

# Rajasthan School and Anganwadi-Based Mass Deworming Program



Photo Credit: Evidence Action

A Report on Round 4 of the State's School  
and *Anganwadi* Mass Deworming Program

Round Four- Report  
May 2016

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## ACRONYMS

AMD	: Additional Mission Director
ANM	: Auxiliary Nurse Midwife
AWC	: <i>Anganwadi</i> Centre
AWW	: <i>Anganwadi</i> Worker
AWTC	: <i>Anganwadi</i> Worker Training Centre
BEEO	: Block Elementary Education Officer
BRP	: Block Resource Person
CDPO	: Child Development Project Officer
DC	: District Coordinator
DWCD	: Department of Women and Child Development
GoI	: Government of India
GoR	: Government of Rajasthan
ICDS	: Integrated Child Development Services
IEC	: Information, Education and Communication
MT	: Master Trainer
MD	: Mission Director
NHM	: National Health Mission
NDD	: National Deworming Day
NYKS	: <i>Nehru Yuva Kendra Sangathan</i>
PRI	: <i>Panchayati Raj</i> Institutions
PIP	: Program Implementation Plan
RC	: Regional Coordinator
RBSG	: <i>Rajasthan Bharat</i> Scouts & Guides
RCEE	: Rajasthan Council of Elementary Education
RBSK	: <i>Rashtriya Bal Swasthya Karyakarm</i>
RMSC	: Rajasthan Medical Services Corporation Limited
TC	: Tele-caller
UNICEF	: United Nations Children's Fund
ULB	: Urban Local Bodies
WHO	: World Health Organization

## Executive Summary

Rajasthan, in its fourth round of *anganwadi* and school-based deworming, treated 1,75,80,936 children. The program targeted children between 1-19 years in 70,300 government schools<sup>1</sup>, 34,113 private schools and 54,964 *anganwadi* centers (AWCs) aligning with implementation of the second National Deworming Day (NDD). NDD took place on February 10, 2016 followed by a mop-up-day on February 15, 2016. The state's accomplishment 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. Evidence Action's Deworm the World Initiative provided key technical support to program implementation, through funding received from The Michael & Susan Dell Foundation (MSDF) and END Fund.

Table 1: Key Achievements from the *Anganwadi* and School-based Deworming Round 4 in Rajasthan

Indicators	Results	% Coverage
<b>Total number of children targeted</b>	2,00,33,299	-
<b>No. of enrolled children (classes 1-12) dewormed</b>	Government Schools	69,13,382
	Private Schools	57,55,313
<b>No. of registered children (1 to 5 years) dewormed at AWCs</b>	36,21,061	89%
<b>No. of unregistered children (1 to 5 years) dewormed at AWCs</b>	8,17,066	91%
<b>No. of out-of-school children (6-19 years) dewormed</b>	4,73,214	109%
<b>Total number of children dewormed (1-19 years)</b>	1,75,80,936	88%

*Source:* Report submitted by National Health Mission (NHM) Rajasthan to GOI dated May 19, 2016 (**Annexure A**)

Building upon the success of the first NDD, taking place in 2015 across 11 states<sup>2</sup>, the Government of India (GoI) scaled up NDD 2016 across India targeting 27 crore children in 30 out of 36 states and Union territories (UTs). Evidence Action worked closely with the Child Health Division to plan and implement round two of NDD. In the state of Rajasthan, Evidence Action continued comprehensive technical assistance for the successful implementation of NDD, with learnings from previous rounds to guide program planning. In line with the NDD 2016 guidelines revised to call for inclusion of private schools, the state engaged private, centrally-affiliated, tribal area development schools, and *madarsas* in 33 districts. Learnings from this round, especially private school engagement and strategies to reach out-of-school children, will contribute to a sustainable deworming program that aims to reduce the prevalence and intensity of worm infections for all school-age and preschool-age children in the state.

<sup>1</sup> Government schools include *Kendiya* and *Navodaya Vidyahalas*, *Madarsa*, *Maa-Badi Kendra*

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

# 1. Program Background

In India, approximately 22 crores children between ages 1 and 14 are at risk of parasitic intestinal worms (known as soil-transmitted helminths or STH). The infected children represent approximately 68% of Indian children in this age group and 28% of all children at risk for STH infections globally, according to the World Health Organization (WHO). These parasitic infections result from poor sanitation and hygiene conditions, and are easily transmitted among children through contact with contaminated soil. Various studies have documented the widespread and debilitating consequence of chronic worm infections, which cause anaemia and malnutrition among children, affecting their physical and cognitive development. Worm infections contribute to absenteeism and poor performance at school, and in adulthood, diminished work capacity and productivity<sup>3</sup>.

## 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"<sup>4</sup> due to its impact on educational and economic outcomes. The existing and extensive infrastructure of schools provides an efficient way to reach the highest number of children; 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.<sup>5</sup> The benefits of using such platforms for deworming are immediate. Regular treatment can reduce school absenteeism by 25%.<sup>6</sup> Young siblings and others who live nearby treated children but were too young to be dewormed also showed significant gains in cognitive development following mass school-based deworming.<sup>7</sup>

## 1.2 Deworming Children in India

Deworming children is part of GoI'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).<sup>8</sup> National Iron Plus Initiative (NIPI) is a national anemia control program which offers IFA supplementation and deworming for a wider age group of 1-45 years, including preschool-age children who also receive Vitamin A. With the launch of NDD, deworming component under these interventions

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<sup>3</sup>Helminth control in school-age children- A guide for managers of control programmes: WHO, 2011

<sup>4</sup> <http://www.povertyactionlab.org/publication/deworming-best-buy-development>

<sup>5</sup> <http://journals.plos.org/plosntds/article?id=10.1371/journal.pntd.0000223#pntd-0000223-g003>

<sup>6</sup> 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.

<sup>7</sup> 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](http://economics.ozier.com/owen/papers/ozier_early_deworming_20110606a.pdf)

<sup>8</sup> <http://www.nrhmhp.gov.in/sites/default/files/files/Iron%20plus%20initiative%20for%206%20months%20-5%20years.pdf>

subsumed under NDD in the state. Until recently, only a few states ran effective school and preschool (*anganwadi*) based deworming programs with good coverage. Many had sporadic deworming efforts and low coverage, while in other states no deworming programs existed. Considering this complex environment and the clear need to accelerate treatment for India's children, GoI renewed its focus on deworming by streamlining efforts through a fixed-day *anganwadi* and school-based deworming NDD.

### 1.3 State Program History

In June, 2012 a Memorandum of Understanding (MoU) was signed between the Department of Elementary and Secondary Education, Department of Health, and the Department of Women and Child Development, United Nation International Children Education Fund (UNICEF) and Evidence Action- Deworm the World Initiative to implement the school-based deworming program in the state. On October 15, 2012, the state implemented the first round of deworming followed up by a second round in 2013. These rounds dewormed 1.9 crore and 1.8 crore school and preschool-age children respectively. The third round of deworming, initially scheduled for October 2014, was postponed and later aligned with NDD on February 10, 2015 due to delayed procurement and arrival of drugs. In its third round the state reported a coverage of 84.49%, deworming 1.18 crore children.

Reiterating the state's commitment towards deworming, the MoU was renewed on July 20, 2015 for three more years. The revised MoU is aligned with NDD operational guidelines and lists the roles and responsibilities of key stakeholders.

