative, New Delhi**
18. **Ms. Roshni Dilbagi, State Programme Manager, De-worm the world Initiative , Bhopal MP**

All the stakeholder departments including Tribal Welfare Dept, Dept of Education- both Primary, Middle and High School representatives, along with the supporting Donor Partners were present in the meeting. Integrated Child Development Scheme (ICDS) Officials could not attend due to coinciding of Departmental Mahila Panchayat function.

The committee was apprised of the achievements of NIPI as well as WIFS programme in the year 2014-15. The derogative effects of anemia across different age groups as well as the estimated target beneficiaries under WIFS and NIPI were made known to all present. It was shared that in Madhya Pradesh there are 85,113 Primary schools (Class I-V) and 70,669 Middle, High, Higher Secondary schools (Class VI-XII) through which implementation of in-school WIFS and NIPI is being done. The number of enrolled children in Primary schools as per DISE data is 60,63,999 whereas those between 10-19 years are 50,48,335 (DISE). It was brought to the notice of the chairperson that though the in-school implementation coverage in the State has increased from 14.2% in April 2014 to 75.1% in March 2015, the out of school coverage which is catered through ICDS is still a weak link (28% coverage only).

The state has strengthened the reporting systems and is now diligently monitoring block wise reporting in the State. **The state is one of the first to shift the reporting system to ASHA wherein she collects the monthly reports from school teacher/ AWW and submits to the ASHA sahyogini and thence to BCM/ BPM and DPM/CMHO.** There is cross sharing of information with Dept of Education and ICDS at all levels that is village, block, district and at the State level. Presently in the month of April 2015, 268 out of 313 blocks had submitted block wise reports of WIFS and NIPI supplementation for age groups 6-60 months and 5-10 years.

WIFS coverage percentage in April 2014 was 14.2% whereas in April 2015, it has documented a marked hike as 70.8%. It was apprised that the State has a quarter supply of IFA syrup (6-60months), almost 2 months supply for IFA pink tablets (5-10 years) and a quarter supply of IFA blue tablets (10-19 years) as lead stock. The valid rates for all three drugs are available hence the decentralized procurement orders for subsequent quarter shall soon be placed by the districts.

The State had conducted the prevalence survey of Soil Transmitted Helminthiasis (STH) in facilitation with DtWI, NIE Chennai, PGMIER Chandigarh and ICMR, in October 2014 and the worm load of the State is documented as <20%. Hence, the State will ensure only an annual de-worming of children between 1-19 years during National Deworming Day (February 2016).

The training plans for the year 2015-16 for WIFS as well as NIPI were reviewed by the chair. The following salient decisions were discussed and taken:-

- It was discussed that coverage drop during the vacations is a problem for which directives for issuing strips to the school children has already been disseminated by joint signatures of Dept of Health, Rajya Shiksha Kendra and Lok Shikshan Sanchanalay.
- Representatives of Rajya Shiksha Kendra submitted that summer camps are being organized by the Department of Education for out of school children from 1st May – 15th June 2015 in which IFA supplementation can be a strategy for enhancing coverage. Similarly residential boys hostels may also be tapped for IFA coverage.
- It was discussed that childhood anemia was highest in the age group 6 -60 months i.e. 74.1% (NFHS-III), hence, MoHFW, CH-division has approved incentives for ASHA for ensuring bi-weekly supplementation of IFA syrup. It was pondered by PS, Health that feasibility of the same through ASHA can be difficult to monitor and ways for implementation must be worked out. She was of the view that the incentive may be used for improving out of school WIFS coverage if possible. However, the committee members were apprised that different age groups under WIFS and NIPI are taken care by different programme divisions at the Ministry, hence

utilization of incentive money approved for 6-60 months may pose a problem for strategizing out of school coverage under WIFS

- It was suggested by MD, NHM that as of now there is a dearth of safety net for out of school boys (10-19 years) for which the state might consider provision of strips of 1x10 IFA blue tablets (2.5 months supplies) to un-enrolled and drop out boys. This may amount in some wastage but certain percentage of boys shall still be benefitted.
- It was directed by the chair that block coordination committees be formed under chairmanship of SDM for reviewing implementation of WIFS and NIPI.
- Donor partners were urged for supporting implementation of programme, capacity building, data validation and documentation of good practices.
- It was decided that a special IEC campaign shall be launched in the State for rendering visibility to WIFS and NIPI
- Strong IEC using mascots and brand ambassadors especially young sportspersons of the State shall be used.
- It was decided that the Peer Educators of 11 districts shall be trained to promote the IFA supplementation. Lead will be taken by RKSK for the same.
- Further RBSK doctors shall sensitize children in schools for beneficial effects and improved school performance during their field visits.
- DD procurement was directed by MD, NHM to consider improvement in palatability and packaging of IFA syrup to improve consumption and coverage.
- It was also considered that *'Preraks'* under Saksharta Mission can be leveraged for improving coverage of WIFS. Rajya Shiksha Kendra shall share details of *'Preraks'* and sustainability of the same.
- It was discussed by DD, MH that pregnant and lactating women and anemia in Women of Reproductive Age (WRA) is a big scope which has far reaching effects on pregnancy outcomes and maternal mortality. She pointed out that IFA supplementation in P&L women is being implemented since last 60 years but the iron consumption in the said beneficiary cadre is still a big challenge. Also most of the donor partners have their mandates of anemia control in age group other than women. It was requested that Micronutrient Initiative (MI) may help the State in implementation of anemia control programme in WRA and P&L too.
- DD, MH also pointed out that the State has now started deworming as a strategy for pregnant and lactating women. It was requested that DtWI may support in the implementation of the same.
- It was directed by PS, Health that the issues pertaining to ICDS may be separately taken up due to their absence in the advisory meeting.
- Last but not the least it was decided that NIPI and WIFS programme shall be jointly reviewed quarter wise through joint video conference of Health, Education and ICDS departments.

Approved by PS, Health

Faiz Ahmed Kidwai
MD, NHM, GoMP

राष्ट्रीय स्वास्थ्य मिशन
बैंक ऑफ इंडिया भवन,
अरेरा हिल्स भोपाल, मध्यप्रदेश

क्रमांक/एन.एच.एम/NIPI/2015 1269 भोपाल, दिनांक 28/01/15

प्रति,

1. समस्त मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी, म.प्र.
2. समस्त जिला शिक्षा अधिकारी, एल.एस.एस., म.प्र.
3. समस्त जिला परियोजना समन्वयक, आर.एस.के., म.प्र.
4. समस्त जिला कार्यक्रम अधिकारी, म.बा.वि.,म.प्र.

विषयः— 1 से 19 वर्षीय बच्चों में National Deworming Day (NDD) का आयोजन 10 फरवरी 2015 को किए जाने के संबंध में संयुक्त दिशा–निर्देश।

संदर्भः— दिनांक 19 जनवरी 2015 को भारत सरकार द्वारा जारी National Deworming Day (NDD) के नवीन दिशा–निर्देश।

विषयांतर्गत लेख है कि भारत सरकार के नवीन दिशा–निर्देशानुसार National Deworming Day (NDD) का आयोजन, एक निश्चित दिवस पर (Fix Day Approach) किया जाकर, 1 से 5 वर्षीय बच्चों को आंगनवाड़ी केन्द्रों में (बाल सुरक्षा माह में छूटे हुए) तथा 5 से 19 वर्षीय शासकीय/शासकीय अनुदान प्राप्त शालाओं में पंजीकृत समस्त बालक एवं बालिकाओं का कृमिनाशन किया जाना है। कार्यक्रम का क्रियान्वयन स्कूल शिक्षा विभाग एवं एकीकृत बाल विकास सेवायें के समन्वय से किया जायेगा।

National Deworming Day (NDD) का उद्देश्य :– समस्त शासकीय/शासकीय अनुदान प्राप्त स्कूलों एवं आंगनवाड़ी केन्द्रों के माध्यम से समस्त 1 से 19 वर्षीय बच्चों को कृमिनाशन हेतु एल्बेण्डाजोल सस्पेन्शन /गोली की प्रदायगी सुनिश्चित करना जिससे बच्चों के संपूर्ण स्वास्थ्य–पोषण स्तर, आयरन की कमी की रोकथाम से बौद्धिक विकास तथा शालाओं में उपस्थिति में सुधार हो सके।

निर्देशित किया जाता है कि :–

- **National Deworming Day (NDD) का समारोहपूर्वक शुभारंभ विशिष्ट एवं गणमान्य नागरिक /जिला कलेक्टर द्वारा दिनांक 10 फरवरी 2015 को सुनिश्चित किया जाये।**
- 10 फरवरी को आयोजित इस विशिष्ट कृमिनाशन दिवस पर बाल सुरक्षा माह के अंतर्गत 1 से 5 वर्षीय छूटे हुये बच्चों को अनिवार्य रूप से एल्बेण्डाजोल सस्पेन्शन की निर्धारित खुराक पिलाई जाए। 1 से 2 वर्षीय बच्चों को 5 एम. एल. तथा 2 से 5 वर्षीय बच्चों को 10 एम.एल. पिलाई जाये।
- **दिनांक 10 फरवरी 2015 को समस्त शासकीय/शासकीय अनुदान प्राप्त स्कूलों के माध्यम से 5 से 19 वर्षीय बालक एवं बालिकाओं को कृमिनाशन हेतु एल्बेण्डाजोल (Chewable-400 mg) की 1 गोली का सेवन, शिक्षक की उपस्थिति में सुनिश्चित किया जाये।**
- समस्त 5 से 19 वर्षीय शाला त्यागी, शाला अप्रवेशी तथा शाला में अनुपस्थित बालक एवं बालिकाओं को आंगनवाड़ी केन्द्रों में एल्बेण्डजोल (Chewable-400 mg) की 1 गोली का सेवन कराया जाये।

स्वास्थ्य विभाग की भूमिका :–

- नेशनल डीवर्मिंग डे के आयोजन हेतु निम्नानुसार कार्यवाही करना सुनिश्चित की जाए:–

क्र.	स्तर	प्रतिभागी	निर्धारित समय–सीमा
1	जिला स्तर पर	National Deworming Day Kit की व्यवस्था – शालेय संख्या के आधार पर फ्लेक्स (साईज 4x3 ft.) का मुद्रण, एडवर्स ईवेन्ट प्रोटोकॉल प्रपत्रों की छायाप्रति, रिपोर्टिंग प्रपत्रों की छायाप्रति, स्वास्थ्य विभाग के अधिकारीयों की संपर्क नम्बरो की सूची, इन्द्राज बच्चों की संख्या के आधार पर एल्बेन्डाजोल गोलियों की उपलब्धता	03 फरवरी 2015
		समस्त BMO / Sector MO / BPM / BCM / BEO / BRC / CDPO का एन.डी.डी के संबंध में उन्मुखीकरण तथा बी.एम.ओ को नेशनल डीवर्मिंग डे किट का वितरण	04 से 05 फरवरी 2015
2	विकासखण्ड स्तर पर	समस्त आशा/ए.एन.एम./आर.बी.एस.के. दल का उन्मुखीकरण बैठक तथा विकासखण्ड पर उपलब्ध मोबिलिटि सपोर्ट वाहन तथा आर.बी.एस.के. दल के माध्यम से प्रत्येक शाला में एन.डी. डी. किट पहुँचाने की व्यवस्था	06 से 07 फरवरी 2015
		मिडिया गतिविधी–ग्रामों मे माईकिंग, दीवार लेखन	
3	सेक्टर स्तर पर	सेक्टर मेडीकल ऑफिसर द्वारा शालाओं की मासिक क्लस्टर (संकुल) बैठक में नेशनल डी वर्मिंग डे के बारे में शाला प्रधान/प्रधानाचार्य/शिक्षकों का उन्मुखीकरण	07 फरवरी 2015
4	सर्व स्तर पर	नेशनल डी वर्मिंग डे का शुभारंभ–विशिष्ट आमंत्रित सदस्यों द्वारा	10 फरवरी 2015
		मॉप–अप डे का आयोजन	13 फरवरी 2015
		जिला स्तर से राज्य स्तर को रिपोर्टिंग	27 फरवरी 2015

- सुनिश्चित किया जावे कि प्रत्येक स्कूल एवं आंगनवाड़ी पर नेशनल डीवर्मिंग डे पर एल्बेंडाजोल सस्पेंशन/गोली, ओ.आर.एस. पैकेट, डोमपेरिडॉन टेबलेट, डाईसाइक्लोमिन टेबलेट/सस्पेन्शन, पैरासिटामोल टेबलेट/सस्पेन्शन तथा सी.पी.एम. टेबलेट/सेट्रिजिन टेबलेट की व्यवस्था मामूली प्रतिकूल घटना के प्रबंधन हेतु उपलब्ध रहे।
- जिलेवार शासकीय/शासकीय अनुदान प्राप्त स्कूलों की संख्या, कुल इंद्राज बच्चों की संख्या के मान से एल्बेण्डाजोल गोलियों की अनुमानित आवश्यकता एवं दिनांक 27 जनवरी 2015 को प्रतिवेदित एस.डी.एम.आई.एस. अनुसार जिलों मे उपलब्ध स्टॉक का विवरण अनुलग्नक–अ पर संलग्न हैं।
- बाल सुरक्षा माह में जिन जिलों में आदेशित एल्बेण्डाजोल सस्पेन्शन की प्रदायगी समय पर नहीं हो पाई, ऐसे जिलों में संचालनालयीन औषधि प्रकोष्ठ द्वारा विशेष प्रयास कर, दिनांक 3 फरवरी 2015 तक आवश्यक एल्बेण्डाजोल सस्पेन्शन पहुंचाया जाना सुनिश्चित किया जा रहा है। मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी द्वारा आंगनवाड़ी केन्द्रों तक एल्बेन्डाजोल सस्पेन्शन का वितरण सुनिश्चित किया जाए।
- संलग्न रिपोर्टिंग प्रणाली अनुसार नेशनल डीवर्मिंग डे एवं मॉप–अप डे के बाद स्कूलों एवं आगंनेवाड़ी केन्द्रों से समय–सीमा में रिपोर्ट आशा, आशा सहयोगिनी, बी.सी.एम./बी.पी.एम. के माध्यम से विकासखण्ड चिकित्सा अधिकारी को उपलब्ध कराई जाए। नेशनल डीवर्मिंग डे एवं मॉप–अप डे हेतु रिपोर्टिंग प्रपत्र अनुलग्नक–ब पर संलग्न है।
- शाला एवं आंगनवाड़ी केन्द्रों में किसी भी प्रकार की प्रतिकूल घटना का प्रबंधन सुनिश्चित किया जाये। प्रतिकूल घटना हेतु रिपोर्टिंग प्रपत्र अनुलग्नक–स पर संलग्न है।
- उपरोक्तानुसार समस्त शाला प्रधान/प्रधानाचार्यों/शिक्षकों तथा आंगनवाड़ी कार्यकर्ता एवं सुपरवाईजर्स का नेशनल डीवर्मिंग डे के संबंध में सेक्टर मेडिकल ऑफिसर द्वारा क्लस्टर (संकुल) स्तर पर आधे दिन की उन्मुखीकरण बैठक आयोजित कर नेशनल डी वर्मिंग डे की समझाईश दी जावे।
- स्कूल एवं आंगनवाड़ी केन्द्रों पर गैर–पंजीकृत बच्चों को आंगनवाड़ी केन्द्र पर लाकर एल्बेण्डाजोल गोली खिलाने का दायित्व आशा का होगा।

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- नेशनल डी वर्मिंग डे हेतु शासकीय शालाओं की संख्याओं के आधार पर पलेक्स/बैनर (4x3 ft.) का मुद्रण दिनांक 03/02/2015 तक सुनिश्चित किया जावे। इस हेतु जिले में उपलब्ध एन.आर.एच.एम./आर.सी.एच. पूलेविशपूल में उपलब्ध राशि का उपयोग निम्नानुसार किया जाए एवं बुकिंग तालिका में दर्शाये एफ.एम.आर. कोड के अर्तगत किया जावे।
- जिला स्तरीय व्यय हेतु भारत सरकार से प्राप्त वित्तीय प्रावधान निम्नानुसार है :-

S. No.	Activity Detail	Est. Expenditure Per District (INR)	FMR Code
1	Printing of : a. Training material	1,50,000	B.10.7
	b. IEC material: Banners/Pamphlets	1,50,000	
	c. Reporting Formats of all levels	20,000	
2	Half day orientation meeting at Sector PHC/ Block level for approx. 3000 participants @ 150 /- per participant	3,00,000	A.9.11.3
3	Mobility support for field level monitoring for one day (4 hired vehicles at rent of Rs. 1000 for 1 day or fuel of Rs. 1000)	4000	A.10.8

- अवगत हों कि नेशनल डीवर्मिंग डे हेतु पैम्पलेट्स (हैन्ड आउट 2 प्रति स्कूल के मान से) तथा पोस्टर्स (1 प्रति स्कूल के मान से) का मुद्रण डीवर्म द वर्ल्ड इनिशिएटिव नामक डोनर संस्था द्वारा किया जायेगा अतः जिला स्तर पर स्वास्थ विभाग द्वारा केवल बैनर का मुद्रण तथा रिपोर्टिंग प्रपत्र की छायाप्रति व्यवस्था सुनिश्चित की जाये।
- आवश्यक औषधियां, मुद्रण सामग्री तथा प्रसार सामग्री स्कूल हर गांव के स्कूल एवं आंगनवाड़ी केन्द्र तक पंहुचाने हेतु विकासखण्ड स्तर तक उपलब्ध मोबिलिटी सपोर्ट वाहन, आर.बी.एस.के. वाहन अथवा ए.व्ही.डी. का उपयोग किया जाये। सेक्टर चिकित्सा अधिकारियों को मोबिलिटी हेतु राशि रु. 8000/- प्रतिमाह के मान से स्वीकृत है अतः विशेष परिस्थिति में सेक्टर चिकित्सा अधिकारी द्वारा उपरोक्त राशि से भी नेशनल डीवर्मिंग डे आयोजन हेतु आवश्यक सामग्री पंहुचायी जाए।

