

Notes from GiveWell interviews with government officials in Rajasthan, India during site visit in October 2013

Participants

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- Interviewees are identified below.

Interview with Bhaskar Sawant, Education Department Commissioner, Rajasthan Council of Elementary Education

Background on school health programs in Rajasthan

Deworming is one of many school health programs being implemented in Rajasthan. It is the newest component of the school health program.

Other school health programs include:

- General school health. In this program, teachers are trained to keep record of their students' weight and height and to make basic observations about students' health. This program is sponsored by the national government.
- Anemia control. Originally sponsored and supported by UNICEF in 2004-2005, this program is now mostly government-run. It was extended to all of Rajasthan last year.
- WASH (Water, Sanitation, and Hygiene). This program is supported by UNICEF and only implemented in some districts in Rajasthan. As part of this program, the government has provided funding for flush toilets.
- All of the above programs began in 2005, when the general school health program began.

Structure of school health programs

- Guidelines and budgetary provisioning for school health programs are set at the national level.
 - Nationally sponsored school health programs are generally funded 75% by the national government and 25% by the state government.
 - National funding is allocated for the school health program in general; states do not receive funding for implementing particular school health programs.
- State governments are responsible for implementing school health programs.
 - How programs are implemented often depends on local NGOs. Sometimes, states invite NGOs to be a program partner.
 - However, if the state does not have an NGO program partner, the state will do its own implementation.

Constraints on school health programs

- Funding is a major constraint on doing more school health programs.
- Training capacity acts as a constraint on implementing school health programs.

- For example, the government of Rajasthan now provides toilets in schools. However, children must be trained on how to use toilets for the program to work properly. Training all of the students in Rajasthan is a significant undertaking.
- Health programs must be monitored in order to know their effectiveness. However, it is not possible for health officers to keep records on all school health programs for the millions of students in Rajasthan, so teachers must be trained to keep basic records.

Funding for school health programs

- We asked Mr. Sawant if any school based health programs have lost their funding in the past. He said that none had, because a program would only be cancelled if it had a successful resolution.

Balancing school health programs and education

- School health programs are not significantly interrupting learning time. Most schools only spend about one hour per month on school health programs. Nodal headmasters may spend a significant amount of their time collecting information for these programs, but students and teachers are able to focus on learning.

DtWI and the deworming program in Rajasthan

Which departments fund deworming?

- The Rajasthan government budget announcement lists deworming under the Medical and Health Department budget. Mr. Sawant did not know if the deworming program had a line item.
- Deworming is funded as part of the Weekly Iron and Folic Acid Supplementation (WIFS) program.
- The WHO coordinates the deworming drug donations for Rajasthan with DtWI's support.

Training for deworming

- The training process for deworming is similar to the training process for other school health programs. RPs are trained at the district level and then manage the trainings at the block level.
- Deworming is a relatively simple school health program. It only requires one day per year. Teachers need instruction for what to do on deworming day, but deworming is a simpler program to learn than WASH, for example.

DtWI's key areas of impact

- Mr. Sawant does not see the value that Deworm the World Initiative adds. The deworming program is a relatively simple one to administer, and it is well received by schools and parents.

The deworming program in DtWI's absence

- We asked whether the deworming program would continue if DtWI left Rajasthan. Mr. Sawant said that we would have to ask the Health Department.
- We asked whether the trainings for deworming would still happen in Rajasthan without DtWI. Mr. Sawant said that the government could have run deworming training, but that it would be better with DtWI. He thinks that DtWI's program of training "Master Trainers" at the district level is important, that the communication from the top level trainings to bottom level trainings is improved under DtWI, and that DtWI is a better source of information about deworming than government officials.

NGOs and school health programs

NGOs' role in implementing school health programs

- Mr. Sawant believes that the government can implement many school health programs on its own. He believes that NGOs are helpful for implementing interventions that involve behavior change because those interventions are more difficult.

Are school health programs managed in collaboration with NGOs easy to transfer to government control?

- Some health programs that were run in cooperation with NGOs are easy to transfer to government control, while other programs are never transferred to government control.
- Typically, the Medical and Health Department determines whether it needs NGOs to help with the implementation of a program.
- If a state government is going to take full control of a school health program, it must decide that it wants to provide all of the funds for this program for several years.
- Most pilots of school health programs are subsequently scaled up.