### 1.4 Learnings from Rajasthan NDD 2015 round:

Through the past four years of implementing the school and *anganwadi*-based deworming program, the state has strengthened the program through robust planning and implementation. Rajasthan was one of the few states in India to have a comprehensive STH program in place prior to the launch of NDD in 2015. To enhance program quality and outreach, the state health department incorporated key findings and recommendations from previous rounds, and undertook timely planning for NDD 2016. Some of the key learnings from the NDD 2015, included the necessity of stronger program planning through timely steering committee meetings, and finalization of drug and IEC plans to strengthen integrated distribution of drugs, training, IEC materials, and reporting forms during block level trainings. In NDD 2015, Lack of information on training dates was a common reason for non-attendance at trainings. As a result, Department of Health and Evidence Action sent out text messages to all district and block officials from all stakeholder departments including teachers and *anganwadi* workers, with reminders of the training dates and other key messages about deworming.

## 2. About National Deworming Day

Deworming in India reached a key milestone when the national government launched NDD in 2015. The first phase of NDD targeted all children aged 1-19 in 11 states/union territories<sup>9</sup> through the network of government and government-aided schools and AWCs. It achieved a national coverage of 8.9 crore children. After this unprecedented coverage, in November 2015 the Ministry of Health and Family Welfare (MoHFW) announced that it would expand NDD to all 36 states and UTs from February 2016.

In preparation for the 2016 round, on October 27, 2015, the Child Health Division held a technical review meeting supported by Evidence Action in order to discuss the learnings from NDD 2015. The meeting highlighted lessons learned from participating states and included discussions on coverage data and state-level findings from Evidence Action's independent monitoring and coverage validation. Other key outcomes included standardization of target population<sup>10</sup> using credible data sources like Census, UDISE<sup>11</sup>, ASER<sup>12</sup>; increased incentives for ASHAs, and consensus around expanding the program to target private schools. With a high enrollment of children in private schools (29% nationally as per Annual Status of Education Report 2014 data), the government is committed to ensuring that those students have access to deworming, and receive benefits for improved health and education outcomes.

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

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<sup>9</sup> Assam, Bihar, Chhattisgarh, Dadra and Nagar Haveli, Delhi, Haryana, Karnataka, Maharashtra, Madhya Pradesh, Rajasthan, Tamil Nadu, and Tripura

<sup>10</sup> Four categories of target populations were agreed upon, for standard use across all states (e.g., enrolled in government schools, enrolled in private schools, registered in AWCs, or out-of-school/non-registered). This enables comparison of coverage across states.

<sup>11</sup> Unified District Information System for Education (U-DISE) being the only source of data for Educational Planning at Elementary & Secondary level, is implemented at the State in coordination with National University of Educational Planning and Authority (NUEPA), New Delhi since 1997-98. Through U-DISE, annual information on School, Teacher, Children & infrastructure are collected, digitized, analyzed and reported for educational planning and implementation of different activities to fill the gaps in achieving universalization of elementary education.

<sup>12</sup> ASER stands for Annual Status of Education Report. This is an annual survey that aims to provide reliable annual estimates of children's schooling status and basic learning levels for each state and rural district in India. ASER has been conducted every year since 2005 in almost all rural districts of India.



UNICEF, and the Micronutrient Initiative attended the meeting and reiterated support for the government's NDD strategy.

As technical assistance partner for NDD, Evidence Action supported the MoHFW to update content and messaging for NDD materials including training and IEC, implementation and financial guidelines, monitoring and reporting forms, and other reference materials included in the resource kit (available on NHM website<sup>13</sup>). These materials enabled simplified, standardized messaging and laid out key information such as objectives, roles and responsibilities of stakeholders, and budgetary allocations for states to finance program implementation.

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

## 3. Introduction - State Anganwadi and School-Based Deworming Round 4, Rajasthan

### 3.1 Target Beneficiaries

The program targeted all children between 1-19 years, regardless of their enrollment status, in government and government aided schools including *kendriya and navodaya vidyalayas*, private schools *madarsas* and *maa- badi kendras* (Tribal Areas Development Department) in all 33 districts. Unregistered (1-6 years) and out-of-school (6-19 years) children were treated through the nearest *anganwadi* centres and government schools respectively, bringing the overall total to 2,00,33,299 children targeted for deworming.

### 3.2 Key Stakeholders

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

**Department of Health-National Health Mission (NHM), Rajasthan** was the nodal agency, holding key responsibilities such as finalizing target figures, ensuring drug procurement of drugs for preschool and school-age children.<sup>14</sup> The Department of Health conducted coordination meetings at all levels; trained functionaries; disseminated adverse event management protocols; printed and distributed training and IEC materials; distributed reporting and monitoring forms; and provided guidelines and budgetary allocations to districts to support efficient implementation and timely coverage reporting. The department also facilitated involvement of ASHAs in mobilizing out-of-school children and unregistered children.

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<sup>13</sup> <http://nrhm.gov.in/nrhm-components/rmnch-a/child-health-immunization/national-deworming-day-2016.html>

<sup>14</sup> Drugs for school age was procured under the WHO global drug donation program, details under the drug procurement section

The Departments of Elementary and Secondary Education and Women and Child Development (WCD) were responsible for supporting the Health department in estimation and finalizing the number of target beneficiaries based on school enrolment figures, *anganwadi* registration figures, and numbers of out-of-school children targeted at AWCs and government schools. 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, *anganwadi* workers and lady supervisors. Block level officials from departments of Health, Education and WCD oriented frontline functionaries from Education and ICDS on timely submission of standardized coverage reports to the Health Department. The Department of Education also provided a platform for deworming out-of-school children (ages 6-19) in government schools and took the leadership in releasing directives for private school associations' participation in NDD 2016 as per the state specific guidelines.

**Evidence Action**, funded by MSDF and END Fund for technical support activities, worked closely with all stakeholders to ensure high quality planning and implementation of deworming. Evidence Action provided intensive support for program planning; facilitated information sharing; worked to adapt NDD training materials, IEC products, and operational guidelines to state context; finalized the drug and IEC bundling plan; and provided quality assurance at district and select block trainings. Evidence Action also supported the stakeholders for robust program management through telecalling support and onground field team during NDD. An external agency hired by Evidence Action conducted the Independent Monitoring of the mass school and *anganwadi* based deworming program. (Details in the report below)

**United Nation Children's Fund and Education (UNICEF)** supported in funding the transportation of drugs for school-age children, from state to district level.

## 4. Program Implementation

The state implemented NDD in 33 districts, including private and centrally affiliated schools in all districts. The implementation of NDD includes several program components, detailed below.

### 4.1 Policy and Advocacy

To effectively plan and prepare for the deworming program, nodal officers from the three stakeholder departments and representatives from Evidence Action and UNICEF convened four nodal officer meetings between September and December of 2015. Outcomes of these meetings included freezing the targets, coordinating drug logistics, and finalizing the training and reporting cascades (**Annexure B**)

Further, key decisions for NDD 2016 were taken at the state level steering committee meeting held on January 13, 2016 under the chairmanship of MD, NHM with representation from the Department of Health, Education, WCD, UNICEF, Evidence Action, and all stakeholder departments<sup>15</sup> under ICDS and Education (**Annexure C**). Roles and responsibilities of all

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<sup>15</sup> Private school unions, Panchayati Raj department, Local Self Government department, Kendriya and Navodaya Vidyalayas commissioners and Rajasthan Madarsa Board

stakeholders was reiterated. The meeting had participation from three of the state's four private school associations,<sup>16</sup> which extended full support to the program including leveraging existing platforms like departmental communication to spread awareness about NDD. The state's decision to include all private schools was in line with GoI guidance to include private schools for at least 10% of implementing districts. As many stakeholders like the *madarsas*, *Kendriya Vidyalas* joined hands in observing NDD 2016 for the first time, Mission Director and Director RCH oriented the new participants on the technical details of worm infestation and how it impacts children's quality of life. Evidence Action worked with the health department to finalize the implementation strategy for private schools including all program components as described further in the report.