<u>स्कूल शिक्षा विभाग की भूमिका</u> :-

- शासकीय शालाओं में शाला प्रधान/शिक्षक द्वारा नेशनल डीवर्मिंग डे के आयोजन पूर्व निम्न तैयारियाँ सुनिश्चित की जाये :-

1. एन.डी.डी. के बैनर का प्रदर्शन।
2. काउन्टर की स्थापना।
3. बच्चों के लिये स्वच्छ पेयजल एवं स्वच्छ ग्लास की व्यवस्था।
4. उपस्थिति रजिस्टर में गोली खिलाने के बाद ✓ का निशान लगाना।
5. मॉप–अप दिवस पर छूटे बच्चों को गोली खिलाना एवं उपस्थिति रजिस्टर में ✓✓ का निशान लगाना।
6. प्रतिकूल घटना की सूचना हेतु प्रत्येक स्कूल में विकासखण्ड चिकित्सा अधिकारी, ए.एन.एम., आशा, सेक्टर चिकित्सा अधिकारी, 108 के संपर्क नम्बर की सूची की उपलब्धता सुनिश्चित करना।
7. जो बच्चे बीमार हैं या कोई दवा ले रहे हैं उन्हें एल्बेण्डाजोल गोली का सेवन नहीं कराया जाए।
8. <u>यह भी सुनिश्चित किया जाए कि बच्चे गोली को चबाकर ही खायें। कक्षा 1 से 3 के छोटे विद्यार्थियों को आवश्यकता अनुसार 2 चम्मच के बीच में गोली को चूरा कर सेवन कराया जावे।</u>
9. बच्चों में डीवर्मिंग की दवाई के साईड इफेक्ट बहुत कम होते हैं। कृमि संक्रमण की अधिकता के कारण कुछ मामूली दुष्प्रभाव जैसे– चक्कर आना, जी मचलाना, सरदर्द, उल्टी, दस्त, थकान जैसा अनुभव होने की संभावना हो सकती है। ये कुछ समय में अपने आप ठीक हो जाते हैं।
10. किसी भी प्रकार के दुष्प्रभाव की स्थिति में बच्चे को खुले एवं छायादार स्थान पर लिटाया जाये तथा साफ स्वच्छ पेयजल तथा ओ.आर.एस. घोल पीने को दिया जावे।
11. गंभीर प्रतिकूल लक्षण होने पर संपर्क सूची में दर्ज ग्राम की आशा/ए.एन.एम./सेक्टर चिकित्सा अधिकारी/बी. एम.ओ. को सूचित किया जाए।

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12. ऐसी स्थिति में परिजनों को सूचित करते हुए आकस्मिक परिवहन व्यवस्था 108/जननी एक्सप्रेस के पीड़ित बच्चे को नजदीकी स्वास्थ्य केन्द्र पर पहुंचाया जाये।
13. दिनांक 11 एवं 12 तारीख को समस्त शिक्षक/शाला प्रधान द्वारा छूटे हुए बच्चों की समीक्षा कर नामजद तैयार की जाये।
14. उपरोक्त छूटे हुए बच्चों को Mop-Up Day (MUD) दिनांक 13 फरवरी 2015 को एल्बेण्डाजोल गोली का सेवन कराया जाये।

महिला बाल विकास विभाग की भूमिका :–

1. बाल सुरक्षा माह (दिसम्बर 2014–जनवरी 2015) के दौरान 1 से 5 वर्षीय समस्त छूटे हुए बच्चों को एल्बेण्डाजोल सस्पेन्शन की सूचक आंगनवाड़ी केन्द्रों में पिलाना।
2. 5 से 19 वर्षीय शाला त्यागी/शाला अप्रवेशी बच्चों, किशोर –किशोरियों की जानकारी शाला की आशा को देना ताकि उन्हें एल्बेण्डाजोल (Chewable-400 mg) की 1 गोली का सेवन कराया जा सके।

संलग्न : उपरोक्तानुसार

(अरुण अग्रवाल किरवई)	(प्रशिम अरुण शमी)	(बी.डी. अग्रवाल)	(पुष्पलता सिंह) for Anshuman Singh JD(LCS)
मिशन संचालक	आयुक्त	आयुक्त	आयुक्त
राष्ट्रीय स्वास्थ्य मिशन,म.प्र	राज्य शिक्षा केन्द्र, म.प्र.	लोक शिक्षण संचालनालय, म.प्र.	एकीकृत बाल विकास सेवायें, म.प्र.

पृ.क्रमांक/एन.एच.एम/NIPI/2015 1270 भोपाल, दिनांक 28.01.15

प्रतिलिपि:– आवश्यक कार्यवाही हेतु सूचनार्थ।

1. अतिरिक्त मुख्य सचिव, शिक्षा विभाग, वल्लभ भवन, मध्यप्रदेश।
2. प्रमुख सचिव, लोक स्वास्थ्य एवं परिवार कल्याण विभाग, वल्लभ भवन मध्यप्रदेश।
3. प्रमुख सचिव, एकीकृत बाल विकास सेवायें, वल्लभ भवन मध्यप्रदेश।
4. स्वास्थ्य आयुक्त, मध्यप्रदेश।
5. समस्त, संभागीय संयुक्त संचालक, एकीकृत बाल विकास सेवायें, मध्यप्रदेश।
6. समस्त, संभागीय संयुक्त संचालक, लोक शिक्षण संचालनालय, मध्यप्रदेश।
7. समस्त, जिला कलेक्टर, मध्य प्रदेश।
8. समस्त, जिला शिक्षा अधिकारी, स्कूल शिक्षा विभाग, मध्यप्रदेश।
9. समस्त, जिला कार्यक्रम अधिकारी, एकीकृत बाल विकास सेवायें, मध्यप्रदेश।
10. पोषण विशेषज्ञ यूनिसेफ भोपाल।
11. राज्य कार्यक्रम अधिकारी, एम.आई. मध्यप्रदेश।
12. राज्य कार्यक्रम अधिकारी, डीवर्म द वर्ल्ड इनिशिएटिव, मध्यप्रदेश।
13. समस्त, खण्ड चिकित्सा अधिकारी, मध्यप्रदेश।
14. समस्त, संभागीय कार्यक्रम प्रबंधक, आर.सी.एच./एन.एच.एम., मध्यप्रदेश।
15. समस्त, जिला कार्यक्रम प्रबंधक, आर.सी.एच./एन.एच.एम., मध्यप्रदेश।
16. समस्त, जिला पोषण सलाहकार, आर.सी.एच./एन.एच.एम., मध्यप्रदेश।

(मिशन संचालक)	(आयुक्त)	(आयुक्त)	(आयुक्त) for
राष्ट्रीय स्वास्थ्य मिशन,म.प्र	राज्य शिक्षा केन्द्र, म.प्र.	लोक शिक्षण संचालनालय, म.प्र.	एकीकृत बाल विकास सेवायें, म.प्र.

National Deworming Day - Albendazole (Chewable 400mg) Stock Position as per SDMIS, as on 27th Jan 2015 अनुलग्नक –अ

Division	Sr. No.	District	No of School (Govt. & Govt Aided)		No of Enrolled Children + out of school (10%)		Est. Requirement of Albendazole Tab 10 x 10 packs	Available Stock of Albendazole Tab (400 mg) - 10x10 pack	Gap
			Primary School (Class 1st to Class 5th)	Middle & Higher Sec. Schools (Class 6th to 12th)	5 to 10 year children	10 to 19 Years children			
Bhopal	1	Bhopal	1000	897	94247	123587	1525	1682	157
	2	Raisen	1875	1512	114541	116039	1614	7937	6323
	3	Rajgarh	1982	1680	146757	143645	2033	5051	3018
	4	Hoshangabad	1206	1317	80298	106230	1306	4102	2796
	5	Sehore	1493	1594	99428	118365	1525	966	-559
	6	Harda	554	652	48017	48887	678	332	-346
	7	Vidisha	1931	1661	155001	137758	2049	5649	3600
	8	Betul	2033	2047	139365	172908	2186	3591	1405
Sagar	9	Sagar	2227	2162	207026	251339	3209	13015	9806
	10	Tikamgarh	1782	1309	193750	179056	2610	5284	2674
	11	Chhattarpur	1984	1620	220731	200467	2948	5599	2651
	12	Panna	1685	1479	127853	114649	1698	1024	-674
	13	Damoh	1478	1333	132141	140139	1906	2580	674
Rewa	14	Rewa	3677	2142	218952	223995	3101	13355	10254
	15	Satna	2714	2095	197998	230536	3000	1333	-1667
	16	Singrauli	1383	999	154177	133687	2015	6756	4741
	17	Sidhi	1721	1400	136912	136932	1917	4543	1626
	18	Shahdol	1630	1208	105359	116877	1556	5233	3677
	19	Anuppur	1188	966	65577	79463	1015	3297	2282
	20	Umaria	799	928	71066	71260	996	1188	192
Ujjain	21	Agar Malwa	507	665	48908	53345	716	340	-376
	22	Ujjain	1513	1711	119771	133284	1771	10442	8671
	23	Dewas	1598	1169	113226	131275	1712	2233	521
	24	Mandsor	1338	1266	84184	108324	1348	3775	2427
	25	Ratlam	1692	2779	126114	110297	1656	2183	527
	26	Shajapur	1050	960	60579	68352	909	3051	2148
	27	Neemuch	906	894	50044	68285	828	2038	1210
Indore	28	Indore	1158	1024	108204	150340	1810	3205	1395
	29	Barwani	2105	1470	162485	116524	1953	6792	4839
	30	Jhabua	1978	1007	171989	87602	1817	4890	3073
	31	Dhar	3304	1974	211627	194819	2845	5820	2975
	32	Khargon	2750	1940	189097	170936	2520	6550	4030
	33	Khandwa	1194	1144	128224	1214744	9471	5193	-4278
	34	Burhanpur	539	537	69427	56907	884	2479	1595
	35	Alirajpur	1872	760	127700	63319	1337	1030	-307
Jabalpur	36	Jabalpur	1712	1714	134466	174767	2165	7996	5831
	37	Mandla	2099	1560	108225	119130	1591	3790	2199
	38	Seoni	2162	1741	115677	167609	1983	4228	2245
	39	Narsinghpur	1237	1202	77286	108823	1303	4303	3000
	40	Balaghat	2291	1748	132256	196686	2303	2100	-203
	41	Chhindwara	2728	2541	167863	233115	2807	11773	8966
	42	Katni	1340	1221	126463	135957	1837	4139	2302
	43	Dindori	1436	1090	85995	77229	1129	877	-252
Gwalior	44	Gwalior	1487	1348	116571	124968	1691	1350	-341
	45	Bhind	1793	1755	142790	138749	1971	438	-1533
	46	Morena	2145	1402	174528	160012	2342	1386	-956
	47	Sheopur	930	625	81749	66545	1038	2961	1923
	48	Shivpuri	2273	1498	213879	182400	2774	22	-2752
	49	Datia	900	866	75723	80509	1094	347	-747
	50	Guna	1658	1269	154576	114513	1884	5069	3185
	51	Ashok Nagar	1126	848	102549	83547	1303	4688	3385
Madhya Pradesh			85113	70669	6499571	7738731	99668	208005	108337

अनुलग्नक – ब

नेशनल डीवर्मिंग डे एवं मॉप–अप डे हेतु रिपोर्टिंग प्रपत्र
(शालाओं हेतु प्रपत्र)

जिला:	ग्राम/कस्बा:
विकासखण्ड	उप स्वास्थ्य केन्द्र
स्कूल का नाम:	स्कूल का डी.आई.एस.ई. कोड
कुल कुल शिक्षक जिन्होंने कृमिनाशन पर प्रशिक्षण प्राप्त किया	
कुल प्राप्त एल्बेण्डाजोल गोलियों की संख्या	कुल शेष एल्बेण्डाजोल गोलियों की संख्या –
कुल प्रदान की गई एल्बेण्डाजोल गोलियों की संख्या *(नेशनल डीवर्मिंग डे एवं मॉप–अप डे दोनों का कुल योग)*	

	कक्षा 1 से 5 तक में पंजीकृत कुल बच्चे		कक्षा 6 से 8 तक में पंजीकृत कुल बच्चे		कक्षा 9 से 12 तक में पंजीकृत कुल बच्चे	
	बालक	बलिकाएं	बालक	बलिकाएं	बालक	बलिकाएं
कुल हितग्राहीयो की संख्या						

	बच्चे जिन्हें नेशनल डीवर्मिंग डे पर एलबेन्डाजॉल की गोली दी गयी			छूटे हुए बच्चे जिन्हें एक मॉप अप राउंड के अन्तर्गत डिवार्मिंग की गयी		
	कक्षा 1 से 5 तक में पंजीकृत कुल बच्चे	कक्षा 6 से 8 तक में पंजीकृत कुल बच्चे	कक्षा 9 से 12 तक में पंजीकृत कुल बच्चे	कक्षा 1 से 5 तक में पंजीकृत कुल बच्चे	कक्षा 6 से 8 तक में पंजीकृत कुल बच्चे	कक्षा 9 से 12 तक में पंजीकृता कुल बच्चे
बालक						
बलिकाएं						
कुल						
स्कूलों में हुई प्रतिकूल घटनाओं की कुल संख्या (यदि घटना हुई है तो प्रतिकूल घटना रिपोर्टिंग प्रपत्र भरकर प्रेषित करें)						

हस्ताक्षर आशा कार्यकर्ता	हस्ताक्षर संस्था प्रधान/प्राचार्य	हस्ताक्षर ए.एन.एम.

दिनांक 20 फरवरी 2015 तक उपरोक्त प्रपत्र भरकर ए.एन.एम. को प्रेषित करें।

अनुलग्नक – ब

माह/वर्ष: .....

नेशनल डीवर्मिंग डे एवं मॉप–अप डे हेतु रिपोर्टिंग प्रपत्र
(आंगनवाड़ी हेतु प्रपत्र)

जिला:	ग्राम/कस्बा:
विकासखण्ड	उप स्वास्थ्य केन्द्र
आंगनवाड़ी केन्द्र का नाम:	परियोजना का नाम:
कुल आंगनवाड़ी कार्यकर्ताएं जिन्होंने कृमिनाशन पर प्रशिक्षण प्राप्त किया	
कुल प्राप्त एल्बेण्डाजोल गोलियों की संख्या	कुल शेष एल्बेण्डाजोल गोलियों की संख्या –
कुल प्रदान की गई एल्बेण्डाजोल गोलियों की संख्या *(नेशनल डीवर्मिंग डे एवं मॉप–अप डे दोनों का कुल योग)*	

	12 से 60 माह के बच्चे		5 से 10 वर्ष के शाला त्यागी/अप्रेशी बच्चे		10 से 19 वर्ष की शाला त्यागी/ अप्रेशी बालिकाएं	
	बालक	बलिकाएं	बालक	बलिकाएं	बालक	बलिकाएं
कुल हितग्राहीयो की संख्या						

बच्चे जिन्हें नेशनल डीवर्मिंग डे पर एलबेन्डाजॉल की गोली दी गयी				छूटे हुए बच्चे जिन्हें एक मॉप अप राउन्ड के अन्तर्गत डिवार्मिंग की गयी		
	12 से 60 माह के बच्चे	5 से 10 वर्ष के शाला त्यागी/ अप्रेशी बच्चे	10 से 19 वर्ष की शाला त्यागी/ अप्रेशी बालिकाएं	12 से 60 माह के बच्चे	5 से 10 वर्ष के शाला त्यागी/ अप्रेशी बच्चे	10 से 19 वर्ष की शाला त्यागी/ अप्रेशी बालिकाएं
बालक						
बलिकाएं						
कुल						
आंगनवाड़ी केन्द्र पर हुई प्रतिकूल घटनाओं की कुल संख्या (यदि घटना हुई है तो प्रतिकूल घटना रिपोर्टिंग प्रपत्र भरकर प्रेषित करें)						

हस्ताक्षर आशा कार्यकर्ता	हस्ताक्षर आंगनवाड़ी कार्यकर्ता	हस्ताक्षर ए.एन.एम.

दिनांक 20 फरवरी 2015 तक उपरोक्त प्रपत्र भरकर ए.एन.एम. को प्रेषित करें।

अनुलग्नक – स

प्रपत्र–1

नेशनल आयरन प्लस इनिशिएटिव कार्यक्रम के एडवर्स इवेन्ट (प्रतिकूल घटना) हेतु संपर्क एवं सूचनार्थ

ब्लॉक मेडिकल ऑफिसर तथा सेक्टर मेडिकल आफिसर की संपर्क सूची :–

- जिले का नाम .....
- मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी का नाम .....
- मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी का संपर्क नम्बर .....
- सिविल सर्जन का नाम .....
- सिविल सर्जन का संपर्क नम्बर .....
- जिला निपी नोडल अधिकारी का नाम .....
- जिला निपी नोडल अधिकारी का संपर्क नम्बर .....
- कॉल सेन्टर का नम्बर .....
- ई.एम.आर.आई. 108/जननी एक्सप्रेस हेतु संपर्क नम्बर .....