Interview with Girish Bharbwag, Nodal Officer in Rajasthan

Background on school health programs

List of school health programs that Mr. Bharbwag has helped to implement:

- WASH
- Water supply
- Deworming
- School health checkup
- WIFS
- Anemia
- Vaccinations
- Hand washing
 - Implemented in 2007. Hand washing is the newest program aside from deworming.

National recommendations for state school health programs in India

- The Indian national government provides funding to state governments for 17 education-related programs under a scheme called “Sarva Shiksha Abhiyan” (SSA). The Rajasthan government does not implement anything outside of SSA.
- The school health program is one of the modules under SSA. An example of another module is the employment module.
- Within the school health program, there are 8 to 10 recommended activities. All of Rajasthan's school health activities are part of SSA.

DtWI and the deworming program in Rajasthan

How the deworming program began in Rajasthan

- Veenu Gupta, then-Commissioner in the Education Department and Mr. Bharbwag's supervisor, read about Delhi's deworming program in a newspaper. The newspaper article mentioned that DtWI was one of Delhi's technical partners. She asked Mr. Bharbwag if there could be a deworming program in Rajasthan, and he said yes.

- They met with the chief minister of the Health Department on February 10, 2012. He also approved of the program. On the same day, deworming became part of Rajasthan's school health program.
- On March 10, 2012, Mr. Bharbwag contacted Ayan Chatterjee, Operations Director – India at DtWI. Ayan told him that DtWI could provide technical support to Rajasthan. DtWI also said that it would provide deworming drugs to Rajasthan in partnership with the WHO. If WHO and DtWI did not provide the drugs, the government was prepared to provide funding for them. UNICEF provided support for the teachers' deworming training manuals.
- Ayan and DtWI were involved in every aspect of the deworming program and provided significant support to the Rajasthan government.
- On April 24th, 2012, Mr. Bharbwag knew that the deworming program was definitely going to be implemented in 2012.
- In June 2012, UNICEF, DtWI, and the government of Rajasthan signed a memorandum of understanding (MoU) and set a date for the first deworming day in Rajasthan (October 15, 2012).
 - Mr. Bharbwag said that other school health programs have been approved with a similar speed in Rajasthan.
- Following the MoU, the deworming program continued on the typical timeline for a school health program.
- At the end of July 2012, Rajasthan received drugs from the WHO.
- At the end of August 2012, the government and DtWI started state level trainings and trained the "Master Trainers" together.
- Block level training occurred in September 2012.
- Rajasthan had its first deworming day on October 15, 2012.

When did the Rajasthan government decide to do the 2nd round of deworming?

- Before the prevalence survey, Rajasthan had planned to do 2 rounds of deworming per year for 3 years. Then, after DtWI's prevalence survey results in August 2012 showed lower prevalence than expected, DtWI suggested that Rajasthan do deworming once per year, as recommended by the WHO for this level of prevalence.

What were the main considerations when the Rajasthan government was deciding whether or not to do the deworming program?

- Once Mr. Bharbwag's supervisor wanted to do the deworming program, he told her it would be no problem to do it. With DtWI's support, it was easier to implement the program.
- The cost of the program was a consideration, but the government determined that it would be able to provide the funds for the program.

What was DtWI's largest impact on the deworming program?

- DtWI has helped to improve deworming trainings. Last year, DtWI helped to develop the content for the trainings. DtWI made the content more concise and easy to understand than the government would have done on its own. DtWI also improves trainings by tracking when people do not show up to trainings and following up with them and by determining aspects of training that could be improved in future years.
- District Coordinators (temporary DtWI employees that play a monitoring and evaluation role) are important because they provide reliable feedback to the government about any problems with the deworming program. Typically, the government must rely on government officers to monitor school health programs. However, these officers often fix any problems that they see and then do not report them to the state government because they are worried that the existence

of problems will reflect negatively on them. District Coordinators hired and managed by non-governmental organizations are more likely to report problems.