As part of NDD preparations, Evidence Action worked with the state to adapt operational guidelines, define timelines, and clarify stakeholders' roles for implementation. The guidelines were disseminated to all stakeholders. Evidence Action also advised the state government in finalizing target figures, allowing for accurate performance measurement across the state. The target groups include four categories: government school, private school, *anganwadis*, and out of school/unregistered. To fix the targets, Evidence Action referred to credible data sources including 2011 census data and the National Sample Survey of Estimation of out-of-school children in the age group of 6-13 years in India 2014.

To strengthen inter-sectoral convergence among the stakeholder departments at district and block levels, the Department of Health along with the Department of Education and WCD issued joint directives on January 11, 2016 to cover roles and responsibilities of all stakeholders for the smooth execution of the NDD (**Annexure D**).

The Department of Health actively participated in video conferencing and review calls organized by GoI to track the state's preparations for NDD 2016 at the state level. In addition to monitoring preparedness at the state level, the Director of the National Health Mission (NHM) conducted a video conference on 4 February 2016, with district officials of the Departments of Health, Education and WCD to facilitate preparations at district level, clarify responsibilities, and share instructions for program implementation (**Annexure E**). On January 30, 2016, the State Health minister with presence of principal secretary, director of NHM conducted a video conference with ANMs, to explain NDD in detail and motivate them to participate by mobilizing out-of-school children and generating community awareness.

Increased convergence and ownership by district administration in planning and implementing the deworming program was demonstrated across all districts as they organized District Coordination Committee meetings (DCCM), as directed by the Department of Health. The letter also instructed districts to ensure that private schools observed NDD and reiterated the importance of timely coverage reporting by schools (**Annexure F**). Key decisions taken for program implementation were disseminated by circulating meeting minutes to 33 districts.

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<sup>16</sup> 3 private school associations also participated in the same including - Shiksha Parivar, Swyam Sevi Shikshan Sansthan and Rajasthan Private School Association of the 4 private school unions which were invited. One of the private school associations, Society for Unaided Private Schools of Rajasthan, extended support for the program but could not participate in the meeting due to unforeseen circumstances.

Evidence Action's field-based district coordinators facilitated and shared critical program updates and related information in all of these meetings.

Evidence Action advocated with the Departments of Health, Education and WCD to leverage existing resources for the deworming program in order to maximize impact. The departments supported initiatives such as uploading relevant information to their websites and sending bulk SMS to program functionaries using existing portals.

In line with NDD financial guidelines, Evidence Action worked with the state health department to facilitate timely submission of 2015-16 Program Implementation Plan to the national government. The approval in the Record of Proceedings was assigned for all activities under NDD, including printing of training and IEC materials for all 33 districts.

## 4.2 Program Management

Evidence Action's technical assistance was primarily provided by a four-member state-based team, in addition to field-based regional coordinators and short-term hires such as district coordinators and tele-callers. Additional support and guidance was provided by the national team.

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

**Regional Coordinators:** Evidence Action hired two regional coordinators for a year-long engagement, each responsible for 15-17 districts. They provided program management and oversight to district coordinators, supported information sharing, led prompt remedial action in the field, guided advocacy with district officials, facilitated the training and distribution cascade, and ensured timely reporting of coverage data. In addition, regional coordinators played an instrumental role in facilitating pre- and post-tests at sampled district and block level trainings to ensure high quality. After NDD round was completed, their efforts shifted towards exploring opportunities at the districts for synergies with existing work and possible platforms to integrate deworming. The regional coordinators will promote program institutionalization by working with district officials to include deworming in district action plans for the next financial year.

**District Coordinators:** 33 district coordinators provided on-the-ground support for three months around the deworming round. They were instrumental in ensuring timely delivery of training materials such as flipcharts, and distribution of NDD kits at trainings for all functionaries. They participated in trainings at district and block levels and escalated any observed gaps to regional coordinators and the state team for appropriate follow-up at the state level. Their role was integral in ensuring high quality of the trainings where pre and post-tests were administered to participants. After the deworming round, they provided rigorous follow-up with block and district-level officials to support timely compilation of coverage reports.

**Tele-callers:** Four tele-callers were hired to support the deworming round. Each tele-caller was assigned to work closely with one regional coordinator, as well as the district coordinators within their region. Calls were made to districts, blocks, and schools to obtain updates on drug and IEC availability, training schedules, and status of reports after the deworming round. This

dynamic flow of information allowed tele-callers to generate detailed, real-time updates which were continuously shared with state officials and enabled any necessary corrective measures to be taken (Figure 1).

Figure 1: Snapshot of the Daily Tracker

States	District	Block	Department	Designation of officer	Received Drugs (Yes/No)	Are Drugs Sufficient (Yes/No)	Have you Received Handouts	Have you Received Posters	Have you Received Flip Charts	Received SMS for training	Date on which block Training for teachers will be conducted
Rajasthan	Ajmer	Ajmer (u)	Education	BRP	Yes	Yes	Yes	Yes	Yes	No	1,2,3 Jan
Rajasthan	Ajmer	Arain	Education	BRP	Yes	Yes	Yes	Yes	Yes	Yes	29,30 Jan
Rajasthan	Ajmer	Bhinai	Education	BRP	Yes	Yes	Yes	Yes	Yes	No	2,3,4 Feb
Rajasthan	Ajmer	Jwaja	Education	BRP	Yes	Yes	Yes	Yes	Yes	Yes	25,27,28,29 Jan
Rajasthan	Ajmer	Kekari	Education	BRP	Yes	Yes	Yes	Yes	Yes	Yes	2,3 Feb
Rajasthan	Ajmer	Kishangarh	Education	BRP	Yes	Yes	Yes	Yes	Yes	Yes	27,28,29 Jan And 1 Feb
Rajasthan	Ajmer	Masuda	Education	BRP	Yes	Yes	Yes	Yes	Yes	Yes	28-Jan-16
Rajasthan	Ajmer	Peesangan	Education	BRP	Yes	Yes	Yes	Yes	Yes	Yes	1,2,3,4 Feb
Rajasthan	Ajmer	Shrinagar	Education	BRP	Yes	Yes	Yes	Yes	Yes	No	27,28,29 Jan

### 4.3 Drug Procurement, Storage, and Transportation

**Drug Procurement:** The state received approximately 3,08,40,000 albendazole tablets for school-age children via the WHO drug donation program on August 15, 2016 and stored them at the Department of Health’s drug warehouse. The Department of Health had surplus albendazole syrups in stock which were unused at Rajasthan Medical Services Corporation (RMSC) and at AWCs from previous rounds. To use the available stocks, the Department of Health administered syrups to preschool-age children (1 to 2 years), although the NDD guidelines recommend tablets for all age groups. The state additionally procured 6,42,020 syrups through RMSC for preschool-age children but adhered to NDD guidelines to administer tablets to children ages 2-19. Considering the large target figures, an additional 60,36,258 tablets were procured for children ages 2-6 years based on enrolment data as shared by ICDS. Evidence Action supported district-wise calculation of drug requirements for preschool children based on data from census and monthly program report (MPR) of August 2015 provided by ICDS. Prior to the distribution of WHO drugs, the Department of Health ensured proper testing through a laboratory empaneled with the RMSC and results were reported as per specifications

**Drug Logistics and Supply:** To align drug distribution with block-level trainings, Evidence Action worked closely with the Department of Health to draft a drug distribution plan for preschool- and school-age children, based on the target figures shared by the Education and WCD departments. The drug bundling plan for government schools factored in a 10% buffer to cater for spoilage and out-of-school children. UNICEF supported transportation of WHO-donated tablets for school-age children, from the state to district, whereas the Department of Health in coordination with ICDS undertook transportation and delivery of drugs for preschool-age children.

As per NDD operational guidelines and established best practices, drug distribution was integrated with the training cascade (as detailed in the training section below), wherein NDD kits were provided to health functionaries at the district level trainings for onward

distribution. The kits included drugs, IEC materials, training handouts, and reporting forms. Evidence Action's field-based team coordinated with district and block-level health officials and block Education and ICDS officials to ensure that NDD kits were available in block-level trainings, for distribution to schools and *anganwadis*.