क्र.	विकासखण्ड के नाम	विकासखण्ड चिकित्सा अधिकारियों के नाम	मोबाईल नम्बर

क्र.	सेक्टर का नाम	सेक्टर चिकित्सा अधिकारियों के नाम	मोबाईल नम्बर

(उपरोक्त प्रपत्र, मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी कार्यालय से भरा जाए तथा आंगनवाड़ी केन्द्रों/शालाओं में वितरण हेतु जिला परियोजना अधिकारी/जिला शिक्षा अधिकारी तथा विकासखण्ड परियोजना अधिकारी, म.बा.वि./विकासखण्ड शिक्षा अधिकारी, शिक्षा विभाग/आदिम जाति कल्याण विभाग को उपलब्ध कराई जाए)

प्रपत्र–2

नेशनल आयरन प्लस इनिशिएटिव कार्यक्रम के एडवर्स इवेन्ट (प्रतिकूल घटना) हेतु शाला प्रधान द्वारा भरे जाने वाला प्रपत्र

अल्पतीव्र/मामूली प्रतिकूल घटना हेतु रिपोर्टिंग प्रपत्र

पीड़ित हितग्राही का नाम एवं पता:	लिंग	उम्र
माता/पिता/पति का नाम तथा संपर्क विवरण:		
ग्राम का पता	* संस्था का प्रकार–शाला आंग[ ]ी केन्द्र [ ]	
	* प्रतिकूल घटना के घटना संस्था पर ✓ का चिन्ह लगायें।	
उपचार स्थल		
रिपोर्टकर्ता का नाम		
रिपोर्टकर्ता का संपर्क विवरण		

पीड़ित हितग्राही के लक्षण		
पीड़ित हितग्राही को दी गई औषधि का नाम	औषधि का बैच कमांक	औषधि के निर्माता का नाम
आयरन फॉलिक एसिड/कृमिनाशक गोली देने की तिथि/समय		
अल्पतीव्र/मामूली प्रतिकूल घटना/लक्षण प्रारंभ होने की तिथि/समय		
पीड़ित हितग्राही का यदि कोई पूर्व चिकित्सकीय इतिहास हो		
अल्पतीव्र/मामूली प्रतिकूल घटना/लक्षण के मूलभूत उपचार हेतु की गई कार्यवाही		

हस्ताक्षर

शाला प्रधान/आंगनवाडी कार्यकर्ता

शाला/आंगनवाडी केन्द्र का नाम

ग्राम का नाम

विकासखण्ड का नाम

प्रपत्र–3

नेशनल आयरन प्लस इनिशिएटिव कार्यक्रम के एडवर्स इवेन्ट (प्रतिकूल घटना) हेतु शाला प्रधान द्वारा भरे जाने वाला प्रपत्र

गंभीर प्रतिकूल घटना हेतु रिपोर्टिंग प्रपत्र

पीड़ित हितग्राही का नाम एवं पता:	लिंग	उम्र
माता/पिता/पति का नाम तथा संपर्क विवरण:		
ग्राम का पता	* संस्था का प्रकार–शाला आं[ ]ी केन्द्र [ ]	
	* प्रतिकूल घटना के घटना संस्था पर ✓ का चिन्ह लगायें।	
उपचार स्थल		
रिपोर्टकर्ता का नाम		
रिपोर्टकर्ता का संपर्क विवरण		

पीड़ित हितग्राही के लक्षण		
पीड़ित हितग्राही को दी गई औषधि का नाम	औषधि का बैच कमांक	औषधि के निर्माता का नाम
आयरन फॉलिक एसिड/कृमिनाशक गोली देने की तिथि/समय		
गंभीर प्रतिकूल घटना/लक्षण प्रारंभ होने की तिथि/समय		
पीड़ित हितग्राही का यदि कोई पूर्व चिकित्सकीय इतिहास हो		
गंभीर प्रतिकूल घटना/लक्षण के मूलभूत उपचार हेतु की गई कार्यवाही		
गंभीर प्रतिकूल घटना के उपरांत स्वास्थ्य संस्था जहां पीड़ित हितग्राही को रेफर किया गया		

हस्ताक्षर

शाला प्रधान/आंगनवाडी कार्यकर्ता

शाला/आंगनवाडी केन्द्र का नाम

ग्राम का नाम

विकासखण्ड का नाम

National Deworming Day – NDD
(10th February 2015)

Video Conference
Date – 30th Jan 2015

Prevalence of Parasitic Infection

- Children between the age of 1 to 19 years are at risk of parasitic intestinal worm infestation in India known as STH.
- Worms can cause anemia and under nutrition, thereby impairing mental and physical development.

National Deworming Day

- *NDD Celebration: Fixed day Deworming in 12 States & UTs. National Launch at Rajsthan by Hon. Union Minister Health & Family Welfare.*
- Objective of NDD :- To deworm all pre school and school age children (enrolled & non enrolled) between the ages of 1-19 years through govt./govt. aided School and AWC in order to improve their overall health, nutritional status, access to education and quality of life.
- Target Beneficiaries:- 1 to 19 years children (Boys & Girls)

Factsheet for NDD

Indicators	Numbers
No. of Primary Schools	85113
No of Middle, High & Higher secondary schools	70669
No of AWCs	80160
No of Enrolled Children in Primary School	6063999
Estd. No of out of school Children – 5 to 10 yrs	435572
No of Enrolled Children in class 6th to class 12th	5048335
Estd. No of out of school Children 11 to 19 yrs	1597098
Total Requirement of Albendazole tab. (10 x 10 pack) for NDD	106787
Total Availability of Albendazole tab. (10 x 10 pack) in the State as per SDMIS as on 30th Jan 2015	106980
25 Districts less quantity of Albendazole as per SDMIS as on 30th Jan 2015	Bhopal, Rajgarh, Sehore, Vidisha , Harda, Tikamgarh, Damoh, Agar, Dewas, Mandsaur Ratlam, Shajapur, Indore, Khanwa, Burhanpur, Alirajpur, Sheoi, Balaghat, Katni, Dindori , Gwalior, Bhind, Morena, Shivpuri, Datia

Implementation Strategy

- NDD – 10th February 2015 to deworm all the enrolled children in Govt./Govt. aided Schools & AWCs.
- Administer Albendazole Chewable tablet -400 mg. to all 5 to 19 years children and Albendazole Suspension as per age group to all 1 to 5 years left out children of BSM (Dec 14 to Jan 15).
- Mop up Days – Till 14th Feb 2015 to ensure the de worming in left out children on NDD.

Albendazole Administration

Age-specific Dosage

For Left out children in BSM
Albendazole Suspension
1-2 years : 5 ml
>2 to 5 years – 10 ml

During NDD
1 Albendazole
Chewable Tablet
5-19 years : 400 mg

NDD Distribution System

CMHO ← *Information from DPO, DEO & DPC*
(Total enrolled & non enrolled Children)
↓
BMO ← *Information from BEO & BRC*
↓
Sector Medical officer/ RBSK Team /Sector Supervisor
↓
ANM/MPW/Supervisor
↓
Schools/ AWC & GAK

NDD Reporting System

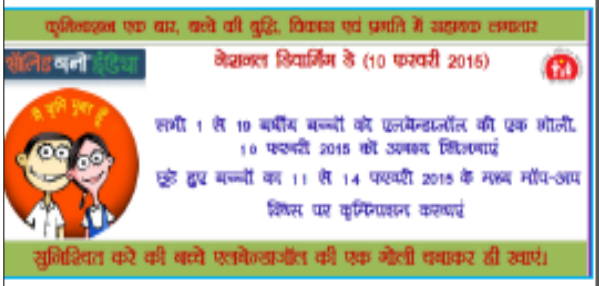
Schools/ AWC
Report Compilation - 18th Feb 2015
↓
ASHA/ ASHA Sahyogini
Collect report from School & AWC - 20th Feb 2015
↓
SHC level- ANM/MPW/Supervisor - 20th Feb 2015
↓
Block Level- BMO/BCM/BPM - 23th Feb 2015
↓
District Level - CMHO/DPM/DNC/ DCM - 25th Feb 2015
↓
State Level - CMHO/DPM/DNC/ DCM - 27th Feb 2015

NDD Kit by 3rd Feb 2015

- Albendazole Tablets Chewable – 400 mg. as per need
- Drugs of Adverse Event Mgt:
  - ✓ ORS – 5 packets,
  - ✓ Domperidone (10/20 mg)- 20 tabs each
  - ✓ Paracetamol (250/500 mg) – 20 Tabs each
  - ✓ Chlorpheniramine maleate(4 mg)/ Cetrizine (10 mg) – 20 tabs each
- Banner/Flex – 1 (4'x 3'ft) per school
- Reporting formats for AWW & Schools
- *Posters , Handouts & FAQ in Hindi– Poster 1 per school & AWC and Handouts 2 per school (by DtWI).*
- Create contact list of all BMO, Sector MO, ANM, ASHA, 108/Janani Express for School info.

Prototype of NDD Banner – 3rd Feb 15

Prototype of Wall painting – 7th Feb 15



Activities at district level to ensure NDD

Level	Activities	Timeline
District Level	✓ Arrangement of NDD Kit (Printing of Flexes – 4x 3 ft., Adverse event management protocol formats, reporting format, availability of Albendazole as per enrolled children in Schools and AWCs.)	3rd Feb 2015
	✓Half day orientation of BMO / Sector MO / BPM / BCM / BEO / BRC / CDPO on NDD	4th to 5th Feb 2015
Block Level	✓Orientation of ASHA, ANM & RBSK team and ensure distribution of NDD kit through block level mobility support and RBSK Team	6th to 7th Feb 2015
	✓Media Sensitization – Miking & Wall Painting	
Sector level	✓Ensure orientation of teacher/principal/HM/AWW on NDD during monthly cluster/sector meeting by Sector MOs	07th Feb 2015

Activities at district level to ensure NDD

Level	Activities	Timeline
Field Level	Launch of National De - worming Day	10th Feb 2015
	Mop- up round	Till 14th Feb 2015
	Report from School & AWC to ASHA/ ASHA Sahyogini/ANM	20th Feb 2015
	Reporting from Block to District	25th Feb 2015
	Reporting from District to State	27th Feb 2015

➢ *For every child administered albendazole on NDD: a single √ mark in attendance register.*

➢ *For every child administered albendazole MUDs: √√ marks in attendance register.*

➢ *Ensure that every child chews the tablet.*

Financial Guideline for NDD

S. No.	Activity Detail	Est. Expenditure Per District (INR)	FMR Code
1	Printing of : a. Training material	1,50,000	B.10.7
	b. IEC material: Banners/Pamphlets	1,50,000	
	c. Reporting Formats of all levels	20,000	
2	Half day orientation meeting at Sector PHC/ Block level for approx. 3000 participants @ 150 /- per participant	3,00,000	A.9.11.3
3	Mobility support for field level monitoring for one day (4 hired vehicles at rent of Rs. 1000 for 1 day or fuel of Rs. 1000)	4000	A.10.8

➢ District to utilize their unspent balanced under NRHM/ RCH flexi pool for successful organizing of NDD activity within indicated ceiling.

Technical Content for District & Block level orientation

- Training ppts. will be shared and circulated by department & DtWI by 31st Jan 2015.
- FAQs in Hindi by 3rd Feb 2015.
- Posters and Handouts for all govt./govt. aided schools & AWCs will be made available to CMHOs by district coordinators of DtWI by 3rd Feb 2015.
- Banner on NDD for Mamta Rath will be supplied by 3rd Feb 2015.

Adverse Event Management Protocols

- Children who are sick, or under any medication on NDD/MUD should not be administered Albendazole.
- High Worm Load: Side-effects such as nausea, mild abdominal pain, vomiting, diarrhoea and fatigue.
- Self limiting symptoms. Does not require hospitalization.

Roles and Responsibilities of Health Department

- ❑ Interdepartmental Convergence
- ❑ Ensuring availability of Albendazole tablet/ suspension.
- ❑ Printing of banners/flexes and reporting formats by 3rd Feb 2015.
- ❑ Half day sensitization of officials of Education, ICDS, Tribal & Health dept.
- ❑ Distribution of NDD kits as per school numbers to BMO – 4th & 5th Feb 15
- ❑ Village level Miking – 7th & 8th Feb 15
- ❑ Inauguration of NDD - 10th Feb 15
- ❑ Management of Adverse event
- ❑ Monitoring and Reporting.

Expectations from ICDS (Supported by ASHA)

- ❑ Administration of Albendazole Suspension to left out children of BSM.
- ❑ Albendazole chewable tablet administration to school drop outs and unenrolled children between 5 to 19 years.
- ❑ Timely reporting.

Expectations from Education & Tribal Department

- ❑ Sufficient drugs to be ensured before the round –4th Feb 15.
- ❑ Ensure participation of all govt. Head masters/principals at cluster level sensitization meeting – 7th Feb 15.
- ❑ Display of Banner/flex at School.
- ❑ Counter to be set up at a clean place.
- ❑ Potable drinking water and glass.
- ❑ Recording and reporting forms
- ❑ Phone number of nearest PHC, MO- Block PHC, ANM for Adverse event management support (preferably stuck on entrance wall or door).
- ❑ Administer 1 chewable Albendazole tablet on deworming day to children
- ❑ Compiling data & timely reporting – 20th Feb 15.

Division Bhopal

Requirement and availability of Albendazole tab.

District	Total Estimated Albendazole Required for 1 round NDD @ 75%	Est. Requirement of 10 x 10 pack	Available Stock of Albendazole tab (400 mg) - 10x10 pack	Gap
Bhopal	163376	1634	647	-987
Raisen	172935	1729	3747	2018
Rajgarh	217802	2178	1051	-1127
Hoshangabad	139896	1399	1717	318
Sehore	163345	1633	1200	-433
Harda	72678	727	332	-395
Vidisha	219569	2196	1809	-387
Betul	234205	2342	1591	-751
Total	1383805	13838	12094	-1744

Division Sagar

Requirement and availability of Albendazole tab.

District	Total Estimated Albendazole Required for 1 round NDD	Est. Requirement of 10 x 10 pack	Available Stock of Albendazole Tab (400 mg) - 10x10 pack	Gap
Sagar	343774	3438	5661	2223
Tikamgarh	279605	2796	2684	-112
Chhattarpur	315899	3159	2598	-561
Panna	181877	1819	3024	1205
Damoh	204210	2042	1080	-962
Total	1325363	13254	15047	1793

Division Rewa

Requirement and availability of Albendazole tab.

District	Total Estimated Albendazole Required for 1 round NDD @ 75%	Est. Requirement of 10 x 10 pack	Available Stock of Albendazole Tab (400 mg) - 10x10 pack	Gap
Rewa	332210	3322	6355	3033
Satna	321401	3214	4268	1054
Singrauli	215898	2159	5756	3597
Sidhi	205383	2054	2098	44
Shahdol	166677	1667	2241	574
Anuppur	108780	1088	1523	435
Umaria	106745	1067	1988	921
Total	1457093	14571	24229	9658

Division Ujjain

Requirement and availability of Albendazole tab.

District	Total Estimated Albendazole Required for 1 round NDD @ 75%	Est. Requirement of 10 x 10 pack	Available Stock of Albendazole Tab (400 mg) - 10x10 pack	Gap
Agar Malwa	76690	767	420	-347
Ujjain	189791	1898	4442	2544
Dewas	183376	1834	1233	-601
Mandsor	144381	1444	1175	-269
Ratlam	177458	1775	1183	-592
Shajapur	96698	967	919	-48
Neemuch	88747	887	938	51
Total	957141	9571	10310	739

Division Indore

Requirement and availability of Albendazole tab.

District	Total Estimated Albendazole Required for 1 round NDD @ 75%	Est. Requirement of 10 x 10 pack	Available Stock of Albendazole Tab (400 mg) - 10x10 pack	Gap
Indore	193908	1939	655	-1284
Barwani	209257	2093	3146	1053
Jhabua	194693	1947	2170	223
Dhar	304835	3048	5820	2772
Khargone	270025	2700	3000	300
Khandwa	194774	1948	2393	445
Burhanpur	94751	948	479	-469
Alirajpur	143264	1433	280	-1153
Total	1605506	16055	17943	1888

Division Jabalpur

Requirement and availability of Albendazole tab.

District	Total Estimated Albendazole Required for 1 round NDD @ 75%	Est. Requirement of 10 x 10 pack	Available Stock of Albendazole Tab (400 mg) - 10x10 pack	Gap
Jabalpur	231925	2319	2991	672
Mandla	170516	1705	1990	285
Seoni	212465	2125	1228	-897
Narsinghpur	139582	1396	2302	906
Balaghat	246707	2467	1820	-647
Chhindwara	300734	3007	5486	2479
Katni	196815	1968	1689	-279
Dindori	120918	1209	347	-862
Total	1619660	16197	17853	1656

Division Gwalior

Requirement and availability of Albendazole tab.