- The presence of District Coordinators, combined with the independent monitors hired by DtWI that were known to show up unannounced to inspect the program, makes everyone more careful and more likely to implement the program properly because they know that people are paying attention and that they will receive feedback about any mistakes that they make.
- The District Coordinators and DtWI's tele-callers were valuable because they were able to confirm that schools received the appropriate amount of drugs and that teachers had been trained. DtWI called a random sample of 8,000 schools.
- The prevalence survey would not have happened without DtWI's support.
- In general, DtWI assisted the government from planning to implementation. The government faced many problems and did not have experience implementing this program at the school level, so DtWI's experience was very helpful.

Would the Rajasthan government be able to run the deworming program without DtWI?

- It would be better if DtWI provided support.

Quality of other school based health programs in Rajasthan

Training for school health programs

- Mr. Bharbwag has been involved with conducting trainings for school health programs since 2007. Mr. Bharbwag and his team typically design the trainings for school health programs. He does not find it difficult to design training materials.
- Most school health programs use a "cascading" training structure similar to the structure used for deworming.
- For other school health programs, Mr. Bharbwag and his team train the RPs who conduct the block level trainings at government offices in Jaipur. In the deworming program, "Master Trainers," selected and hired by the government and DtWI, trained the RPs in RPs' home districts.
- The training for deworming became part of the hand washing training, so the government already knew the cost of the training.

Are there independent monitors for other school based health programs? Was the program different in districts with independent monitors?

- There are no government officers available to be independent monitors.
- The state government paid for District Coordinators for the hand washing program in 2008. However, the payment for this position was low. In the first year, there were 15-16 independent monitors. This year, there are only 7 District Coordinators. The government is finding it difficult to fill these vacancies.
- In the WASH program, UNICEF supports NGOs in 4-5 districts to play a monitoring role. In the other districts where WASH is implemented, the state receives information from government officials. The quality of information from UNICEF districts is better.

Is it a priority to find more independent monitors for the WASH program?

- The courts have given an order that no new appointments should be made under these programs because of national government revenue shortfalls and worries about corruption. Therefore, the Rajasthan government cannot hire new employees.

Why hasn't the government monitored other school health programs by calling representatives of

schools?

- Mr. Bharbwag would like to use phone monitoring for other programs, but he has not been able to do this yet.

Since there are more monitors for deworming, do you hear about more problems with the deworming program than with WASH?

- Very few schools had problems with either program.
 - Independent monitors visited 200 schools implementing the WASH program and could not find any schools where implementation was incorrect. No teachers received notices because of mistakes with the WASH program.
 - There were very few problems reported with the deworming program.
 - 1-2% of schools had teachers who did not attend trainings. Fewer than 1% of schools had problems with record keeping.
 - Almost 100% of schools received drugs by deworming day.

Do you hear about issues with other school health programs, such as WIFS or anemia control?

- WIFS is a new program, so he has not heard about issues with it.
- He does not know if any notices were sent out to respond to problems in the anemia control program.

How does the deworming program compare to the hand washing program?

- Deworming is different from hand washing because with hand washing, teachers are not normally expected to have the qualifications to give medicine, like they do in the deworming program. Parents are often skeptical of programs that require teachers to give medicine. For this reason, deworming can be a riskier program. If a child's body rejects the pill, parents may get upset with teachers for distributing the tablet.
- However, hand washing is also difficult because it is trying to change children's behavior, whereas deworming only requires chewing a tablet on one day per year.

Interview with Veenu Gupta, Principal Secretary to School Education Department, Government of Rajasthan

DtWI and the deworming program in Rajasthan

How the deworming program in Rajasthan began

- Ms. Gupta was a Commissioner Associate when she first heard about deworming, via media coverage of the deworming program in Delhi.
- After she heard about deworming, she spoke with other staff members about the possibility of doing deworming in Rajasthan. Then they got in touch with DtWI, and DtWI was very responsive.
- She and other officials decided that deworming would be a joint initiative of the Health Department and School Education Department.
 - A general school health program established in 2005, in which teachers performed basic check-ups on students, was also a joint initiative, so it was easy to build on previously established structures.
 - The Health Department examined the technical aspects of DtWI and the deworming program.

- DtWI gave a presentation to the Health Department about the deworming program in Delhi. DtWI had already carried out its program in 2 states.
- Since Rajasthan is larger geographically, DtWI's program would have to be adapted to local conditions.
- The role of the education department was to integrate and mobilize officials.

Did you make the decision about whether to carry out the deworming program before talking to DtWI?