#### 4.4 Adverse Event Management Preparedness

To provide guidance on functionaries' roles and responsibilities in minimizing adverse events, and to handle and report adverse events that did occur, the Health Department circulated a detailed protocol adapted in *hindi* to all district and block-level medical officers on adverse event management protocols as per NDD guidelines, with directives to establish block-level emergency response teams in coordination with *Rashtriya Bal Swasthya Karyakarm* (RBSK).<sup>17</sup> The protocol included emergency contact numbers, adverse event reporting forms and a briefing on media handling. Block-level emergency response teams were comprised of a doctor, a male nurse, and ANMs and were ready to respond to any severe adverse events reported on NDD and mop-up days. In order for all emergency units and personnel to respond quickly in case of adverse events, RBSK mobile ambulances and 108 ambulances were on alert in all districts. The Health Department sent out 8,20,272 text messages to key health officials and frontline workers to reinforce response protocols. To emphasize safe and supervised drug administration and promote timely response to any serious cases, Evidence Action sent out approximately 12,28,207 text messages (SMS) to 1,01,733 teachers and 51,793 *anganwadi* workers.

#### 4.5 Public Awareness and Community Sensitization

Activities designed to increase community awareness of deworming were rolled out based on NDD operational guidelines. Sensitization of children and families helps build trust toward deworming, alleviates worries related to adverse events, and overall leads to greater program uptake.

Evidence Action developed all IEC and community mobilization materials that were approved by GoI and uploaded on the NHM website. The state adapted the material and printed at the state, including posters and banners for display at schools and AWCs. The Department of Health rolled out a media plan to generate community awareness and increase program visibility in order to improve coverage in the state. The plan included wide-reaching activities such as newspaper advertisements; radio jingles; TV scrolls and flash advertisements, *miking*; and banners at health, education and WCD offices. Mass and mid-media and interpersonal communication activities were included in the IEC campaign, as detailed below in table 2.

Table no 2: NDD 2016 IEC campaign details

Activity	Timeline	Frequency (how many times a week/day was this activity repeated?)	Channel/Station/Paper	Language
Radio jingle	Feb 8-14	FM Channel Spots per day AIR Primary 1 All other FM channels 5	AIR Primary, AIR FM, AIR FM, Big FM 92.7, Big FM 92.7, Big FM 92.7, MY FM 34.3, MY FM 34.3, MY FM 34.3, Red FM, Radio City Radio Mirchi	Hindi
TV scroll	Feb 8-14	No fixed schedule, played as per availability of free slots	Etv Rajasthan	Hindi
Flash Advertising*	Feb 8-15	08 -10 Feb -13 times a day 11- 15 Feb - 3 times a day	Etv Rajasthan	Hindi
NDD newspaper ad	Feb 1-9	Daily	Times of India, Dainik Bhaskar, Dainik Navjyoti, Rashtrdoot, Samachar Jagran, Punjab Kesri, National Duniya, Chambal Sandesh, DNA	Hindi
MUD newspaper ad*	Feb 15	Once	Times of India, Dainik Bhaskar	English, Hindi
<b>Other Community Mobilization and Awareness Activities</b>				
Wall painting	NA		Across 33 districts	Hindi
Miking*	Feb 5-9	Daily	Across 33 districts	Hindi
Prabhat pheri	Feb 9	Single day	Across 33 districts	Hindi

\*Evidence Action provided financial support and facilitation for these activities

For additional program visibility, the state government printed 3,65,156 posters for schools and *anganwadis*. Evidence Action supported the state in contextualizing the posters, including key messages on NDD dates and preventive practices such as hygiene and sanitation. As a new initiative, the state printed 8,58,000 community handbills which ASHAs distributed in communities to spread awareness and increase program outreach. This year the state also

provided increased financial incentives for ASHAs to motivate them for mobilizing unregistered and out-of-school children for NDD.

For ease of access and timely completion of these activities at the district, the department of Health, Education and WCD uploaded adapted prototypes and relevant NDD information to its web-portal. To increase program reach, the Health Minister sent a letter to private schools, encouraging their participation in NDD. Private school unions also sent messages to private schools in their network through Whatsapp and emails, and uploaded related information on their websites<sup>18</sup> (Annexure G)

To supplement the state's efforts for community engagement, Evidence Action worked with the Department of Health to engage volunteer platforms such as Nehru Yuva Kendra Sangathan (NYKS)<sup>19</sup> and Scouts and Guides.<sup>20</sup> 388 NYKS volunteers<sup>21</sup> were trained on their role in encouraging the community for participation in deworming. A wide network of 5000 NYKS volunteers helped to sensitize communities on NDD and the importance and benefits of deworming.

**Launch Event:** The state launch was organized at Indira Gandhi *Panchayati Raj Sanshthan*, Jaipur on February 9 and was inaugurated by the Honorable Health Minister, Education Minister and WCD Minister of the state in the presence of other senior officials from all stakeholder departments. This reflected stakeholders' continued and growing commitment towards the program. During the launch, the state government also inaugurated the Child Health Nutrition (CHN) day logo. Child Health Nutrition is the Health Department's initiative to holistically integrate all child health programs like WIFS, NIPI etc. Thus, February 10, 2016 was celebrated as the first CHN day across the state. The Department of Health shared media bytes to brief media representatives on the program and the event, resulting in widespread coverage. State NHM also shared media kits with key program information for uniformity of messaging.

In addition, all 33 districts organized inaugural events at schools, with support from Evidence Action's district coordinators. These were attended by district-level officials from Departments of Health and Education and were covered by local media. A highly populated village in each block also co-inaugurated the CHN and National Deworming Day (Annexure G).

## 4.6 Training Cascade

As per NDD Operational Guidelines, and the state specific operational plan developed in collaboration between Evidence Action and health department, a training cascade was implemented at all districts and blocks. Based on suggestions from Evidence Action, past experiences, and established best practices, trainings were scheduled close to the deworming day. Training reinforcement messages, supported by Evidence Action, were sent to all functionaries to ensure maximum participation and knowledge retention. Showing

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<sup>18</sup> <http://www.shikshaparivar.com/>, <http://www.swayamsevi.com/>, <http://unaidedschools.com/>

<sup>19</sup> NYKS is an autonomous organization under the GoI, Ministry of Youth Affairs and Sports, and channelizes the power of youth on the principles of voluntarism, self-help and community participation.