District	Total Estimated Albendazole Required for 1 round NDD @ 75%	Est. Requirement of 10 x 10 pack	Available Stock of Albendazole Tab (400 mg) - 10x10 pack	Gap
Gwalior	181154	1812	338	-1474
Bhind	211154	2112	438	-1674
Morena	250905	2509	386	-2123
Sheopur	111221	1112	1246	134
Shivpuri	297209	2972	22	-2950
Datia	117174	1172	117	-1055
Guna	201817	2018	2269	251
Ashok Nagar	139572	1396	4688	3292
Total	1510206	15102	9504	-5598

Annexure E

Letters Issued to CMHO's

राष्ट्रीय स्वास्थ्य मिशन
बैंक ऑफ इंडिया, भवन तृतीय तल,
अरेरा हिल्स भोपाल, मध्यप्रदेश

क्रं./एन.एच.एम./NIPI/ 2015/1766

भोपाल, दिनांक 13 /02/2015

प्रति,

मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी,
जिला: खरगौन/बड़वानी/रायसेन/रतलात/भोपाल/दतिया/बालघाट/नरसिंहपुर/देवास/उज्जैन/आगर मालवा/ अशोकनगर तथा मंदसौर

विषय :– **नेशनल डीवार्मिंग डे के मॉप–अप दिवस दिनांक 12 फरवरी 2015 के संबंध में स्वतंत्र मॉनिटर द्वारा प्राप्त टीप एवं कमियों पर तत्काल सुधारात्मक कार्यवाही के बाबत।**

विषयांतर्गत लेख है कि भारत सरकार के नवीन दिशा–निर्देशानुसार National Deworming Day (NDD) का आयोजन, एक निश्चित दिवस पर (Fix Day Approach) किया जाकर, 1 से 5 वर्षीय बच्चों को आंगनवाड़ी केन्द्रों में (बाल सुरक्षा माह में छूटे हुए) तथा 5 से 19 वर्षीय शासकीय/शासकीय अनुदान प्राप्त शालाओं में पंजीकृत समस्त बालक एवं बालिकाओं का कृमिनाशन किया जा रहा हैं। प्रदेश में कार्यक्रम की मॉनीटरिंग 125 स्वतंत्र मॉनीटर, नेशनल मॉनीटर एवं राज्य स्तरीय ओ.आई.सी./एस.पी.एम.यू. के माध्यम से किया जा रहा हैं। **दिनांक 12 फरवरी 2015 के आयोजन उपरांत राज्य स्तर पर प्रतिवेदित जिलेवार कमियाँ निम्नानुसार हैं :–**

संभाग का नाम	क्रं.	जिले का नाम	विकासखण्ड का नाम	मॉप–अप दिवस दिनांक 12 फरवरी 2015 में परिलक्षित कमियाँ
भोपाल	1	भोपाल	फंदा	• शासकीय माध्यमिक शाला फंदा में शिक्षको को प्रतिकूल घटना की कोई जानकारी नहीं है तथा प्रतिकूल घटना के किट में ओ.आर.एस. उपस्थित नही है। • सरदार पटेल प्राथमिक/माध्यमिक/हायर सेकण्डरी खजूरी सडक, आंगनवाडी केन्द्र ग्राम पंचायत खजूरी सडक में आई.ई.सी. सामग्री का प्रदर्शन नहीं पाया गया।
	2	रायसेन	औबैदुल्लागंज	• प्राथमिक शाला घडचिछाड में प्रतिकूल घटना किट तथा रिर्पोटिंग प्रपत्र उपलब्ध नहीं कराया गया।
			बरेली	• शासकीय हायर सेकण्डरी स्कूल महेश्वर तथा शासकीय उच्चतर माध्यमिक कन्या शाला में आई.ई.सी. सामग्री का प्रदर्शन तथा रिर्पोटिंग प्रपत्र उपलब्ध नहीं कराया गया।
			बाबई	• शासकीय हायर सेकण्डरी अमरावतकला में आई.ई.सी. सामग्री का प्रदर्शन नहीं पाया गया।
इंदौर	1	बड़वानी	ठीकरी	• हायर सेकण्डरी बुरूफाटक में शिक्षकों का प्रशिक्षण नहीं कराया गया हैं।
	2	खरगौन	गोगांवा	• प्राथमिक/माध्यमिक/हायर सेकण्डरी खेडीकोट, माध्यमिक शाला खिडगांव में शिक्षको का प्रशिक्षण नहीं कराया गया है।
उज्जैन	1	उज्जैन	उज्जैन शहरी	• माध्यमिक शाला लोकमान्य तिलक में एल्बेन्डाजोल गोली उपलब्ध नहीं कराई गई है।
	2	रतलाम	बाजना	• शासकीय हायर सेकण्डरी चन्द्रघर, माध्यमिक शाला उमरिया में आई.ई.सी. सामग्री का प्रदर्शन तथा रिर्पोटिंग प्रपत्र उपलब्ध नहीं कराया गया।
			रतलाम शहरी	• माध्यमिक शाला खोखरा में एल्बेन्डाजोल गोली उपलब्ध नहीं कराई गई है। • आई.ई.सी. सामग्री का प्रदर्शन तथा रिर्पोटिंग प्रपत्र उपलब्ध नहीं कराया गया हैं।
	3	मंदसौर	मल्हारगढ़	• माध्यमिक/हायर सेकण्डरी पिपलिया मंडी, माध्यमिक शाला बोतलगंज में एल्बेन्डाजोल गोली उपलब्ध नहीं कराई गई है।
	4	देवास	सोनकच्छ	• हायर सेकण्डरी स्कूल पोलईजागीर में में एल्बेन्डाजोल गोली उपलब्ध नहीं कराई गई है।
	5	आगर मालवा	नलखेड़ा	• माध्यमिक शाला कालीगंज, हायर सेकण्डरी बडगांव में एल्बेन्डाजोल गोली उपलब्ध नहीं कराई गई है।
ग्वालियर	1	दतिया	दतिया शहरी	• माध्यमिक/हायर सेकण्डरी कुनहारी में एल्बेन्डाजोल गोली उपलब्ध नहीं कराई गई है।
	2	अशोकनगर	ईशानगर	• माध्यमिक शाला दुमरा, हायर सेकण्डरी मेहरान में एल्बेन्डाजोल गोली उपलब्ध नहीं कराई गई है।
जबलपुर	1	बालाघाट		• माध्यमिक शाला ठोकरबंदी में एल्बेन्डाजोल गोली उपलब्ध नहीं कराई गई है।
	2	नरसिंहपुर	साईखेडा	• आंगनवाडी केन्द्र गाडरवाडा, आजाद वार्ड क्रं. 02 में रिर्पोटिंग प्रपत्र उपलब्ध नहीं है।

निर्देशित किया जाता है कि उपरोक्त तालिका में दर्शाये अनुसार कमियों की तत्काल सुधार सुनिश्चित की जाये। इस हेतु डीवर्म द वर्ल्ड इनिशिएटिव के जिला सलाहकार, एम.आई. तथा यूनिसेफ के सलाहकारो का सहयोग प्राप्त किया जाये। किसी भी प्रतिकूल घटना की जानकारी राज्य स्तरीय संपर्क न. – 0755, 4092113/4092112 अथवा राज्य नोडल अधिकारी डॉ. प्रज्ञा तिवारी (मो. 9425018432) को तत्काल एस.एम.एस/कॉल पर दी जाये।

मिशन संचालक एन.एच.एम. द्वारा अनुमोदित

13/2/15

(डॉ. प्रज्ञा तिवारी)
उपसंचालक (शिशु स्वास्थ्य–पोषण)
एन.एच.एम.,मध्यप्रदेश

पृ.क्रमांक/एन.एच.एम/NIPI/2015/ भोपाल, दिनांक /02/2015
प्रतिलिपिः– आवश्यक कार्यवाही हेतु सूचनार्थ।

1. अतिरिक्त मुख्य सचिव, शिक्षा विभाग, वल्लभ भवन, मध्यप्रदेश।
2. प्रमुख सचिव, लोक स्वास्थ्य एवं परिवार कल्याण विभाग, वल्लभ भवन मध्यप्रदेश।
3. प्रमुख सचिव, एकीकृत बाल विकास सेवायें, वल्लभ भवन मध्यप्रदेश।
4. स्वास्थ्य आयुक्त, मध्यप्रदेश।
5. समस्त, संभागीय संयुक्त संचालक, एकीकृत बाल विकास सेवायें, मध्यप्रदेश।
6. समस्त, संभागीय संयुक्त संचालक, लोक शिक्षण संचालनालय, मध्यप्रदेश।
7. समस्त, जिला कलेक्टर, मध्य प्रदेश।
8. समस्त, जिला शिक्षा अधिकारी, स्कूल शिक्षा विभाग, मध्यप्रदेश।
9. समस्त, जिला कार्यक्रम अधिकारी, एकीकृत बाल विकास सेवायें, मध्यप्रदेश।
10. पोषण विशेषज्ञ यूनिसेफ भोपाल।
11. राज्य कार्यक्रम प्रतिनिधी, एम.आई. मध्यप्रदेश।
12. राज्य कार्यक्रम अधिकारी, डीवर्म द वर्ल्ड इनिशिएटिव, मध्यप्रदेश।
13. समस्त, खण्ड चिकित्सा अधिकारी, मध्यप्रदेश।
14. समस्त, संभागीय कार्यक्रम प्रबंधक, आर.सी.एच./एन.एच.एम., मध्यप्रदेश।
15. समस्त, जिला कार्यक्रम प्रबंधक, आर.सी.एच./एन.एच.एम., मध्यप्रदेश।
16. समस्त, जिला पोषण सलाहकार, आर.सी.एच./एन.एच.एम., मध्यप्रदेश।

उपसंचालक (शिशु स्वास्थ्य–पोषण)
एन.एच.एम.,मध्यप्रदेश

राष्ट्रीय स्वास्थ्य मिशन
बैंक ऑफ इंडिया, भवन तृतीय तल,
अरेरा हिल्स भोपाल, मध्यप्रदेश

क्रं./एन.एच.एम./NIPI/ 2015/1698 भोपाल, दिनांक 11 /02/2015

प्रति,

मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी,
जिला : अलीराजपुर/अनुपपूर/बालाघाट/बड़वानी/भिंड/बैतुल/छतरपूर/दमोह/धार/ग्वालियर/इंदौर/मुरैना/रायसेन/रतलाम/सतना/टीकमगढ़/खरगौन/शिवपुरी/जबलपुर/विदिशा/सागर/मंडला/खण्डवा/देवास/झाबुआ/नरसिंहपुर/कटनी /श्योपूर/आगर/होशंगाबाद तथा अशोकनगर

विषय :– नेशनल डीवार्मिंग डे दिनांक 10 फरवरी 2015 के संबंध में स्वतंत्र मॉनिटर द्वारा प्राप्त टीप एवं कमियों पर तत्काल सुधारात्मक कार्यवाही के बाबत।

विषयांतर्गत लेख है कि भारत सरकार के नवीन दिशा–निर्देशानुसार National Deworming Day (NDD) का आयोजन, एक निश्चित दिवस पर (Fix Day Approach) किया जाकर, 1 से 5 वर्षीय बच्चों को आंगनवाड़ी केन्द्रों में (बाल सुरक्षा माह में छूटे हुए) तथा 5 से 19 वर्षीय शासकीय/शासकीय अनुदान प्राप्त शालाओं में पंजीकृत समस्त बालक एवं बालिकाओं का कृमिनाशन किया जा रहा हैं। प्रदेश में कार्यक्रम की मॉनीटरिंग 125 स्वतंत्र मॉनीटर, नेशनल मॉनीटर एवं राज्य स्तरीय ओ.आई.सी./एस.पी.एम.यू. के माध्यम से किया जा रहा हैं। दिनांक10 फरवरी 2015 के आयोजन उपरांत राज्य स्तर पर प्रतिवेदित जिलेवार कमियाँ निम्नानुसार हैं :–

संभाग का नाम	क्रं.	जिले का नाम	विकासखण्ड का नाम	नेशनल डीवार्मिंग डे में परिलक्षित कमियाँ
भोपाल	1	रायसेन	ओबेदुल्लागंज	• गौहरगंज कन्या प्राथमिक शाला में डीवार्मिंग डे की कोई जानकारी या औषधियाँ नही पाई गई। • विकासखण्ड के शालाओं में FAQ की जानकारी वितरित नहीं की गई हैं। • एडवर्स इवेन्ट प्रोटोकॉल एवं औषधियाँ विकासखण्ड के अधिकांशः स्कूल में नहीं पाये गये और न ही आपातकालीन स्थिती में संपर्क हेतु संपर्क सूची शालाओं में उपलब्ध कराई गई हैं। • रिर्पोटिंग प्रपत्र एवं उपस्थिती पंजी में ✓/✓✓ लगाने के संबंध में कोई जानकारी शालाओं के शिक्षकों को नहीं दी गई हैं।
			सौंची	• माध्यमिक शाला पटारी, दिवानगंज, मोरेलकला, GPS करलहोद में FAQ की जानकारी वितरित नहीं की गई हैं और प्रशिक्षण का अभाव पाया गया।
	2	होशंगाबाद	होशंगाबाद शहरी	• रीवागंज के शालाओं में शिक्षको का प्रशिक्षण नहीं हुआ है तथा FAQ उपलब्ध नहीं कराया गया।
	3	विदिशा	गंजबासौदा	• ग्राम सुमेरडांगी शासकीय हायर सैकण्डरी स्कूल में एल्बेन्डाजोल गोली उपलब्ध नही कराया गया ।
	4	बैतुल	चिचौली	• मलछपुर स्कूल में एल्बेन्डाजोल गोली उपलब्ध नहीं कराई गई।
इंदौर	1	अलीराजपुर	उदयगढ़	• खण्डाला गमीर प्राथमिक शाला में एल्बेन्डाजोल गोली उपलब्ध नहीं थी।
	2	इंदौर	महू	• ग्राम दतोडा के शासकीय शाला में एल्बेन्डाजोल गोली उपलब्ध नहीं थी।
			हातोद	• दोनो विकासखण्ड की निरीक्षित शासकीय शालाओं में एल्बेन्डाजोल गोली उपलब्ध नहीं कराई गई है।
			मानपुरा	
			सांवेर	• स्कूलों में बैनर नहीं लगाये गये।
	3	खरगौन	खरगौन	• रिर्पोटिंग प्रपत्र उपलब्ध नहीं कराया गया।
	4	धार	निसरपुर	• विकासखण्ड की निरीक्षित शासकीय शालाओं में एल्बेन्डाजोल गोली उपलब्ध नहीं कराई गई है।
	5	खण्डवा	पुनासा	• रिर्पोटिंग प्रपत्र उपलब्ध नहीं कराया गया।
	6	झाबुआ	झाबुआ	• आंगनवाडी केन्द्रों पर एल्बेन्डाजोल सस्पेंशन की कमी पाई गई।

	7	बड़वानी	निवाली	• ग्राम भूलगॉव UEGS पाल्या फाल्या में एल्बेन्डाजोल गोली उपलब्ध नहीं कराई गई है।
			सेंधवा	• ग्राम लालवानी UEGS डावर फाल्या में एल्बेन्डाजोल गोली उपलब्ध नहीं कराई गई है।
उज्जैन	1	रतलाम	रतलाम	• ग्राम ईटावा माताजी के माध्यमिक शाला में एल्बेन्डाजोल गोली उपलब्ध नही कराई गई है।
	2	देवास	बागली	• आई.सी. सामग्री का प्रदर्शन नहीं पाया गया। • शालाओं के शिक्षकों का प्रशिक्षण नहीं किया गया है। • रिर्पोटिंग प्रपत्र वितरीत नहीं किये गये।
	3	आगर	सुसनेर	• RKDF श्यामपुर शासकीय स्कूल में एल्बेन्डाजोल गोली नहीं पाई गई।
जबलपुर	1	बालाघाट	किरनापुर	• ग्राम रामगढी प्राथमिक शाला गोढ़ीटोला में एल्बेन्डाजोल गोली नहीं उपलब्ध कराई गई।
	2	जबलपुर	पनागर	• आई.सी. सामग्री का प्रदर्शन नहीं पाया गया। • हायर सेकण्डरी स्कूल सोनपुर /कुसनेर में एल्बेन्डाजोल गोली नहीं पाई गई।
	3	मंडला	मंडला	• आई.सी. सामग्री का प्रदर्शन नहीं पाया गया।
	4	नरसिंहपुर	नरसिंहपुर	• निरीक्षित शासकीय स्कूलों में एल्बेन्डाजोल गोली नहीं पाई गई।
	5	कटनी	कटनी शहरी	• एल्बेन्डाजोल सस्पेंशन की कमी है।
ग्वालियर	1	ग्वालियर	मितरवार	• EGS आदिवासी नाथो का पुरा ग्राम एरैया, GMS बनेरी, GMS बहोतपुर में एल्बेन्डाजोल गोली नहीं पाई गई।
			घाटीगॉव	• ग्राम चारीडॉग के प्राथमिक शासकीय शाला में एल्बेन्डाजोल गोली नहीं पाई गई।
			डबरा	• वीरन्द्राना स्कूल में एल्बेन्डाजोल गोली नहीं पाई गई तथा माध्यमिक शाला घई में रिर्पोटिंग प्रपत्र नहीं हैं।
	2	मुरैना	मुरैना	• ग्राम जखोना शासकीय प्राथमिक शाला तथा हायर सेंकण्डरी क्रं. 02 में एल्बेन्डाजोल गोली नहीं पाई गई।
			पोरसा	• शासकीय माध्यमिक शाला नागरा में एल्बेन्डाजोल गोली नहीं पाई गई।
	3	शिवपुरी	शिवपुरी शहरी	• शहरी क्षेत्र के निरीक्षित प्राथमिक शाला किरोली, माध्यमिक शाला डोगरी, हायर सेंकण्डरी शाला धोन्ती में एल्बेन्डाजोल गोली नहीं पाई गई।
	4	श्योपुर	विजयपुर	• प्राथमिक शाला खरेडी क्रं. 1 में एल्बेन्डाजोल गोली नहीं पाई गई।
सागर	1	सागर	जैयसी नगर	• प्राथमिक/माध्यमिक शाला सेमरा गोपालमन में एल्बेन्डाजोल गोली तथा रिर्पोटिंग प्रपत्र नहीं हैं।
			सागर शहरी	• प्राथमिक/माध्यमिक शाला शोभापुर गोपालमन में एल्बेन्डाजोल गोली तथा रिर्पोटिंग प्रपत्र नहीं हैं।
	2	छतरपुर	बडामलेरा	• प्राथमिक शाला हिरापुर में एल्बेन्डाजोल गोली नहीं हैं।
	3	दमोह	दमोह	• ग्राम बिलतारा के शासकीय प्राथमिक शाला तथा माध्यमिक शाला सामना में एल्बेन्डाजोल गोली नहीं हैं।
	4	टिकमगढ़	जतारा	• शासकीय हायर सेकण्डरी स्कूल छिपारी में एल्बेन्डाजोल गोली नहीं हैं।
रीवा	1	अनुपपुर	पुष्पराजगढ़	• UEGS मरहूटोला ग्राम बिलाशपुर में एल्बेन्डाजोल गोली नही हैं।
	2	सतना	अमरपाटन	• प्राथमिक शाला घुईसा में एल्बेन्डाजोल गोली नहीं हैं।