- She read about the deworming program in Delhi on the internet. The Chief Secretary, another important government official, had read the same article. They both wondered who was doing the program and how they were doing it. Then they got in touch with DtWI.

Why did you want to implement the deworming program in particular?

- Deworming is a common problem, especially in rural areas. Lack of safe drinking water is a common issue and one of the causes of worm infection.
- The best part of the deworming program is that it does not need to be repeated frequently. If the program is implemented properly, it only needs to be done once per year.
- Deworming is a simpler program because it does not need to be reinforced every day.
 - However, if you take tablets on an empty stomach, sometimes there is a negative reaction.
 - Rajasthan has experienced these problems with iron supplementation programs, so they were very cautious. Fortunately, since teachers were well trained in the deworming program, they made sure that tablets were taken after meals on deworming day.
 - In primary schools, having children take the pill after a meal was easy because public schools typically provide a midday meal on a normal school day. In secondary school and higher, a midday meal is not normally provided, so principals arranged for a meal on deworming day.

Was funding a constraint on doing the deworming program?

- No. They decided that the deworming program was something that could and should be undertaken.
- The deworming syrup treatments for anganwadis were provided by the Health Department because it had space in its budget for this program.
- One issue is that deworming is only done once per year. Ideally, deworming would be done twice per year.

If DtWI had not been there, how would the deworming program be different?

- Since DtWI have already implemented deworming programs in Delhi and Tamil Nadu, they brought experience.
- If a state government decides to do something, nothing is impossible. However, DtWI's presence helped Rajasthan to roll out the program quickly and error-free. If the government did not have DtWI's experience, there could have been more problems.
- The government received important support from DtWI, particularly with distributing the deworming tablets, implementing the trainings, and developing training materials.

Quality of other school health programs and partnerships with NGOs

Have you rolled out any other new school health programs?

- While she was working in the Rajasthan government, it rolled out an iron tablets program in 2007.
- It started this program with the help of UNICEF. Initial support in tablets and materials came from UNICEF. The program started in 9 districts for children ages 10-19. It took 3-4 years to expand the program to the entire state.

What is the role of NGOs in supporting school health programs?

- The advantage of working with international NGOs is that they have experience working inside and outside of India. If they implement a program somewhere else and the experience is good, that knowledge and experience can translate to other places.
- Deworming is a well-defined program. It does not have too many dimensions to it.
- UNICEF works with a wider variety of health programs. Rajasthan has had a good relationship with UNICEF for a long time.

How was your experience with UNICEF when rolling out the iron program?

- The experience with UNICEF was quite positive.

Other partnerships with NGOs

- The Rajasthan Education Initiative (REI) engages with corporate partners, NGOs, and individual donors.
- Rajasthan is generally open to partnerships with NGOs.

With any of the school based health programs, have you ever seen any problems?

- Most of the time, parents are very concerned when children experience adverse events from these programs. Adverse effects are a concern in all states. If children take tablets on an empty stomach, there will be a reaction. It is essential to educate the teachers and children that no one should take a pill on an empty stomach, and that if an adverse reaction occurs, it should be taken care of immediately.
 - With universalized iron tablets, there was media coverage of children experiencing adverse events in some states. In Rajasthan, there were very few adverse events, except for in the early years of the program.
 - In 2005, Rajasthan had issues with adverse events in the iron supplementation program. In 2007, UNICEF supported all districts doing the iron supplementation, but issues with adverse events persisted.
 - Some areas have low literacy, which makes it more difficult to explain to parents that adverse reactions to pills generally are not serious.
- The number of schools is so large that coverage for a single treatment is a major exercise — it takes a month of work.

Have any school health programs been started and then discontinued?

- No.

Have you ever wanted to do a program but been unable to find a technical partner?

- Ms. Gupta is still looking for a technical partner on specific issues. For example, Rajasthan has a large population with special needs. It has generally been able to find partners for helping the visually impaired, but very few organizations work with autistic children, children with cerebral palsy, or children with mental retardation. If there were a partner to support the Rajasthan government in this area, this would be very welcome. The Rajasthan government has funds for

this type of program, but are looking for a technical partner.

- An NGO called Sight Savers works with blind children. Before Sight Savers, she was not aware of problems with low vision. Many children need magnifying glasses and large print books. Sight Savers helped them to identify doctors and hospitals to work with such children.