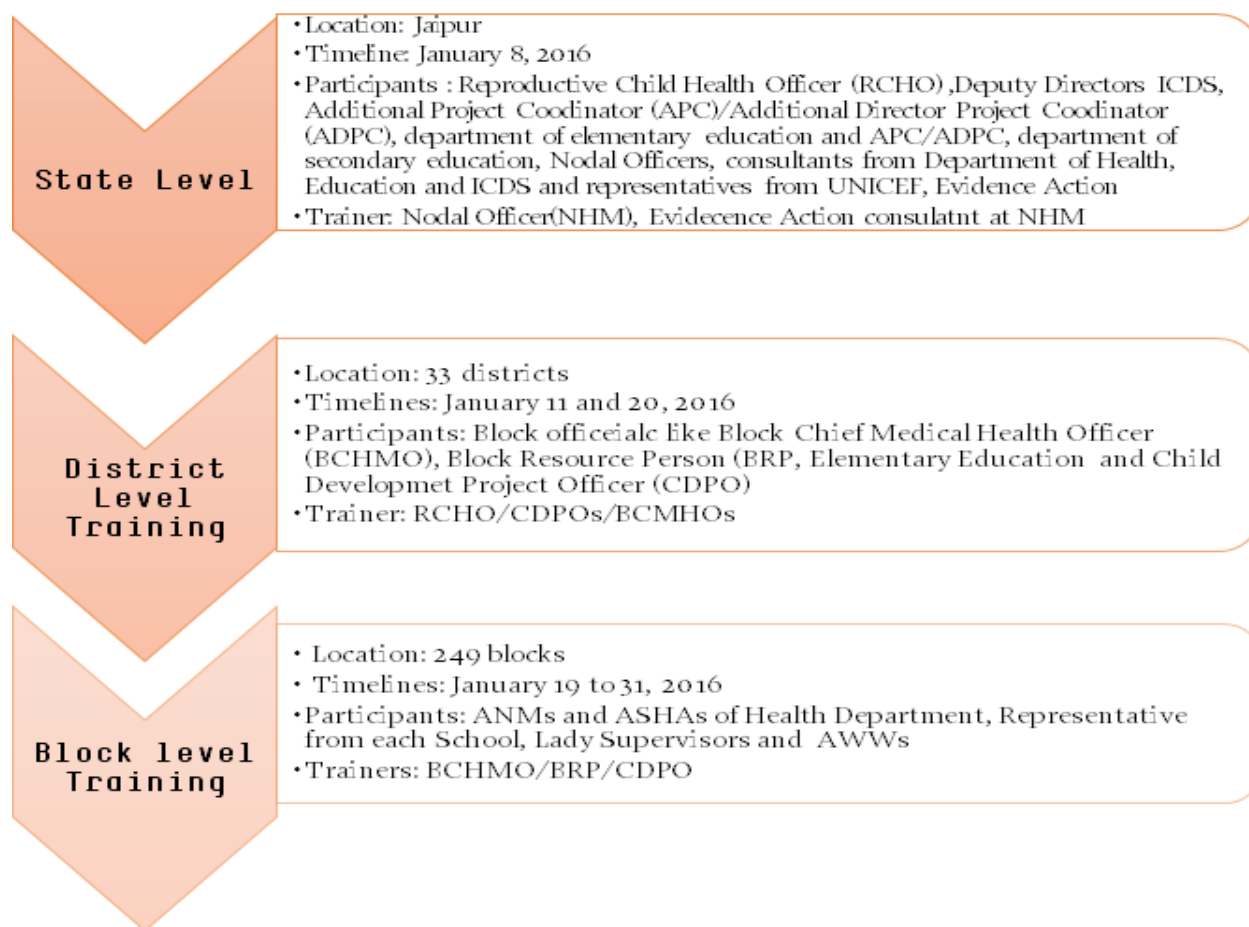
<sup>20</sup> The Rajasthan State Bharat Scout and Guide is a voluntary, non-political, educational movement for young people with approximately 20,000 to 22,000 units in the state of Rajasthan covering approximately 7 lakh children NYKS - 4,00,000 lakh volunteers approximately, Scouts and guides, 7,00,000 volunteers registered in 22000 units)

<sup>21</sup> As reported by Zonal Director, NYKS



commitment towards the program, the Mission Director facilitated a session on the importance of deworming and motivated all participants at the state level training of trainers held in Jaipur. All trainings were conducted between January 8-31, 2016 and reached 68,403 government and government-aided teachers, 28,919 private school teachers, 50,001 *anganwadi* workers, and 43,090 ASHAs.<sup>22</sup> District and block-level officials from all nodal departments were also trained. Block-level trainings included integrated distribution of drugs, training handouts, and IEC materials.

Figure 2: Training cascade for NDD 2016



**Training Resources:** To assure high quality and standardized messages, Evidence Action worked with stakeholders to contextualize training presentations, flipcharts, leaflets, and handouts for teachers, *anganwadi* workers, and ASHAs as per state needs. Evidence Action supported in drafting the bundling plan as per block requirements, enabling efficient transportation of materials to districts before training commenced. Evidence Action’s district coordinators played a vital role in ensuring timely completion of tasks and availability of these kits at block-level trainings.

<sup>22</sup> NDD coverage report submitted by state to GOI.

**Training Support and monitoring:** Evidence Action’s district coordinators attended and provided supportive supervision to all 33 district trainings. The team monitored trainings across all 33 districts and conducted pre- and post-tests to assess the knowledge gained by participants in 8 selected districts<sup>23</sup> and 16 blocks<sup>24</sup>. Evidence Action also used a monitoring checklist to assess training quality, ensuring that all the components of deworming were covered as per NDD guidelines. Facilitating real-time corrective actions, Evidence Action’s state team engaged with the nodal officer and provided up-to-date findings from the field. Timely coordination and information from the field enabled district officials to take remedial steps during implementation.

**SMS:** To reinforce key training messages, the state health department sent post-training SMS through their existing platforms to various functionaries. Approximately 8,20,272 SMSs were sent by the department of health to the functionaries. Additionally Evidence Action sent a total of 22,28,744 SMSs were sent to health, ICDS and education functionaries. The SMS contained reminders on dates of trainings and NDD, deworming and its benefits, reporting timelines, and instructions for adverse event management. Evidence Action also sent IVR calls to 2,29,607 headmasters, teachers, *anganwadi* workers, ANM and ASHA frontline functionaries.

#### Highlights from National Deworming Day and mop up day

- ✓ The program launch was held on February 9, 2016 at state and February 10, 2016 in districts with political commitment and bureaucratic leadership.
- ✓ Consultants from MoHFW, GoI, state health department, and partners including Evidence Action, conducted monitoring visits on NDD. Evidence Action shared findings from the field with the MD, NHM on the same day.
- ✓ NDD was observed in private and centrally affiliated schools across all 33 districts
- ✓ District-level inauguration took place in all 33 districts.
- ✓ ASHAs were engaged in the field to mobilize out-of-school children to come to the nearest government school for deworming treatment.
- ✓ Block officials of Departments of Education and Health carried out monitoring visits and tracking along with Evidence Action on NDD
- ✓ Evidence Action hired and trained an independent agency to conduct independent monitoring. A total of 125 monitors visited 1000 schools (including private schools) and *anganwadis* for process monitoring and 375 schools ( including private schools ) and AWCs for coverage validation after NDD.

## 5. Monitoring and Evaluation

It is imperative that majority children have access to deworming drug and receive benefits for improved health and education outcomes. Evidence Action places great emphasis on understanding the extent to which schools, *anganwadis*, and the health system are prepared to implement mass deworming on NDD. This includes assessing the extent to which deworming processes are being followed, and the extent to which coverage has occurred as planned. Monitoring and evaluation of the Rajasthan NDD program occurs in three ways: (1) process monitoring, (2) coverage reporting and (3) coverage validation. For NDD 2016, an independent

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<sup>23</sup> The low performing districts were identified on the basis of NDD 2015 process monitoring and coverage validation findings under taken by Evidence Action

<sup>24</sup> 2 blocks from each of the 8 selected districts were identified on the basis of preliminary finding from district level training monitoring and pre-post-test during NDD 2016 district level training

monitoring exercise (process monitoring and coverage validation) was conducted on deworming day and mop-up day, followed by coverage validation from February 20-26, 2016.

## 5.1 Process Monitoring

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

**Field Monitoring Visits:** A total of 598 monitoring visits (109 visits by state government officials and 489 visits by Evidence Action's state and field team) were conducted at randomly selected schools and *anganwadis*. As recommended under national guidelines, the team used the NDD monitoring checklist during their visit. Monitors visited 228 *anganwadis*, 250 government- government aided schools, 88 private schools, 9 *maa-badi kendras*, 5 *kendriya and navodaya vidyalayas*, and 18 *madarsas*. The NDD monitoring data has been submitted to GOI along with the coverage report, the key findings from the same are included as **Annexure H**

**Telephone Monitoring:** Evidence Action tele-callers placed phone calls to track the delivery and availability of training, drug, and IEC materials at the district, block, and school/*anganwadi* levels as deworming day approached. Approximately 19,166 calls were made from January to March 2016, including 4,555 calls to district and block officials of health department, 3980 calls to district and block officials of education department, 3042 calls of ICDS district and block level officials. An additional 1,728 calls to teachers of government-government aided schools, 1,673 calls to private school teachers, 4,188 calls to *anganwadi* workers were made across 31 districts (**Annexure I**). Tele-callers created tracking sheets to outline issues identified during calls and monitoring visits.