निर्देशित किया जाता है कि उपरोक्त तालिका में दर्शाये अनुसार कमियों की तत्काल सुधार सुनिश्चित की जाये। इस हेतु डीवर्म द वर्ल्ड इनिशिएटिव के जिला सलाहकार, एम.आई. तथा यूनिसेफ के सलाहकारों का सहयोग प्राप्त किया जाये। किसी भी प्रतिकूल घटना की जानकारी राज्य स्तरीय संपर्क न. – 0755, 4092113/4092112 अथवा राज्य नोडल अधिकारी डॉ. प्रज्ञा तिवारी (मो. 9425018432) को तत्काल एस.एम.एस/कॉल कर दी जाये।

(फैज अहमद किदवई)
मिशन संचालक

पृ.क्रमांक/एन.एच.एम/NIPI/2015/1691
प्रतिलिपि– आवश्यक कार्यवाही हेतु सूचनार्थ।

एन.एच.एम,मध्यप्रदेश
भोपाल, दिनांक 11/02/2015

1. अतिरिक्त मुख्य सचिव, शिक्षा विभाग, वल्लभ भवन, मध्यप्रदेश।
2. प्रमुख सचिव, लोक स्वास्थ्य एवं परिवार कल्याण विभाग, वल्लभ भवन मध्यप्रदेश।
3. प्रमुख सचिव, एकीकृत बाल विकास सेवायें, वल्लभ भवन मध्यप्रदेश।
4. स्वास्थ्य आयुक्त, मध्यप्रदेश।
5. समस्त, संभागीय संयुक्त संचालक, एकीकृत बाल विकास सेवायें, मध्यप्रदेश।
6. समस्त, संभागीय संयुक्त संचालक, लोक शिक्षण संचालनालय, मध्यप्रदेश।
7. समस्त, जिला कलेक्टर, मध्य प्रदेश।
8. समस्त, जिला शिक्षा अधिकारी, स्कूल शिक्षा विभाग, मध्यप्रदेश।
9. समस्त, जिला कार्यक्रम अधिकारी, एकीकृत बाल विकास सेवायें, मध्यप्रदेश।
10. पोषण विशेषज्ञ यूनिसेफ भोपाल।
11. राज्य कार्यक्रम अधिकारी, एम.आई. मध्यप्रदेश।
12. राज्य कार्यक्रम अधिकारी, डीवर्म द वर्ल्ड इनिशिएटिव, मध्यप्रदेश।
13. समस्त, खण्ड चिकित्सा अधिकारी, मध्यप्रदेश।
14. समस्त, संभागीय कार्यक्रम प्रबंधक, आर.सी.एच./एन.एच.एम., मध्यप्रदेश।
15. समस्त, जिला कार्यक्रम प्रबंधक, आर.सी.एच./एन.एच.एम., मध्यप्रदेश।
16. समस्त, जिला पोषण सलाहकार, आर.सी.एच./एन.एच.एम., मध्यप्रदेश।

मिशन संचालक
एन.एच.एम,मध्यप्रदेश

राष्ट्रीय स्वास्थ्य मिशन

बैंक ऑफ इंडिया भवन,

अरेरा हिल्स भोपाल, मध्यप्रदेश

क्रमांक/एन.एच.एम/NIPI/2015/1676 भोपाल, दिनांक 10/02/2015

प्रति,

1. समस्त मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी, म.प्र.
2. समस्त जिला शिक्षा अधिकारी, म.प्र.
3. समस्त जिला कार्यक्रम अधिकारी, म.बा.वि, म.प्र.

विषयः— नेशनल डीवर्मिंग डे के आयोजन के संबंध में।

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विषयांतर्गत लेख है कि आज दिनांक 10 फरवरी 2015 को नेशनल डीवर्मिंग डे का प्रदेश व्यापी शुभारंभ माननीय स्वास्थ्य मंत्रीजी के द्वारा किया गया। उपरोक्त कार्यक्रम सभी जिलों में शिक्षा विभाग, आदिम जाति कल्याण विभाग एवं एकीकृत बाल विकास सेवाएँ के समन्वय से क्रियान्वित किया जा रहा है। आप सभी के समन्वित प्रयासों से प्रदेश में इस कार्यक्रम का सफल क्रियान्वयन संभव है। नेशनल डीवर्मिंग डे के प्रथम दिवस पर स्वतंत्र मॉनीटर एवं राज्य स्तरीय निरीक्षकों से प्राप्त फिडबैक अनुसार निम्न बिन्दुओं पर विशेष ध्यान देने की आवश्यकता हैं :—

- समस्त शासकीय एवं शासकीय अनुदान प्राप्त स्कूलों में पर्याप्त एल्बेन्डाजोल गोली तथा प्रतिकुल घटना के बचाव संबंधी औषधियों की उपलब्धता सुनिश्चित की जाये।
- 5 से 19 वर्षीय शाला त्यागी एवं शाला अप्रवेशी बच्चों को आंगनवाडी सहायिका तथा आशा के माध्यम से आंगनवाडी केंन्द्रों पर कृमिनाशक एल्बेन्डाजोल गोली का सेवन कराया जाये।
- शालाओं में बच्चों के अनुपूरण पश्चात्, उपस्थिती पंजी में 1 ✓ का निशान लगाने की समझाईश पुनः दी जाये।
- मॉप—अप दिवस (11 से 14 फरवरी 2015) पर छूटे बच्चों को गोली खिलाने के पश्चात् उपस्थिति रजिस्टर में ✓✓ का निशान लगाया जाये।
- रिर्पोटिंग प्रपत्र एवं एडवर्स इवेंन्ट मेनेजमेंन्ट के दिशा निर्देश सभी शालाओं तथा आंगनवाडी केंन्द्रों पर उपलब्ध हो।
- किसी भी प्रतिकूल घटना का प्रबंधन तत्काल सुनिश्चित किया जाये एवं इसकी सूचना निर्धारित रिर्पोटिंग प्रपत्र में जिला एवं राज्य स्तर पर प्रेषित की जाये।
- एल्बेन्डाजोल गोली को बच्चों द्वारा चबाकर ही खाया जाना है एवं इस गोली का खाने के साथ कोई संबंध नही हैं अर्थात यह गोली शालाओं में प्रातः उपस्थिती के समय भी खिलाई जा सकती हैं।
- समस्त शालाओं एवं आगनवाडी केंन्द्रों पर सूचना पत्रक, हेन्ड आउट एवं आमतौर पर पूछे जाने वाले सवालों की जानकारी (FAQs) उपलब्ध कराई जाये।
- शिक्षा विभाग के नोडल शिक्षक, शाला प्रधान, बी.आर.सी. एवं ब्लाक/जिला शिक्षा अधिकारियों से सतत समन्वय बनाई जाये।

आशा है कि आप सभी के सघन प्रयासों से नेशनल डीवर्मिंग डे का प्रदेश में सफल आयोजन होगा एवं वांछित कवरेज की प्राप्ति हो सकेगी।

(एफैज अहमद किदवई)
मिशन संचालक
एन.एच.एम.मध्यप्रदेश

पृ.क्रमांक/एन.एच.एम/NIPI/2015/1657 भोपाल, दिनांक 10/02/2015

प्रतिलिपिः– आवश्यक कार्यवाही हेतु सूचनार्थ।

1. अतिरिक्त मुख्य सचिव, शिक्षा विभाग, वल्लभ भवन, मध्यप्रदेश।
2. प्रमुख सचिव, लोक स्वास्थ्य एवं परिवार कल्याण विभाग, वल्लभ भवन मध्यप्रदेश।
3. प्रमुख सचिव, एकीकृत बाल विकास सेवायें, वल्लभ भवन मध्यप्रदेश।
4. स्वास्थ्य आयुक्त, मध्यप्रदेश।
5. समस्त, संभागीय संयुक्त संचालक, एकीकृत बाल विकास सेवायें, मध्यप्रदेश।
6. समस्त, संभागीय संयुक्त संचालक, लोक शिक्षण संचालनालय, मध्यप्रदेश।
7. समस्त, जिला कलेक्टर, मध्य प्रदेश।
8. समस्त, जिला शिक्षा अधिकारी, स्कूल शिक्षा विभाग, मध्यप्रदेश।
9. समस्त, जिला कार्यक्रम अधिकारी, एकीकृत बाल विकास सेवायें, मध्यप्रदेश।
10. पोषण विशेषज्ञ यूनिसेफ भोपाल।
11. राज्य कार्यक्रम अधिकारी, एम.आई. मध्यप्रदेश।
12. राज्य कार्यक्रम अधिकारी, डीवर्म द वर्ल्ड इनिशिएटिव, मध्यप्रदेश।
13. समस्त, खण्ड चिकित्सा अधिकारी, मध्यप्रदेश।
14. समस्त, संभागीय कार्यक्रम प्रबंधक, आर.सी.एच./एन.एच.एम., मध्यप्रदेश।
15. समस्त, जिला कार्यक्रम प्रबंधक, आर.सी.एच./एन.एच.एम., मध्यप्रदेश।
16. समस्त, जिला पोषण सलाहकार, आर.सी.एच./एन.एच.एम., मध्यप्रदेश।

मिशन संचालक
एन.एच.एम.,मध्यप्रदेश

Annexure F

Adverse Event Protocol

राष्ट्रीय स्वास्थ्य मिशन

बैंक ऑफ इंडिया, भवन तृतीय तल,
अरेरा हिल्स भोपाल, मध्यप्रदेश

क्रं./एन.एच.एम./NIPI/ 2015/ 1275 भोपाल, दिनांक 28/01/2015

प्रति,

समस्त मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी,
मध्यप्रदेश

विषय :– **नेशनल डीवार्मिंग डे का आयोजन 10 फरवरी 2015 को किये जाने पर प्रतिकुल घटना के प्रबंधन हेतु दिशा निर्देश।**

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विषयांतर्गत लेख है कि **भारत सरकार के नवीन दिशा–निर्देशानुसार National Deworming Day (NDD) का आयोजन, एक निश्चित दिवस पर (Fix Day Approach) किया जाकर,** 1 से 5 वर्षीय बच्चों को आंगनवाड़ी केन्द्रों में (बाल सुरक्षा माह में छूटे हुए) तथा 5 से 19 वर्षीय शासकीय/शासकीय अनुदान प्राप्त शालाओं में पंजीकृत समस्त बालक एवं बालिकाओं का कृमिनाशन किया जाना हैं। **कार्यक्रम का क्रियान्वयन स्कूल शिक्षा विभाग एवं एकीकृत बाल विकास सेवायें के समन्वय से किया जायेगा।**

National Deworming Day (NDD) का उद्देश्य :– समस्त शासकीय/शासकीय अनुदान प्राप्त स्कूलों एवं आंगनवाड़ी केन्द्रों के माध्यम से समस्त 1 से 19 वर्षीय बच्चों को कृमिनाशन हेतु एल्बेंण्डाजोल सस्पेन्शन/गोली की प्रदायगी सुनिश्चित करना जिससे बच्चों के संपूर्ण स्वास्थ्य–पोषण स्तर, आयरन की कमी की रोकथाम से बौद्धिक विकास तथा शालाओं में उपस्थिति में सुधार हो सके।

शाला एवं आंगनवाड़ी केन्द्रों में किसी भी प्रकार की प्रतिकूल घटना का प्रबंधन सुनिश्चित किये जाने हेतु प्रतिकूल घटना के प्रबंधन संबंधी गाईड लाईन एवं रिर्पोटिंग प्रपत्र सुलभ संदर्भ हेतु **अनुलग्नक–अ** पर संलग्न है।

संलग्नः– उपरोक्तानुसार

(फैज अहमद किदवई)
मिशन संचालक
एन.एच.एम.,म.प्र

पृ.क्रंमाक/एन.एच.एम/ NIPI/2015 भोपाल,दिनांक /01/2015

प्रतिलिपिः– सूचनार्थ।

1. **प्रमुख सचिव, लोक स्वास्थ्य एवं परिवार कल्याण विभाग, एन.एच.एम., मध्यप्रदेश।**
2. **समस्त संभागीय संयुक्त संचालक, स्वास्थ्य सेवायें, मध्यप्रदेश।**
3. **समस्त निपी नोडल अधिकारी, मध्यप्रदेश।**
4. **समस्त जिला कार्यक्रम प्रबंधक, मध्यप्रदेश।**
5. **समस्त जिला पोषण सलाहकार, एन.एच.एम., मध्यप्रदेश।**

मिशन संचालक
एन.एच.एम.,म.प्र.

अनुलग्नक–अ

नेशनल डिवार्मिंग डे के अन्तर्गत प्रतिकूल घटनाओं का प्रबन्धन

1. **कार्यक्रम के पूर्व की तैयारी** – समस्त स्वास्थ्य केन्द्रों, उप स्वास्थ्य केन्द्रों तथा शासकीय/शासकीय अनुदान प्राप्त शालाओं तथा आर.बी.एस.के. के चलित स्वास्थ्य दलों में निम्नानुसार औषधियों की उपलब्धता सुनिश्चित हो:–

    1. **ORS Packets**
    2. **Tab. Magnesiun Hydroxide+Aluminium Hydroxide (500 mg+250 mg)/Suspension (625 mg +312mg/5 ml)**
    3. **Tab. Chlorpheniramine maleate (4 mg)**
    4. **Tab. Cetrizine (10 mg)**
    5. **Tab. Dicyclomine (10 mg)**
    6. **Tab. Domperidone (10/20 mg) /Susp.Domperidone (1mg/ml)**
    7. **Tab. Paracetamol (250/500 mg)/Syp. Paracetamol (125 mg/5ml)**

2. **प्रतिकूल घटना की सूचना प्रणाली –**

    - शालेय बच्चों (5–19 वर्ष) कृमिनाशक गोली सर्वथा निगरानी में दी जाए ताकि प्रतिकूल घटना की संभावना कम हो।
    - ग्राम स्तर पर कृमिनाशक औषधि के खिलाने पर आपातकालीन स्थिति के निराकरण की संपूर्ण तैयारी हो।
    - 12–60 माह के उम्र वाले बच्चों में कृमिनाशक सस्पेंशन का सेवन घर पर किया जाएगा, अतः आशा कार्यकर्ता/ए.एन.एम. द्वारा प्रतिकूल घटना के विषय में परामर्श देने के उपरांत ही आई.एफ.ए. गोली दी जाए। गृह भेंट के दौरान इस विषय में जानकारी प्राप्त की जाए।
    - 5 वर्ष से छोटे बच्चों में कृमिनाशक गोली के सेवन उपरांत अल्पतीव्र या मामूली प्रतिकूल लक्षण होने पर आशा/ए.एन.एम. से मूलभूत उपचार प्राप्त की जाए।
    - 5 वर्ष से छोटे बच्चों की मॉ कोई भी गंभीर प्रतिकूल लक्षण होने पर एम.सी.पी. कार्ड में उल्लेखित जननी एक्सप्रेस अथवा 108 के दूरभाष नम्बर पर डायल कर आपातकालीन परिवहन व्यवस्था प्राप्त की जा सकती है।
    - समस्त ग्राम आरोग्य केन्द्रों पर उपरोक्तानुसार औषधियों की उपलब्धता रहे।
    - आपातकालीन स्थिति में निकटस्थ स्वास्थ्य केन्द्र के प्रभारी चिकित्सक का मोबाइल नम्बर, ग्राम आरोग्य केन्द्र/आंगनवाडी केन्द्रों के दीवार पर अंकित हो तथा शाला प्रधान के पास उपलब्ध रहे।
    - मामूली लक्षण होने पर उपचार के साथ–साथ परामर्श एवं समझाइश दी जाए कि यह लक्षण गंभीर नहीं है तथा स्वतः ही कम हो जाते हैं।
    - गंभीर लक्षण होने पर आपतकालीन परिवहन व्यवस्था–108/जननी एक्सप्रेस के माध्यम से निकटस्थ स्वास्थ्य केन्द्र पर पहुंचाया जाए। इस हेतु कॉल सेन्टर का नम्बर आशा/आंगनवाड़ी कार्यकर्ताध्शाला प्रधान के पास उपलब्ध हो।
    - समस्त महत्वपूर्ण मोबाइल नम्बर जैसे–आशा, ए.एन.एम., स्वास्थ्य सुपरवाईजर, सेक्टर अधिकारी तथा खण्ड चिकित्सा अधिकारी के मोबाइल/दूरभाष नम्बर शाला प्रधान तथा विकासखण्ड चिकित्सा अधिकारियों के पास उपलब्ध रहे।
    - आपातकालीन स्थिति से निपटने के लिए ब्लाक स्तर पर इमर्जेन्सी रेस्पोन्स टीम का गठित हो जिसमें 1 चिकित्सक, 1 स्टॉफ नर्स/ए.एन.एम. तथा 1 फार्मासिस्ट रहे।

प्रतिकूल घटना की सूचना प्रवाह निम्नानुसार की जाए :–

आंगनवाड़ी कार्यकर्ता/शाला प्रधान ⟶ आशा/ए.एन.एम./हेल्थ सुपरवाईजर ⟶ सेक्टर अधिकारी/ खण्ड चिकित्सा अधिकारी⟶ जिला निपी नोडल अधिकारी तथा मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी ⟶ राज्य निपी नोडल अधिकारी /संचालक तथा मिशन संचालक, राष्ट्रीय स्वास्थ्य मिशन।

अल्पतीव्र/मामूली प्रतिकूल घटना प्रोटोकॉल –

- कृमिनाशक गोलियों के सेवन से कुछ बच्चों में उबकाई, जी मचलना, उल्टी, हल्का पेट दर्द या थकान के लक्षण प्रकट हो सकते है। यह लक्षण मामूली एवं अस्थाई होते हैं तथा आमतौर पर इनके ईलाज के लिए अस्पताल ले जाने की आवश्यकता नहीं पड़ती है।
- आंगनवाड़ी केन्द्र अथवा शाला में अनुपूरण के पश्चात मामूली प्रतिकूल लक्षण होने पर निम्नानुसार कार्यवाही की जाए:–
  - ✓ पीड़ित बच्चे को छायादार खुली एवं समतल जगह पर लिटाकर आराम करायें।
  - ✓ उसे पीने को साफ पानी दें तथा ओ.आर.एस. का घोल तुरन्त बनाकर पिलाऐं।
  - ✓ आशा/ए.एन.एम./हेल्थ सुपरवाईजर तथा चिकित्सा अधिकारी व बच्चे के अभिभावकों को सूचित करें।
  - ✓ प्राथमिक उपचार तथा समझाइश के बाद 2 घंटे तक बच्चे को निगरानी में रखें।

अल्पतीव्र/मामूली प्रतिकूल घटना के दौरान मूलभूत उपचार हेतु संदर्भ तालिका –

क्र.	लक्षण	औषधि	डोज
1	चक्कर या घबराहट	Reduced Osmolarity Solution - ORS	1 लीटर साफ पानी में 1 पैकेट ओ.आर.एस. डालकर अच्छी तरह मिलायें एवं पीड़ित हितग्राही को बार–बार पिलायें।
2	पेट में जलन या घबराहट	Tab. Magnesiun Hydroxide + Aluminium Hydroxide (500 mg+250 mg)/Suspension (625 mg +312mg/5 ml)	5 वर्ष से कम उम्र के बच्चे को आधी चम्मच, 5–10 वर्ष के बच्चे को 1 चम्मच सस्पेंशन दें तथा 10 वर्ष से अधिक उम्र के पीड़ित हितग्राहियों को 1 गोली चबाकर खाने को बोलें।
3	दाने, चकत्ते या फिर खुजली	Tab. Chlorpheniramine maleate(4 mg) or Tab. Cetrizine (10 mg)	5 वर्ष से कम उम्र के बच्चे को 1 चौथाई गोली , 5–10 वर्ष के बच्चे को आधी गोली तथा 10 वर्ष से अधिक उम्र के पीड़ित हितग्राहियों को 1 गोली
4	उल्टी	Tab. Domperidone (10/20 mg) /Susp.Domperidone (1mg/ml)	5 वर्ष से कम उम्र के बच्चे को आधा चम्मच सस्पेन्शन, 5–10 वर्ष के बच्चे को 10 मि.ग्रा. की आधी गोली अथवा 1 चम्मच सस्पेंशन तथा 10 वर्ष से अधिक उम्र के पीड़ित हितग्राहियों को 20 मि.ग्रा. की 1 गोली
5	पेट दर्द	Tab. Dicyclomine (10 mg)	5 वर्ष से कम उम्र के बच्चे को 1 चौथई गोली, 5–10 वर्ष के बच्चे को आधी गोली तथा 10 वर्ष से अधिक उम्र के पीड़ित हितग्राहियों को 1 गोली
6	बुखार	Tab. Paracetamol (250/500 mg)/Syp. Paracetamol (125 mg/5ml)	5 वर्ष से कम उम्र के बच्चे को 250 मि.ग्रा. की आधि गोली अथवा 125 मि.ग्रा. की 1 चम्मच सिरप, 5–10 वर्ष के बच्चे को 250 मि.ग्रा. की 1 गोली अथवा 2 चम्मच सिरप तथा 10 वर्ष से अधिक उम्र के पीड़ित हितग्राहियों को 500 मि.ग्रा. की 1 गोली

- उपरोक्त अनुसार मूलभूत उपचार देने के पश्चात भी यदि प्रतिकूल लक्षण कम नहीं होते हैं तो मैदानी स्वास्थ्यकर्मी द्वारा पीड़ित हितग्राही को निकटस्थ स्वास्थ्य केन्द्र पर तत्काल रेफर किया जाए।
- पीड़ित हितग्राहियों की संख्या 5 से अधिक होने पर सेक्टर अधिकारी/ खण्ड चिकित्सा अधिकारी को तत्काल सूचित किया जाए ताकि एमर्जेन्सी रेस्पॉर्स दल को घटना स्थल पर तुरन्त भेजा जा सके

गंभीर प्रतिकूल घटना प्रोटोकॉल

- गंभीर प्रतिकूल घटना होने पर सर्वप्रथम प्रभावित बच्चे को दूसरे बच्चो से अलग कर दें तथा आई.एफ.ए. अनुपूरण/कृमि नियंत्रण गतिविधि को अस्थाई विराम दें।
- बिना घबराए बाकि समस्त बच्चों को धैर्य रखने की समझाइश दें।
- निकटस्थ शासकीय अस्पताल के हेल्पलाईन नम्बर से तुरंत संपर्क करें एवं सूचना प्रवाह प्रणाली का उपयोग करें।
- चिकित्सक से दूरभाष पर उचित परामर्श प्राप्त करें तथा इमर्जेन्सी रेस्पॉन्स टीम के आने तक प्राथमिक उपचार प्रारंभ करें।
- कॉल सेन्टर के माध्यम से आपातकालीन परिवहन हेतु 108/जननी एक्सप्रेस को तत्काल बुलायें।
- बच्चे के माता–पिता को तुरन्त सूचित करें।

मीडिया से चर्चा

- मीडिया से चर्चा हेतु स्वास्थ्य विभाग की ओर से केवल निम्न अधिकारियों को मनोनीत किया गया है। विकासखण्ड स्तर पर विकासखण्ड चिकित्सा अधिकारी, जिला स्तर पर जिला निपी नोडल अधिकारी (केवल चिकित्सक) तथा मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी, राज्य स्तर पर संचालक तथा मिशन संचालक, राष्ट्रीय स्वास्थ्य मिशन।
- किसी भी परिस्थिति में अन्य अधिकारियों/कर्मचारियों द्वारा प्रतिकूल घटना हेतु अभिमत नही दिया जाए।
- विभागीय प्रवक्ता का दायित्व होगा कि मीडिया को सही जानकारी दें जिससे सामुहिक औषधि प्रदायगी बाधित न हो।
- मीडिया के बातचीत पूर्व प्रतिकूल घटना की संपूर्ण जानकारी प्राप्त की जाए।

प्रपत्र–1

नेशनल आयरन प्लस इनिशिएटिव कार्यक्रम के एडवर्स इवेन्ट (प्रतिकूल घटना) हेतु संपर्क एवं सूचनार्थ

ब्लॉक मेडिकल ऑफिसर तथा सेक्टर मेडिकल आफिसर की संपर्क सूची :–

- जिले का नाम .....
- मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी का नाम .....
- मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी का संपर्क नम्बर .....
- सिविल सर्जन का नाम .....
- सिविल सर्जन का संपर्क नम्बर .....
- जिला निपी नोडल अधिकारी का नाम .....
- जिला निपी नोडल अधिकारी का संपर्क नम्बर .....
- कॉल सेन्टर का नम्बर .....
- ई.एम.आर.आई. 108/जननी एक्सप्रेस हेतु संपर्क नम्बर .....

क्रं.	विकासखण्ड के नाम	विकासखण्ड चिकित्सा अधिकारियों के नाम	मोबाईल नम्बर

क्रं.	सेक्टर का नाम	सेक्टर चिकित्सा अधिकारियों के नाम	मोबाईल नम्बर

(उपरोक्त प्रपत्र, मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी कार्यालय से भरा जाए तथा आंगनवाड़ी केन्द्रों/शालाओं में वितरण हेतु जिला परियोजना अधिकारी/जिला शिक्षा अधिकारी तथा विकासखण्ड परियोजना अधिकारी, म.बा.वि./विकासखण्ड शिक्षा अधिकारी, शिक्षा विभाग/आदिम जाति कल्याण विभाग को उपलब्ध कराई जाए)

प्रपत्र–2

नेशनल आयरन प्लस इनिशिएटिव कार्यक्रम के एडवर्स इवेन्ट (प्रतिकूल घटना) हेतु शाला प्रधान द्वारा भरे जाने वाला प्रपत्र

अल्पतीव्र/मामूली प्रतिकूल घटना हेतु रिपोर्टिंग प्रपत्र

पीड़ित हितग्राही का नाम एवं पता:	लिंग	उम्र
माता/पिता/पति का नाम तथा संपर्क विवरण:		
ग्राम का पता	* संस्था का प्रकार–शाला आंग[ ]ी केन्द्र [ ]	
	* प्रतिकूल घटना के घटना संस्था पर ✓ का चिन्ह लगायें।	
उपचार स्थल		
रिपोर्टकर्ता का नाम		
रिपोर्टकर्ता का संपर्क विवरण		

पीड़ित हितग्राही के लक्षण		
पीड़ित हितग्राही को दी गई औषधि का नाम	औषधि का बैच कमांक	औषधि के निर्माता का नाम
आयरन फॉलिक एसिड/कृमिनाशक गोली देने की तिथि/समय		
अल्पतीव्र/मामूली प्रतिकूल घटना/लक्षण प्रारंभ होने की तिथि/समय		
पीड़ित हितग्राही का यदि कोई पूर्व चिकित्सकीय इतिहास हो		
अल्पतीव्र/मामूली प्रतिकूल घटना/लक्षण के मूलभूत उपचार हेतु की गई कार्यवाही		

हस्ताक्षर
शाला प्रधान/आंगनवाडी कार्यकर्ता

शाला/आंगनवाडी केन्द्र का नाम
ग्राम का नाम
विकासखण्ड का नाम

प्रपत्र–3

नेशनल आयरन प्लस इनिशिएटिव कार्यक्रम के एडवर्स इवेन्ट (प्रतिकूल घटना) हेतु शाला प्रधान द्वारा भरे जाने वाला प्रपत्र

गंभीर प्रतिकूल घटना हेतु रिपोर्टिंग प्रपत्र

पीड़ित हितग्राही का नाम एवं पताः	लिंग	उम्र
माता/पिता/पति का नाम तथा संपर्क विवरणः		
ग्राम का पता * संस्था का प्रकार–शाला आंगनवाड़ी केन्द्र ☐ * प्रतिकूल घटना के घटना संस्था पर ✓ का चिन्ह लगायें।		
उपचार स्थल		
रिपोर्टकर्ता का नाम		
रिपोर्टकर्ता का संपर्क विवरण		

पीड़ित हितग्राही के लक्षण		
पीड़ित हितग्राही को दी गई औषधि का नाम	औषधि का बैच कमांक	औषधि के निर्माता का नाम
आयरन फॉलिक एसिड/कृमिनाशक गोली देने की तिथि/समय		
गंभीर प्रतिकूल घटना/लक्षण प्रारंभ होने की तिथि/समय		
पीड़ित हितग्राही का यदि कोई पूर्व चिकित्सकीय इतिहास हो		
गंभीर प्रतिकूल घटना/लक्षण के मूलभूत उपचार हेतु की गई कार्यवाही		
गंभीर प्रतिकूल घटना के उपरांत स्वास्थ्य संस्था जहां पीड़ित हितग्राही को रेफर किया गया		

हस्ताक्षर
शाला प्रधान/आंगनवाडी कार्यकर्ता

शाला/आंगनवाडी केन्द्र का नाम
ग्राम का नाम
विकासखण्ड का नाम

Annexure G1

Public Awareness and Community Sensitization

Wall paintings at Sehore and Hoshangabad

Banner display on Deworming at Sehore

Launch Event

Photo Credit: Evidence Action

Photo Credit: Evidence Action

Launch of NDD, Kamla Nehru School, Bhopal

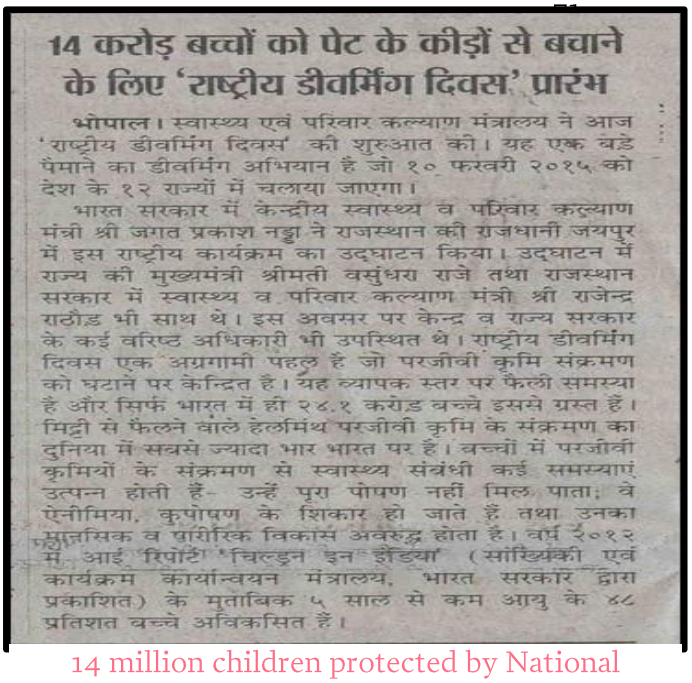
नव भारत भोपाल, बुधवार 11 फरवरी 2015

बच्चों को कृमिनाशक दवा खिलाई

भोपाल,10 फरवरी. लोक स्वास्थ्य एवं परिवार कल्याण मंत्री डॉ. नरोत्तम मिश्रा ने आज शासकीय कमला नेहरू विद्यालय भोपाल में एक कार्यक्रम में बच्चों को कृमिनाशक खिलाने के अभियान का शुभारंभ किया.

राज्य में लगभग एक करोड़ बच्चों को यह दवा दी जाएगी ताकि वे कई स्वास्थ्य समस्याओं से बच सकें.स्वास्थ्य मंत्री डॉ. मिश्रा ने कहा कि बच्चों में पेट के कीड़ों की समस्या बहुत बड़ी समस्या नहीं है.छोटी सावधानी से इस समस्या को दूर किया जा सकता है.स्वास्थ्य मंत्री डॉ. मिश्रा ने 10 बालिकाओं को कृमिनाशक दवा देकर अभियान का शुभारंभ किया. प्रमुख सचिव स्वास्थ्य प्रवीर कृष्ण, ने इस अवसर पर राष्ट्रीय स्वास्थ्य मिशन, मध्यप्रदेश की ओर से प्रकाशित बुकलेट का विमोचन किया.यह बुकलेट नेशनल आयरन प्लस इनिशिएटिव के अंतर्गत प्रकाशित की गयी है.इसमें मध्यप्रदेश में बच्चों में एनीमिया की रोकथाम और कृमिनाशक कार्य–योजना के क्रियान्वयन की जानकारी प्रकाशित की गई है.