With support and inputs provided by short-term hires, Evidence Action's state team debriefed with officials at the state health department to share updates and information from NDD monitoring visits to schools and *anganwadis*. These updates resulted in corrective actions around issues such as drug and IEC availability, adherence to program guidelines, and ultimately supporting increased coverage (**Annexure J**).

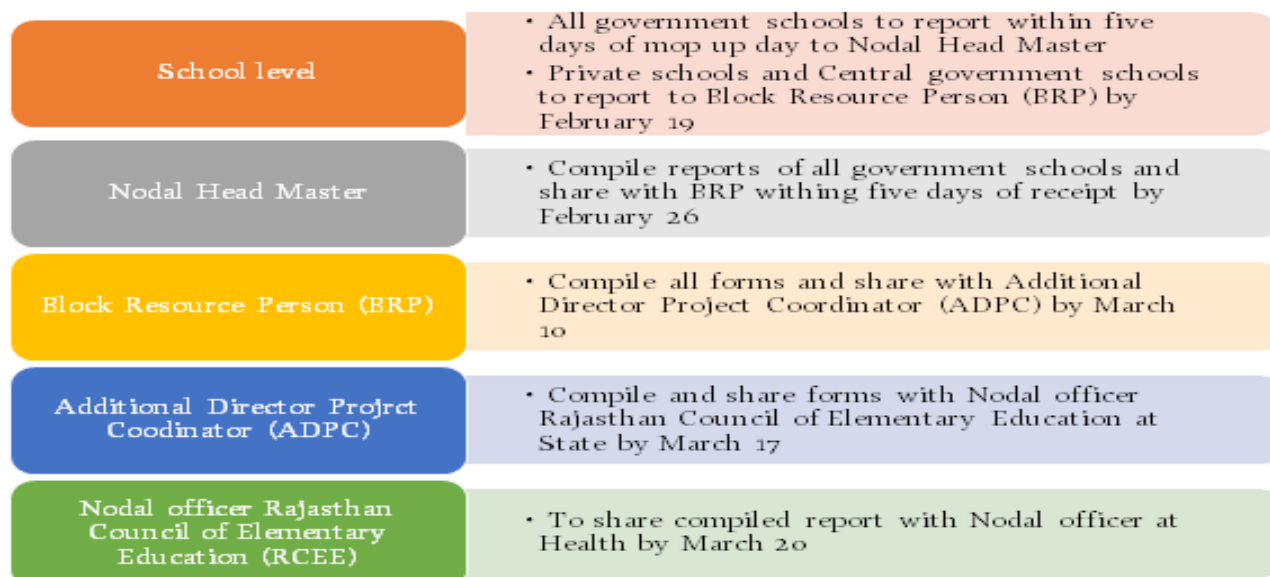
## 5.2 Coverage Reporting

Coverage reporting is the proportion of the target population reached by an intervention (e.g. percentage of school-age children treated on a treatment day) and is a crucial component to measure program performance. With close support from Evidence Action's state and field teams, the Department of Health collected and compiled coverage reports for NDD from schools and *anganwadis*. School teachers/*anganwadi* workers had been trained on the recording and reporting protocols. These protocols, along with the reporting cascade and timelines, were shared with all districts through the state's directives and intended to improve the accuracy of coverage reports submitted by schools/*anganwadis*. Every teacher/*anganwadi* worker was required to put a single tick mark (✓) next to a child's name in the attendance register if he/she was administered albendazole on deworming day, and a double-tick mark (✓✓) next to a child's name if he was administered albendazole on mop-up day. Schools/*anganwadis* were supposed

to derive the number of enrolled children dewormed by counting the single and double tick marks in attendance registers. School headmasters were then to compile the number of dewormed children as recorded in class registers, fill the school reporting form, and submit it to the designated person in the reporting cascade. The coverage reporting structure and timeline is shown below in Figure 3.

Figure 3: Reporting Structure of Coverage Data and Timelines in Schools and *anganwadis*

For schools:



For ICDS:



### 5.3 Coverage Validation

Coverage validation was done within 5-7 days of the mop-up day. During this exercise, monitors checked and verified deworming related data available in schools and *anganwadis* using their respective attendance registers and reporting forms. In each school, one teacher and three students were interviewed. In *anganwadis*, only *anganwadi* workers were interviewed. The surveys were conducted with the prior approval of the state government and a permission letter was issued by state Department of Health. Each monitor carried a copy of the authorization letter, produced to the schools and *anganwadis* on request.

#### Sampling and sample size

Two-stage probability sampling was used to select schools and *anganwadis* for coverage validation on deworming day and mop-up day. First, 125 blocks were selected from all 33 districts by probability proportional to size sampling<sup>25</sup>, followed by random sampling of schools to provide state-wide estimates of indicators. A total of 270 schools and 250 nearby *anganwadis* were visited on NDD and mop up day. For coverage validation, a total of 405 randomly selected schools and 375 randomly *anganwadis* were visited.

Table no 3: Target and Coverage of Schools and *Anganwadis* during NDD, February 2016 Independent Monitoring

Number of districts, blocks and schools covered	Process Monitoring		Coverage Validation	
	Target	Covered	Target	Covered
Total number of districts	33	33	33	33
Total number of blocks	125	125	125	125
Total number of schools	270	270	405	405
Total number of Government/government aided schools	250	247	375	374
Total number of Private schools covered	20	23	30	31
Total number of <i>anganwadis</i>	250	250	375	375
Total number of Headmaster/Principal interviewed in all schools	250	207	375	375
Total number of Teachers interviewed in all schools	250	207	-	-
Total number of Anganwadi Workers interviewed in all <i>anganwadis</i>	250	250	375	375
Total number of children interviewed in schools	250	207	1125	924

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

#### Independent monitoring formats

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

<sup>25</sup> Probability proportional to size sampling (PPS) selected blocks in Madhya Pradesh, according to the number of schools in that block. PPS corrects for unequal selection probabilities in random sampling of unequally sized blocks. Schools were then randomly selected from the selected blocks.

### Training of trainers and independent monitors

Through a competitive selection process, Evidence Action hired AMS consultancy to implement the independent monitoring in Rajasthan. Evidence Action provided a one-day comprehensive training to two master trainers from AMS consultancy in Delhi. These master trainers conducted a two day training of 140 monitors from February 6-7, 2016 in batches of 45-50 monitors. After training, a test was administered to all participants to assess their comprehension and ability to work in the field. Only those who could pass the tests were shortlisted as the monitors.

### Field Implementation

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

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

### Quality control

Appropriate quality control measures were taken to ensure that data collected was accurate and comprehensive. School headmasters and *anganwadi* workers were asked to sign a participation form and provide an official stamp, verifying that the school or *anganwadi* was actually visited. The agency contacted approximately 20% of schools and *anganwadis* on phone the next day to confirm that they had participated in the monitoring and validation process. In addition, district coordinators visited sampled schools and *anganwadis* to spot check the processes and tele-callers contacted schools and *anganwadis* to verify monitoring visits.

## 6. Key Findings and Program Recommendations

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

### Training

**Participation at trainings:** Independent monitoring data demonstrated that teachers/headmasters from 79% of schools and 73% of *anganwadis* workers received training for the recent deworming round. Among private schools, only 10 out of 43 schools reported attending training on deworming within the previous two months. Out of those who didn't attend the trainings, the majority of school teachers (31%) and *anganwadi* workers (55%) cited unawareness about the date/ timing of training as the reason for absence. As training is crucial

to equip teachers and *anganwadi* workers with the necessary knowledge and drugs for implementing NDD, efforts must be made to increase participation at the trainings. In this direction, for NDD 2016 round, the government and Evidence Action sent out bulk SMSs on reinforcing training schedules and venue information prior to the trainings, along with post training messages on deworming. During independent monitoring, it was found that around 97% of teachers and 66% of *anganwadi* workers received training reinforcement SMSs.

#### Key recommendations:

- Regular updates and strengthening of the database of block level functionaries, teachers/schools and especially *anganwadi* workers to improve SMS coverage for dissemination of program information to key audiences in a timely manner.
- Advise block level officials to strengthen the communication channels from block to all schools and *anganwadis* on participation at trainings.

**Quality of trainings :** Findings show that only 78% of headmasters reported providing trainings to other teachers after they were trained on deworming. The headmasters/ principals and *anganwadis* also reported incomplete knowledge on the different ways that children can get worm infections; only 39% of teachers and 32% of *anganwadi* workers reported open defecation / not using sanitary latrine as a route of worm transmission. **(Annexure K).**

#### Key recommendations:

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

#### Integrated Distribution of Deworming Materials including Drugs

Findings from independent monitoring data revealed that only 46% and 27% of all school and *anganwadis* respectively completed integrated distribution<sup>26</sup> of the NDD kit; however, as reflected in the below table, individual components of the kit were still distributed on a large scale at the trainings.

Table 4: Integrated distribution drug, training and IEC material

NDD Kit content	For Schools			For <i>Anganwadi</i>		
	Available	Verified*	Received in training	Available	Verified*	Received in training
Tablets	93.3	96.4	76.2	95.2	94.5	70.2
Poster/Banner	73.0	93.9	79.2	71.6	84.4	64.8
Handouts/ Reporting form	71.1	92.7	77.1	58.8	83.0	62.6

\*The data shows NDD kit content received by the teachers and *anganwadis*, as reported by them (first column). Availability of items in NDD kit was physically verified by monitors for those schools and *anganwadis* that received these items (Second column). The third column states teachers and *anganwadis* reporting receipt of NDD kit content at the trainings

<sup>26</sup> Integrated distribution of NDD kits including deworming drugs, banner/poster and handout, reporting forms, to the teachers/*anganwadi* workers at the training only.

As per table 4, majority of the teachers and *anganwadi* workers reported receiving most of the NDD kits including tablets, posters/ banners, handouts/reporting forms. As this was the first time, the integrated distribution of drugs and other materials was done for *anganwadis*, unlike last year when it was done only for the schools, the positive findings for both schools and *anganwadis* reflects the strong planning and smooth execution being undertaken across state, district and block levels towards this.

#### **Key recommendations:**

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

#### **Drug sufficiency**

During coverage validation, 98% of schools and 96% of *anganwadis* reported to have sufficient drugs for deworming.<sup>27</sup> Moreover, 95% of schools and 82% of *anganwadis* had surplus drugs after deworming. The drug surplus at the schools and *anganwadis* can be because of the availability of WHO drugs in a sealed jar of 200 tablets which cannot be repackaged because of drug safety protocols, as well as buffer being considered while drug bundling. The drug surplus figures are corroborated with logistics details under state level coverage report as well (Annexure 1)

#### **Key recommendations:**

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

#### **Source of Information about recent Round of Deworming**

In order to sensitise the teachers and *anganwadis*, various channels of communication was used in the programme, including departmental communication, posters and banners. Monitoring data revealed that during the recent round of deworming, departmental communication was the major source of information for 64% of schools and 83% *anganwadis*, followed by SMS for schools (37%) and trainings for *anganwadis* (73%). School teachers were the major source of deworming information for students (99%). However, 15% of students interviewed were not aware that the medicine given to them was for deworming. With reference to children enrolled in private schools, 11 out of 14 interviewed children were aware that the tablet given to them was for deworming.

#### **Implementation of Deworming**

While 90% of schools and 87% of *anganwadis* reported conducting deworming on either NDD or mop-up day, independent monitors observed deworming activity in 68% of visited schools and 86% of *anganwadis* respectively. Coverage validation demonstrated that 97% of schools

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<sup>27</sup> Sufficient drugs is defined here as availability of drugs in accordance with the total number of children enrolled in the school.



and 100% of *anganwadis* had observed deworming during NDD or mop-up day. Out of all enrolled children interviewed on either day, 92% reported to have received a deworming tablet. Prima facie, this suggests that deworming occurred in a large percentage of schools and *anganwadis* on one of the deworming days. However, only 14 of the 31 private schools observed during coverage validation reported deworming activities on NDD or MUD.

### **Adverse events- knowledge and management**

Interviews with teachers and *anganwadi* workers during process monitoring demonstrated a lack of awareness regarding the possible occurrence of adverse events. Only 32% of headmasters/principals and 37% of *anganwadi* workers acknowledged that adverse events were possible after ingesting albendazole. Of those who knew that adverse events are possible, around 67% of school headmasters/principals and 62% of *anganwadi* workers were aware of how to manage adverse events. During class observations, around 82% of teachers and 83% of *anganwadi* workers asked children whether they were sick before administering drugs. More than 94% of teachers and 82% *anganwadi* workers ensured that drug administration was well supervised, asking children to chew tablets before swallowing.

### **Key recommendation:**

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

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

### **Recording protocol**

Coverage validation data demonstrated that 87% of schools and 91% of *anganwadis* followed correct<sup>28</sup> recording protocols, whereas 10% of schools followed recording protocol partially<sup>29</sup> and only three percent of schools did not adhere to any recording protocol. As per NDD guidelines, ASHAs were required to prepare a list of unregistered and out-of-school children for submission to *anganwadi* workers and headmasters respectively; however, findings suggest that less than 9% of government schools had a list available for out-of-school children (6-19 years) and around 45% of *anganwadis* had a list available for unregistered (1-6 years) children.

### **Key recommendation:**

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

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<sup>28</sup> Correct recording protocols refers that all classes/registers of schools and *anganwadis* have single or double ticks.

<sup>29</sup> Not all classes followed the recording protocol

## Program Coverage

The following table highlights the coverage details from the state including the total coverage of 87.76% according to government reported figures as well as coverage across various categories

Table 5: State coverage report for NDD 2016

Indicators		Results	%Coverage
Total number of children targeted		2,00,33,299	-
No. of enrolled children (classes 1-12) dewormed	Government Schools	69,13,382	90%
	Private Schools	57,55,313	82%
No. of registered children (1 to 5 years) dewormed at AWCs		36,21,061	89%
No. of unregistered children (1 to 5 years) dewormed at AWCs		8,17,066	91%
No. of out-of-school children (6-19 years) dewormed		4,73,214	109%
Total number of children dewormed (1-19 years)		1,75,80,936	88%

Substantial district wise variation was observed in NDD coverage reporting. Twelve out of the total 33 districts reported coverage below the state level with Pratapgarh(68%) having the lowest coverage followed by Sikar (72%) and Bikaner (78%). Further, districts of Baran and Sri Ganganagar reported coverage of more than 95% followed by Sirohi, Dhaulpur and Hanumangarh that reported coverage of 94% in the state. **(Annexure L)**

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

### Coverage Validation

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

Coverage verification factors are estimated on the basis of availability of a copy of reporting forms at schools and *anganwadis*. In Rajasthan only 76% of schools and 52% of *anganwadis* had a copy of the reporting form available after deworming and mop up day. During trainings, school teachers/ headmasters and *anganwadi* workers were instructed to retain a copy of their respective reporting form; however, 94% of headmasters and 77% of the *anganwadi* workers interviewed during process monitoring were not aware of retaining a copy of the form.