Program launch by Dr. Narottam Mishra, Health Minister Madhya Pradesh



14 करोड़ बच्चों को पेट के कीड़ों से बचाने के लिए 'राष्ट्रीय डीवर्मिंग दिवस' प्रारंभ

भोपाल। स्वास्थ्य एवं परिवार कल्याण मंत्रालय ने आज 'राष्ट्रीय डीवर्मिंग दिवस' की शुरुआत की। यह एक बड़े पैमाने का डीवर्मिंग अभियान है जो १० फरवरी २०१५ को देश के १२ राज्यों में चलाया जाएगा।

भारत सरकार में केन्द्रीय स्वास्थ्य व परिवार कल्याण मंत्री श्री जगत प्रकाश नड्डा ने राजस्थान की राजधानी जयपुर में इस राष्ट्रीय कार्यक्रम का उद्घाटन किया। उद्घाटन में राज्य की मुख्यमंत्री श्रीमती वसुंधरा राजे तथा राजस्थान सरकार में स्वास्थ्य व परिवार कल्याण मंत्री श्री राजेन्द्र राठौड़ भी साथ थे। इस अवसर पर केन्द्र व राज्य सरकार के कई वरिष्ठ अधिकारी भी उपस्थित थे। राष्ट्रीय डीवर्मिंग दिवस एक अग्रगामी पहल है जो परजीवी कृमि संक्रमण को घटाने पर केन्द्रित है। यह व्यापक स्तर पर फैली समस्या है और सिर्फ भारत में ही २४.१ करोड़ बच्चे इससे ग्रस्त हैं। मिट्टी से फैलने वाले हेलमिंथ परजीवी कृमि के संक्रमण का दुनिया में सबसे ज्यादा भार भारत पर है। बच्चों में परजीवी कृमियों के संक्रमण से स्वास्थ्य संबंधी कई समस्याएं उत्पन्न होती हैं- उन्हें पूरा पोषण नहीं मिल पाता; वे ऐनीमिया, कुपोषण के शिकार हो जाते हैं तथा उनका मानसिक व शारीरिक विकास अवरुद्ध होता है। वर्ष २०१२ में आई रिपोर्ट 'चिल्ड्रन इन इंडिया' (सांख्यिकी एवं कार्यक्रम कार्यान्वयन मंत्रालय, भारत सरकार द्वारा प्रकाशित) के मुताबिक ५ साल से कम आयु के ४८ प्रतिशत बच्चे अविकसित हैं।

14 million children protected by National Deworming Day, Bhopal, Madhya Pradesh

ढाई लाख बच्चों को खिलाना है दवा

मंगलवार को स्वास्थ्य विभाग ने राष्ट्रीय डी–वर्मिंग डे मनाया

डॉक्टर–अधिकारियों ने भी खाई कृमिनाशक गोली

कृमिनाशन एक बार, बच्चे की बुद्धि, विकास [illegible]

कलेक्टर और सीएमएचओ बच्चों को दवाई देने के दौरान।

चिमनाबाई स्कूल में डी–वर्मिंग डे के शुभारंभ पर उपस्थित बच्चे।

देवास। खुले में शौच की वजह से बच्चों और बड़ों के पेट में होने वाली कीड़े की बीमारी पर लगाम लगाने के लिहाज से मंगलवार को स्वास्थ्य विभाग ने राष्ट्रीय डी–वार्मिंग डे मनाया। चिमनाबाई स्कूल में कलेक्टर आशुतोष अवस्थी और महापौर सुभाष शर्मा ने योजना का शुभारंभ किया। इस मौके पर सीएमएचओ डॉ. एके दीक्षित, सिविल सर्जन डॉ. विद्या वेल्हणकर, प्रोग्राम की नोडल अधिकारी डॉ. मनीषा मिश्रा, भोपाल से आई डॉ. स्मिता शिंदे और कई स्वास्थ्यकर्मी मौजूद थे।

डॉक्टरों के मुताबिक जिले के सभी स्कूलों में पढ़ रहे 1 से 19 वर्ष आयु तक के करीब 2 से ढाई लाख बच्चों को इस प्रोग्राम के तहत दवाई खिलाने का लक्ष्य रखा गया है। मंगलवार को कार्यक्रम के शुभारंभ के मौके पर करीब 500 बच्चों को पेट के कीड़े मारने की गोली खिलाई गई। महापौर और अन्य डॉक्टरों ने भी यह दवा खाई। इस राष्ट्रीय कार्यक्रम की जिला नोडल अधिकारी डॉ. मनीषा मिश्रा ने बताया कि खुले में शौच करने की वजह से जो कीड़े रिसायकल होकर पेट में सक्रीय होते हैं और बीमारी का प्रतिशत बढ़ा रहे हैं उन पर लगाम लगाने के लिए नेशनल डिवार्मिंग डे मनाया गया। उन्होंने बताया कि जिले के सभी स्कूलों के 1 वर्ष से 19 वर्ष तक के ढाई लाख बच्चों को यह गोली खिलाने का लक्ष्य रखा गया है। मंगलवार को चिमनाबाई स्कूल में करीब 500 बच्चों के साथ ही डॉक्टरों, अधिकारियों और महापौर ने यह गोली खाई। डॉक्टरों के मुताबिक 14 फरवरी तक जिले के सभी स्कूलों में बच्चों को यह दवाई खिलाई जाएगी। मंगलवार से इस राष्ट्रीय कार्यक्रम की शुरूआत हुई।

अधिकांश लोग कृमि के शिकार

डॉक्टरों के मुताबिक अधिकांश लोग पेट में कीड़े की बीमारी क्रमी से ग्रसित है। खासतौर से ग्रामीण क्षेत्रों में यह प्रतिशत ज्यादा है। यह खुले में शौच की वजह से होती है। इसलिए दवाई खिलाने के साथ ही खुले में शौच की परंपरा पर भी रोक लगानी होगी तभी यह अभियान सफल हो पाएगी। –निप्र

...और गोली खाते ही गिर गई!

कार्यक्रम के दौरान एक स्कूली बालिका को गोली खिलाने के लिए मंच पर बुलाया गया। डॉक्टरों द्वारा गोली देने के बाद जैसे ही बालिका ने गोली खाई उसके तुरंत बाद वह गिर गई। इससे वहां सभी लोग आश्चर्यचकित रह गए। हालांकि बालिका भूखे पेट रहने के चलते आई कमजोरी की वजह से गिर गई थी। डॉक्टरों ने बताया कि इस दवाई से कोई साइड इफेक्ट नहीं है।

12.5 lakh children to be covered on National Deworming Day: Department of Health Celebrates NDD, Devas, Madhya Pradesh

नेशनल डीवार्मिंग–डे की शुरुआत

बच्चों को खिलाई गोलियां

patrika.com

नेशनल डीवार्मिंग डे का मंगलवार को दोपहर 12 बजे महात्मा गांधी हाईस्कूल में स्कूली बच्चों को कृमिनाशन हेतु एलबेन्डाजॉल की गोली खिलाई गई। स्कूली बच्चों को सम्बोधित करते हुए विधायक दिनेश राय मुनमुन ने साफ रखने और खुली खाद्य सामग्री न खाने की सलाह दी। नपाध्यक्ष आरती शुक्ला ने कहा कि जीवन में स्वास्थ्य का बहुत महत्व है। स्वच्छता अपना कर स्वस्थ रहकर व्यक्ति सफलता हासिल कर लेता है। कलेक्टर भरत यादव ने कहा कि पेट में पाए जाने वाले कीड़ों के कारण विभिन्न प्रकार की बीमारियां खून की कमी, थकान एवं कमजोरी भी हो जाती हैं। इन बीमारियों को दूर करने के लिए बच्चों के पेट में पाए जाने वाले कीड़ों को खत्म करना जरूरी है। इसके लिए प्रति वर्ष दो बार नेशनल डीवार्मिंग डे मनाकर बच्चों को एल्बेण्डाजोल की गोली और छोटे बच्चों को सीरप पिलाई जाती है। शिक्षा विभाग, स्वास्थ्य विभाग, महिला एवं बाल विकास विभाग को समन्वय बनाकर कार्य करने के निर्देश दिए।

महात्मा गांधी स्कूल में बच्चों को कृमिनाशन गोली देते हुए विधायक एवं कलेक्टर ।

आंगनबाड़ी में भी होगा कार्यक्रम

जिला टीकाकरण अधिकारी एपी पटेरिया, प्रभारी जिला कार्यक्रम अधिकारी नीलिन राज मालेकर, जिला कार्यक्रम प्रबंधक विनोद पीहल, डीईएम संदीप श्रीवास प्रचार्य तेजी जैन सहित शिक्षक और बच्चे बड़ी संख्या में मौजूद रहे। एपी पटेरिया ने बताया कि नेशनल डीवार्मिंग-डे का मुख्य उद्देश्य 1 से 19 वर्ष के बच्चों को कृमिनाशक हेतु एलबेन्डाजॉल की गोली खिलाना है। छूटे हुए बच्चों के लिए 11 से 14 फरवरी तक मॉप अप दिवस के माध्यम से कृमिनाशक का कार्य स्कूल एवं आंगनबाड़ी में आंगनबाड़ी कार्यकर्त्ता के माध्यम से किया जाएगा।

नेताजी सुभाषचंद्र बोस स्कूल में बच्चों को गोली वितरित करते शिक्षक।

बच्चों को बांटी एलबेन्डाजॉल टेबलेट

डीवार्मिंग डे के अवसर पर नेताजी सुभाषचंद्र बोस स्कूल में भी प्रचार्य और शिक्षकों द्वारा 1042 बच्चों को कृमिनाशन हेतु एलबेन्डाजॉल की टेबलेट वितरित की गई। जिसमें माध्यमिक शाला के 203 और उच्चतर माध्यमिक शाला के 839 बच्चों को गोली वितरित की गई।

National De-worming Day: Albendazole tablets and syrups administered to Anganwadi and School children, Shivni (M.P)

Central Chronicle **Edit** Bhopal, Wednesday, February 11, 2015

Deworm to not lose gains made on child health and nutrition

Priya Jha who leads Evidence Action's Deworming The World initiative in India, had said to Citizen News Service (CNS) last year that side-effects associated with deworming are rare, minor and transitory, for example, feeling nauseated. However, if children have extremely high worm loads, the first round of treatment can cause abdominal pain and gastrointestinal distress. If an area is known to be severely affected, the potential for side-effects should be explained to teachers and families so that they clearly understand that the pain is not the result of the drugs, but due to the dying worms being expelled. The teacher should ask the child to lie down in the shade until they feel better, and if possible, to give clean water to the child to drink.

Government of India is observing National Deworming Day on 10th February to control infections in children caused by Soil-Transmitted Helminths (STH) or intestinal worms, which 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 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.

Jagat Prakash Nadda, Union Minister of Health and Family Welfare, Government of India, wrote to state health ministers that: "[STH] infection of heavy intensity impairs physical growth, cognitive development and is a cause of micronutrient deficiencies like anaemia leading to poor school performance and absenteeism in children. Periodic deworming of children together with improvement of water and sanitation and health education can reduce the transmission of STH infestation. Thus, considering the state's preparedness and with an aim to intensify efforts towards STH control, it has been decided to conduct National Deworming Day, on 10th February 2015 followed by mop-up round on 13th February 2015 in 12 states of India, namely: Assam, Bihar, Chhattisgarh, Delhi, Dadar and Nagar Haveli, Haryana, Karnataka, Maharashtra, Madhya Pradesh, Rajasthan, Tamil Nadu and Tripura. On the national deworming day, children in the age group 1-19 years will be provided Albendazole through the platform of schools and anganwadi centres, except in identified lymphatic filariasis endemic districts." The WHO recommends school-based deworming as a safe and cost-effective intervention that achieves high coverage of at-risk children.

Priya Jha who leads Evidence Action's Deworming The World initiative in India, had said to Citizen News Service (CNS) last year that side-effects associated with deworming are rare, minor and transitory, for example, feeling nauseated. However, if children have extremely high worm loads, the first round of treatment can cause abdominal pain and gastrointestinal distress. If an area is known to be severely affected, the potential for side-effects should be explained to teachers and families so that they clearly understand that the pain is not the result of the drugs, but due to the dying worms being expelled. The teacher should ask the child to lie down in the shade until they feel better, and if possible, to give clean water to the child to drink. The recommended doses of albendazole have been given to hundreds of millions of children in different countries worldwide with very few adverse reactions reported.

Nutritional and health consequences of infection: Controlling STH infection is important lest we lose on the gains made in advancing child's health and nutrition. According to the factsheet of Ministry of Health and Family Welfare, Government of India STH impair the nutritional status of the people they infect in multiple ways: worms feed on host tissues, including blood, which leads to anemia; worms increase malabsorption of nutrients. In addition, roundworm may compete for vitamin A in the intestine; and the nutritional impairment caused by STH is recognized to have a significant impact on growth and physical development.

PREVENTING STH INFECTION

STH infection can be prevented by taking precautions, such as: using sanitary toilets (not defecating outside), hand-washing (particularly before eating and after using toilets), wearing slippers and shoes, washing fruits and vegetables with safe and clean water, eating properly cooking food, and keeping nails clean and short.

BENEFITS OF DEWORMING

According to the factsheet of Ministry of Health and Family Welfare, Government of India: Rigorous studies have shown that deworming has a significant impact on the health, education and livelihood of treated children. Outcomes of deworming include decreased anemia and improved nutrition; increased growth and weight gain; improved cognition and mental and physical development; increased resistance to other infections; improved school attendance; improved children's ability to learn better and be more active in school; and increased hours worked and wages earned in the long-run in adulthood. Deworming also has important spillover effects, as other members of the community who do not receive treatment also benefit as there are fewer worms in the environment.

Globally, more than 1.5 billion people or 24% of the world's population are infected with STH. 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.

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).

Bobby Ramakant, Citizen News Service - CNS

Deworming and its role in sustaining Child health and Nutrition: In conversation with Priya Jha (Country Director, Evidence Action's Deworming the World Initiative), Bhopal, Madhya Pradesh

THE FREE PRESS JOURNAL SINCE 1928 *Bhopal / Wednesday February 11, 2015*

1cr kids to be administered de-worming drug

Health minister Narottam Mishra launches a campaign to administer de-worming drug to kids on Tuesday.

OUR STAFF REPORTER
BHOPAL

Minister for Public Health and Family Welfare Dr Narottam Mishra, in a programme organised here at Government Kamla Nehru School on Tuesday, inaugurated a campaign of administering de-worming tablets to children. De-worming medicine would be administered to around one crore children across the state.

Health Minister Dr Mishra said major problems could be averted by eliminating its causes. This strategy is being applied in prevention from Swine Flu. Adequate treatment is the only alternative on the spread of any disease. Health Minister also inaugurated a booklet published on behalf of National Health Mission, Madhya Pradesh under National Iron Plus Initiative.

21 million children to be administered deworming drug, Bhopal – Madhya Pradesh

Annexure G2:

Case Studies

NATIONAL DEWORMING DAY

This document has quotes collected during the National Deworming Day held in Madhya Pradesh.

Evidence Action- Deworm the World Initiative

Photo Credit: Evidence Action

"As a school teacher I understand how important it is for the school children to attend school regularly. During the deworming program held in my school, I ensured that each and every child was given Albendazole medicine on the deworming day and the left out children on mop-up days. "

13 February 2015
Ms. Kaushlya Chaure
Science Teacher
Government Middle School
Khajuri Sadak, Block Phanda - District Bhopal
Madhya Pradesh

Photo Credit: Evidence Action

"I have been regularly working with the state government health initiatives, especially for children in anganwadi centres and government/aided schools. I am happy to be involved in the deworming program, however I feel that this program should not be limited to children studying in government and government aided schools. Similar program should be done for the children studying in private schools as well."

13 February 2015
Ms. Jyoti Daniel
ANM
Khajuri Sadak, Block Phanda - District Bhopal
Madhya Pradesh

Photo Credit: Evidence Action

"We wish to grow strong and join the police services and serve for our country. The deworming medicine will help us grow healthy and we will be able to attend the school daily and concentrate better."

12 February 2015
Suraj and his friends
Students
Government Middle School
Khajuri Sadak, Block Phanda - District Bhopal Madhya Pradesh

Photo Credit: Evidence Action

"As part of the deworming day, I administered Albendazole to the children between the age group of 2-5 years in my anganwadi center. Deworming drug is absolutely safe and is highly beneficial for the children particularly belonging to this age group as this helps the children to grow healthy and active ".

13 February 2015
Ms. Anita Joshi
Anganwadi Worker
Khajuri Sadak, Block Phanda - District Bhopal
Madhya Pradesh

Photo Credit: Evidence Action

"I know the benefits of taking the deworming medicine. This will help me get rid of my stomach worms and make me healthy and I will be able to perform better in school "

10 February 2015
Chanchal Kumari, 11 years old
Student Government Higher Secondary School
Anchal Kheda, Block - Babai District Hoshangabad
Madhya Pradesh

Evidence Action
Deworm the World Initiative
Implementation partner AFSS

NATIONAL HEALTH MISSION

सत्यमेव जयते
Ministry of Health & Family Welfare
Government of India

USAID FROM THE AMERICAN PEOPLE

म.प्र. शासन द्वारा जनहित में जारी

नेशनल डिवर्मिंग डे (NDD)

स्कूली बच्चों को कृमि मुक्त करने के लिए अक्सर पूछे जाने वाले सवाल–जवाब (FAQs)
आंगनवाड़ी कार्यकर्ता, आशा और अध्यापकों के लिए

क्रमांक	सवाल	जवाब
1.	कृमि क्या होते हैं?	कृमि परजीवी होते हैं, जो भोजन और जीवित रहने के लिए मनुष्य की आंतों में रहते हैं। कृमि मानव शरीर के जरुरी पोषक तत्वों को खाते हैं, जिससे खून की कमी, कुपोषण तथा वृद्धि में रुकावट होती है।
2.	लोगों को कृमि संक्रमण कैसे हो जाते हैं?	कृमि संक्रमण अस्वच्छता के कारण होते है और इनका संचरण संक्रमित मिट्टी के द्वारा होता है। कृमि संक्रमण संचरण चक्र संलग्नक 1 में दिया गया है।
3.	कृमि संक्रमण को फैलने से कैसे रोकें ?	सफाई व्यवस्था को बेहतर बनाकर कृमि के संक्रमण को फैलने से रोकने के कई तरीके हैं, जिनमें शामिल हैं: ● हाथ धोना, खास तौर पर खाना खाने से पहले और शौच जाने के बाद ● स्वच्छ शौचालयों का प्रयोग करना ● जूते / चप्पल पहनना ● शुद्ध व साफ पानी पीना ● भोजन को अच्छी तरह पकाना ● फलों, सब्जियों व सलाद को सुरक्षित और साफ पानी से धोना ● नाखून साफ और छोटे रखे
4.	कृमि संक्रमण से होने वाले हानिकारक प्रभाव क्या हैं?बच्चों को कृमि मुक्त करना क्यों जरूरी है?	कृमि संक्रमण बच्चों के स्वास्थ्य, पोषण और शिक्षा में बाधा डालते हैं। कृमि से खून की कमी तथा कुपोषण हो सकता है, जिसके मानसिक और शारीरिक विकास पर नकारात्मक प्रभावपड़ता है। कुपोषित और खून की कमी वालेबच्चों का अक्सरवज़न कम होता है और विकास में रुकावटआती है।तीव्र संक्रमण के कारण बच्चे अकसर बहुत अधिक बीमार या अधिक थके हुए रहते हैं जिसके कारण वे स्कूल में ध्यान नहीं लगा पाते हैं या बिल्कुल भी स्कूल नहीं जा पाते।जिन बच्चों में कृमि संक्रमण का इलाज किया गया है,
5.	नेशनल डीवर्मिंग डे क्या है?	नेशनल डीवर्मिंग डे पर 1 से 19 वर्ष के आयु के सभी बच्चे (नामांकित और गैर–नामांकित दोनों) सालाना तौर पर सभी स्कूलऔर आंगनवाड़ी केन्द्रोंमें कृमि संक्रमण का इलाज प्राप्त कर सकते हैं।
6.	नेशनल डीवर्मिंग डेकब है?	नेशनल डीवर्मिंग डेसालाना तौर पर10 फरवरी कोघटित किया जा रहाहैं।
	अध्यापकों व आंगनवाड़ी कार्यकर्ताके साथ–साथ, स्वास्थ्य कर्मचारी इलाज क्यों दे रहे हैं?	बच्चे अपने अध्यापकों व आंगनवाड़ी कार्यकर्ताके साथ सहज होते हैं, और समुदाय व माता–पिता को उन पर काफी विश्वास होता है। अध्यापक व आंगनवाड़ी कार्यकर्ताआसानी से बुनियादी प्रशिक्षण के साथ बच्चों को कृमि नियंत्रण दवाईयां दे सकते हैं।
7.	सभी बच्चों को इलाज करने की आवश्यकता क्यों है, जबकी कुछ बच्चे बीमार भी नहीं प्रतीत होते?	हो सकता है कृमि के प्रभाव तुरंत दिखाई न दें, लेकिन वे बच्चों के स्वास्थ्य, शिक्षा और संपूर्ण विकास को लंबे समय तक नुकसान पहुंचा सकते हैं।
8.	कृमि संक्रमण का बच्चों के लिए क्या	एल्बेंडाजोल एक कृमि नियंत्रण दवाई है, जो भारत सरकार द्वारा प्रयोग की जाती है।

9.	इलाज है?	यह आंत संबंधी कृमि संक्रमण का एक सुरक्षित ईलाज है और पूरे विश्व में प्रयोग की जाती है।
10.	क्या कृमि संक्रमण के इलाज के कोई साईड इफेक्ट हैं?	कुछ मामूली साईड इफेक्ट हो सकते हैं जैसे चक्कर आना, जी मिचलाना, सिरदर्द, और उल्टी होना। ये साईड इफेक्ट कुछ समय बाद ठीक हो जाते हैं।
11.	क्या बच्चे के लिए बिना भोजन खाए कृमि नियंत्रण गोली लेना सुरक्षित है?	खाली पेट कृमि नियंत्रण गोली ली जा सकती है।
12.	क्या डीवर्मिंगगोली किसी बीमार बच्चे को दी जानी चाहिए?	यदि कोई बच्चा बीमार है, तो उसे कृमि नियंत्रण गोली न दें।
13.	यदि किसी बच्चे को डीवर्मिंगके बाद कोई साईड इफेक्ट ध्नकारात्मक प्रतिक्रिया होती है तो अध्यापक व आंगनवाड़ी कार्यकर्ताको क्या करना चाहिए?	प्रशिक्षण के समय दी गई हेल्प लाइन पर सम्पर्क करें फोन करे, जिसका नंबर सेशन आपको दिया जाता है। बच्चे को छाया में लिटाएं और पानी पिलाएं। यदि लक्षण बहुत अधिक तीव्र हों, जो की बच्चे को कुछ और अनुभव हो रहा है जो की इलाज से सम्बंधित नहीं है तो उस बच्चे को पास के स्वास्थ्य केंद्र में ले जाऐं।
14.	यदि बच्चे को गोली देने के बाद गोली अटक जाती है तो क्या करना चाहिए?	1. शांत रहें। 2. बच्चे को छाया वाले व ठंडे स्थान पर ले जाएं और उसे खांसने दें या उसे पानी पिलाएं। (यदि इससे उसे आराम न हो तो स्टेप 3 का अनुसरण करें) 3. उसे थपथपाएं या वायुमार्ग से वस्तु को निकालने के लिए बच्चे की कमर के ऊपर के हिस्से पर हाथ के साथ बैक ब्लो दें या फिर बच्चे को आगे की तरफ झुकाएं और उसकी पीठ को थपथपाएं ताकि गोली बाहर आ जाए। (यदि इससे उसे आराम न हो तो स्टेप 4 का अनुसरण करें) 4. हेल्प लाइन या पास के स्वास्थ्य कर्मचारी को फोन करें

संलग्नक कृमि संचरण चक्र

कृमि संक्रमण चक्र

स्रोतः 2011, WHO

Front

Evidence Action
Deworm the World Initiative
Implementation partner AFSS

सर्व शिक्षा अभियान
सब पढ़ें सब बढ़ें

सत्यमेव जयते
Ministry of Health & Family Welfare
Government of India

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शिक्षक के लिये हैंडआउट

नेशनल डिवार्मिंग डे संबंधी स्वास्थ्य शिक्षा जानकारी पत्र

कृमि संक्रमण चक्र

स्रोतः 2011, WHO

बच्चों की सेहत पर कृमि के हानिकारक प्रभाव

- थकान और बेचैनी
- भूख न लगना
- पेट में दर्द, मितली, उल्टी और दस्त
- मल में खून आना
- खून की कमी
- कुपोषण
- पेट में सूजन

कृमि संक्रमण से बचाव के तरीके

- खाने से पहले, शौच के बाद साबुन से हाथ धोएँ
- फलों और सब्जियों को खाने से पहले पानी से अच्छी तरह धोएँ
- साफ पानी या उबाल के पानी पीएँ
- जूते पहनें
- नाखुन साफ और छोटे रखें
- खुली जगह में शौच न करें, शौचालय का प्रयोग करें
- शौचालय के आस पास सफाई रखें

बच्चों को कृमि नियंत्रण से फायदे

- वह स्कूल रोज़ाना जा सकते है
- वह चुस्त रहते है और उनमें रोग प्रतिरोध क्षमता बढ़ जाती है
- उनका विकास जल्दी होता है

अल्बेंडाजॉल 400 mg की एक गोली कृमि से मुक्ति दिलाने में मदद करती है

किसी भी गंभीर स्थिति में 108 / जननी एक्सप्रेस या अन्य आपातकालीन सहायता नंबर पर संपर्क करें

म.प्र. शासन द्वारा जनहित में जारी

Back

Evidence Action
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सर्व शिक्षा अभियान
सब पढ़ें सब बढ़ें

सत्यमेव जयते
Ministry of Health & Family Welfare
Government of India

USAID FROM THE AMERICAN PEOPLE

शिक्षक के लिये हैंडआउट

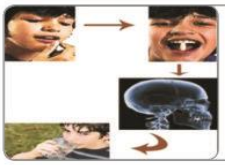
नेशनल डीवार्मिंग डे दौरान कार्यकर्ता की भूमिका

स्कूल स्तरीय दवाई वितरण (कक्षा 1–12वीं तक)

प्रधानाध्यापक/प्रधानाध्यापिका से जरूरी संख्या में दवाई ले कर कक्षा में पहुचें।

जो बच्चे बीमार है उन्हे दवाई न दे, और अलग बिठाएँ।

बच्चों को एलबेंडाजॉल (400 mg) पूरी गोली दें। (चबाने वाली गोली)



सुनिश्चित करें कि बच्चों ने गोली चबा ली हो तथा पीने का साफ पानी जरूर रखें।

नेशनल डीवार्मिंग डे, 10 फरवरी को दवाई देने के बाद उपस्थिती रजिस्टर में बच्चों के नाम के सामने एक सही (✓) का निशान लगाएँ।

जो बच्चे डीवार्मिंग डे के दिन बीमारी/अनुपस्थिती के कारण छूट गये हैं, उन्हें 11–14 फरवरी को दवाई दें तथा उपस्थिती रजिस्टर में दवाई देने के बाद बच्चों के नाम के सामने दो सही के (✓✓) निशान लगाएँ।

शिक्षक कक्षा के अकड़े प्रधानाध्यापक/प्रधानाध्यापिका को जमा करना सुनिश्चत करे।
प्रधानाध्यापक/प्रधानाध्यापिका संकलन किये हुए स्कूल रिपोर्टिंग प्रणाली समय सीमा में आशा/बी.सी.एम./बी.पी.एम. के माध्यम से विकासखंण्ड चिकित्सा अधिकारी को उपलब्ध करायें

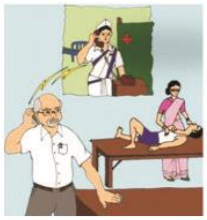
डीवार्मिंग की दवाई खाने से मामूली प्रतिकूल लक्षण
दवाई लेने के बाद कुछ बच्चे हल्के पेट दर्द, मितली, उल्टी, दस्त और थकान महसूस कर सकते हैं। ये सामान्य से साइड इफैक्ट होते हैं।

स्कूल में (साइड इफैक्टस) प्रतिकूल घटना कैसे सम्भालें ?
बच्चे के गले में गोली अटकने पर क्या करें ?

- बच्चे को छाती के बल अपनी गोद में लेटाएँ। उसके सिर को नीचे लटकने दें।
- अपनी हथेली से बच्चे की पीठ थपथपाएं, जिससे गोली निकल आएं।

(साइड इफैक्टस) प्रतिकूल घटना के होने पर क्या करें ?

- साइड इफैक्ट्स अस्थायी होते हैं और ज़्यादातर इसमें अस्पताल में भर्ती करने की जरूरत नहीं पड़ती।
- जिन बच्चों को साइड इफैक्ट्स हुएँ हैं उन्हें अलग से छायादार जगह पर लिटा दें।
- उन्हें साफ पीने का पानी/ORS घोल दें। बच्चे को निगरानी में रखें।
- अगर ज़्यादा गंभीर समस्या हो तो प्रधानाध्यापक/प्रधानाध्यापिका नज़दीकी सरकारी अस्पताल/एएनएम/आपातालीन हेल्पलाईन नंबर/108 को सूचित करें और सहायता मागें। यह नंबर कार्यक्रम से पूर्व दरवाज़े पर अवश्य लगाएँ।



महत्वपूर्ण निर्देश

- बीमार बच्चों को दवाई न दें।
- जो बच्चे दवाई ना खाना चाहें, उन्हें लाभ की जानकारी दें और उन पर अनावश्यक ज़ोर न दें।
- प्रत्येक बच्चे को एक पूरी अल्बेंडाजॉल (400 mg) गोली दें।
- यह दवाई बच्चों और बड़ो – सभी के लिए सुरक्षित है।
- नेशनल डीवार्मिंग डे सम्बंधित SMS/फोन मिलने पर सहयोग प्रदान करें।
- 10–14 फरवरी का शाला त्यागी, शाला अप्रवेशी को दवाई नजदीकी ऑगनवाड़ी केन्द्र पर उपलब्ध करायें ।

किसी भी गंभीर स्थिति में 108/ जननी एक्सप्रेस या अन्य आपातकालीन सहायता नंबर पर संपर्क करें

म.प्र. शासन द्वारा जनहित में जारी

Annexure H2

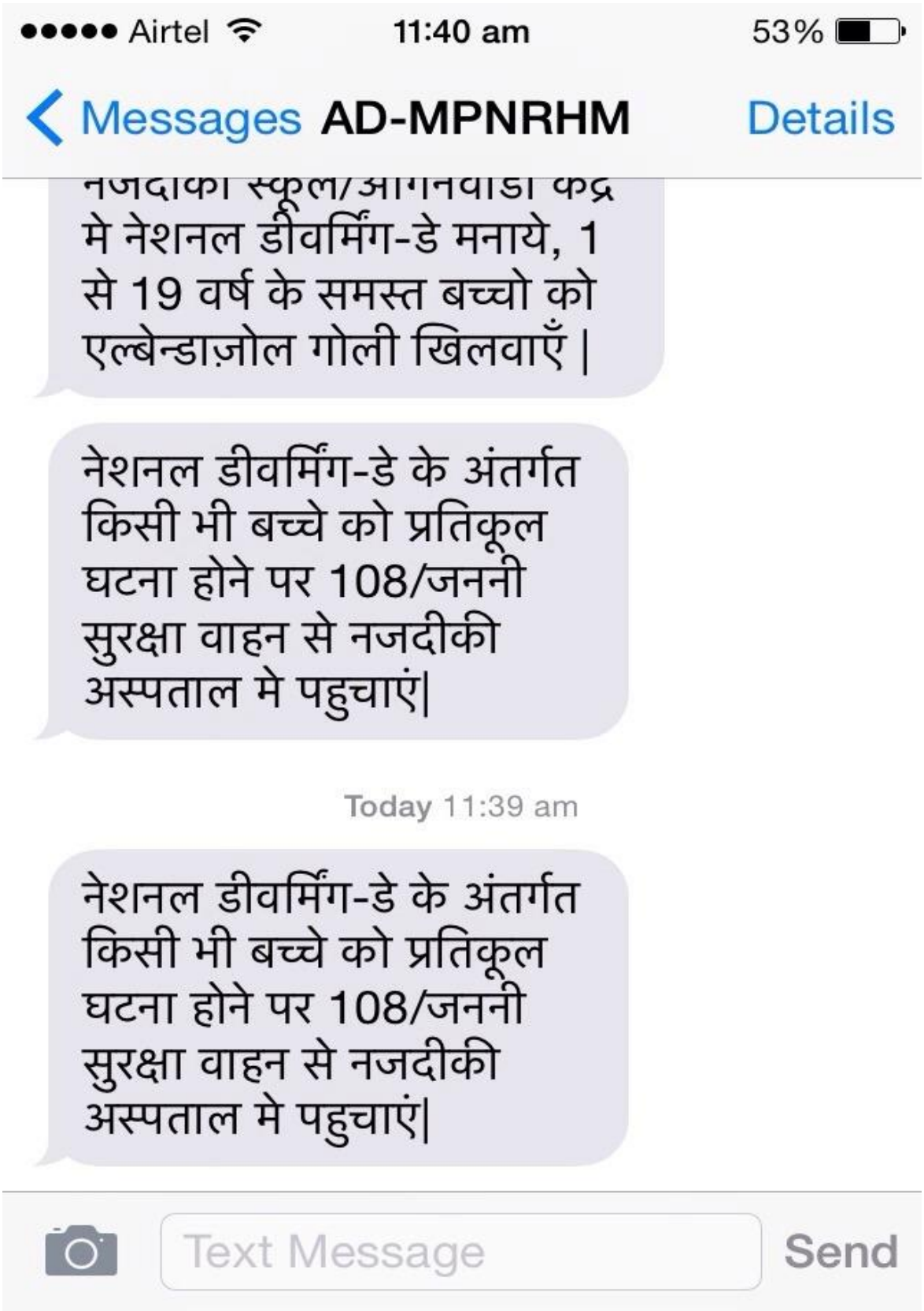
Training Support

Training at Cluster Level for Teachers, Vidsha, MP

Block Level Training, by Block Program Manager, Raisen, MP

Annexure H3

SMS


●●●●● Airtel
11:40 am
53%
Messages AD-MPNRHM
Details
नजदीकी स्कूल/आंगनवाडी केंद्र
मे नेशनल डीवर्मिंग-डे मनाये, 1
से 19 वर्ष के समस्त बच्चो को
एल्बेन्डाज़ोल गोली खिलवाएँ |
नेशनल डीवर्मिंग-डे के अंतर्गत
किसी भी बच्चे को प्रतिकूल
घटना होने पर 108/जननी
सुरक्षा वाहन से नजदीकी
अस्पताल मे पहुचाएं|
Today 11:39 am
नेशनल डीवर्मिंग-डे के अंतर्गत
किसी भी बच्चे को प्रतिकूल
घटना होने पर 108/जननी
सुरक्षा वाहन से नजदीकी
अस्पताल मे पहुचाएं|
Text Message
Send

Annexure H4

Website

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