In Rajasthan, the state level verification factor for enrolled children was found to be 0.91, indicating that for every 91 enrolled children who were recorded as dewormed in the schools, the school reported that 100 enrolled children had been dewormed. This corresponds to an overall 10% inflation of reporting in the state, meaning that reported numbers appear to be

approximately 10% higher than the numbers recorded in attendance registers. Similarly the state level verification factors for other target groups were 0.36 for *anganwadi* registered children (178% inflation), 0.88 for non-registered children (1-5 years) (14% inflation), and 0.88 for out-of-school children (6-19 years) children (13.1% inflation). Training was found to increase the accuracy of reporting: trained schools had only 9% inflation in reporting, while untrained schools had 20% inflation in reporting.

All the children (100%) interviewed during coverage validation reported to have received deworming and 99% reported consuming the tablet under supervised administration in the school. Further attempts were made to understand the maximum number of enrolled children that could have been dewormed in the state. Coverage validation data demonstrated that 97% of schools did deworming on either of the days and attendance data showed that 90% of the total school enrolled children were in attendance across both days. Based on deworming implementation status and attendance of enrolled children on deworming and mop-up day and children's interview, maximum 87% (100% children out of 90% present in 97% of schools conducted deworming) children could have been dewormed in schools of the state.

#### **Key recommendations:**

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

Coverage reports also reflect a need for greater emphasis on finalizing correct target figures, particularly for out-of-school children for whom coverage percentages have been more than 100%. This could be partially because of not setting up accurate target figures prior to NDD. Broadly the targets for all categories were revised after the NDD implementation as all the stakeholder departments agreed on revised figures received from the districts to be considered as final. In future rounds, in case target figures are not available at the state level, districts can be engaged well in advance to finalize their targets.

#### **Private school engagement**

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

#### **Key recommendations:**

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

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

## Key Recommendations from NDD Feb 2016

### Training

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

### Integrated distribution of NDD kits at trainings

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

### Community mobilisation

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

### Private school engagement

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

**Setting program coverage targets well ahead in time**

## 7. Way Forward

After completing its fourth round of *anganwadi* and school-based deworming round, including private schools in all districts, Rajasthan has laid a strong foundation for extending deworming treatment to all children ages 1-19 in future years. The state has made progress toward institutionalizing deworming by including NDD activities in the PIP, leading the timely finalization of coverage targets, convening steering committee meetings at state and district levels, and planning ahead for key aspects such as integrated material distribution in trainings. The state health department's efforts, particularly around getting all stakeholders engaged/committed to the program, is a strong example for other states and programs to follow. Strengthened planning for the upcoming year of NDD, and wider reach to schools including government, government-aided and private schools, will pave the way towards higher coverage. Evidence Action will also strengthen the deworming program in line with the above recommendations through close collaboration with government stakeholders, new initiatives around data quality assessments, and SMS-based coverage reporting all under state

guidance. Together with the government's commitment and support, all of these efforts will result in improved health, education and productivity for millions of children in Rajasthan.

## 8. Annexures

Annexure 1	Details of Independent Monitoring
Annexure A	NDD 2016 state coverage report
Annexure B	Minutes of Nodal officer meeting, Dec 4, 2015
Annexure C	Rajasthan Steering Committee meeting minutes for NDD 2016_ Jan 13, 2016
Annexure D	NDD 2016 State Joint Directives
Annexure E	Letter to districts for state level video conferencing
Annexure F	Letter from MD to DMs for District coordination committee meetings
Annexure G	Community sensitization and awareness
Annexure H	Letter to GoI on monitoring visits by state officials and evidence action team on NDD 2016 in Rajasthan
Annexure I	Snapshot of compiled calls status in Rajasthan by Evidence Action team during NDD 2016
Annexure J	Letter for gaps identified in monitoring of NDD 2016
Annexure K	Training Quality Assessment
Annexure L	District wise coverage for NDD 2016

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

Table-1: Interview with headmaster/headmistress/principal

Indicators	School (Total = 270)		Anganwadi (Total = 250)	
	Percentage	Number	Percentage	Number
<b>Type of School (N = 270)</b>				
Govt./Govt. Aided schools	91.5%	247	NA	NA
Private Schools	8.5%	23	NA	NA
<b>Respondent of the section (N = 270)</b>				
Headmaster/Principal	76.7%	207	NA	NA
Vice principal	5.6%	15	NA	NA
Nodal Teacher	8.1%	22	NA	NA
Any other teacher	9.6%	26	NA	NA
<b>Category of school (N= 270)</b>				
Primary(1 to 5)	34.8%	94	NA	NA
Primary with upper primary(1 to 8)	33.0%	89	NA	NA
Primary with upper primary and secondary(1 to 10)	12.6%	34	NA	NA
Primary with upper primary secondary and higher secondary(1 to 12)	0.7%	2	NA	NA
Upper primary only(6 to 8)	2.6%	7	NA	NA
Upper primary with secondary and higher secondary(6 to 12)	13.0%	35	NA	NA
upper primary with secondary(6 to 10)	1.9%	5	NA	NA
Secondary only (9 to 10)	0%	0	NA	NA
Secondary with higher secondary(9 to 12)	1.5%	4	NA	NA
Higher Secondary only or Jr. college(11 to 12)	0%	0	NA	NA
<b>Did any teacher/ <i>anganwadi</i> worker attend training in last 2 months (School N= 270)</b>	77.8%	210	73.2%	183
<b>Did trained teacher provide training to other teachers<sup>1</sup></b>				
Yes, trained all other teachers	77.6%	163	NA	NA
Yes, trained some other teachers	0%	0	NA	NA
No, did not train other teachers	19.5%	41	NA	NA
Don't know /don't remember	2.9%	6	NA	NA
<b>Reason for not attending official training</b>				
Location was too far away	3.4%	2	1.6%	1

Indicators	School (Total = 270)		Anganwadi (Total = 250)	
	Percentage	Number	Percentage	Number
Did not know the date/timings	31.0%	18	54.8%	34
Busy in other official work	15.5%	9	6.5%	4
Attended Deworming training in the past	13.8%	8	45.2%	28
Not Necessary	10.3%	6	9.7%	6
Others	37.9%	22	37.1%	23
<b>Source of information about recent round of Deworming program (School N= 270; Anganwadi N =250)</b>				
Departmental communication	63.7%	172	82.8%	207
Television	14.8%	40	6.0%	15
Radio	5.2%	14	2.0%	5
Newspaper	29.6%	80	2.0%	5
Banner	10.4%	28	2.0%	5
SMS	36.7%	99	2.0%	5
Training	32.2%	87	73.2%	183
Other school/teacher	4.8%	13	3.6%	9
Others	11.5%	31	11.6%	29
Any source of information about Deworming	99%	269	100.0%	250
All the sources of information	0%	0	0.4%	1
<b>Source of information about Deworming tablets distribution (Anganwadi N = 250)</b>				
Departmental meeting	NA	NA	78.0%	195
Other Anganwadis	NA	NA	7.2%	18
Awareness about the ways a child can get worm infection	93.0%	251	NA	NA
<b>Different ways that children can get worm infected (School N= 251; Anganwadi N = 250)</b>				
Having foods without washing hands	87.6%	220	82.8%	207
Not washing hands after using toilets	72.5%	182	60.4%	151
Not using sanitary latrine	38.6%	97	32.0%	80
Moving in bare feet	55.8%	140	51.6%	129
Consume vegetables and fruits without washing	43.4%	109	35.6%	89
Having long and dirty nails	31.1%	78	24.4%	61
Others	9.2%	23	13.2%	33
Any way a child can get worm infection	93.0%	251	95.6%	239

Indicators	School (Total = 270)		Anganwadi (Total = 250)	
	Percentage	Number	Percentage	Number
Awareness about all the ways a child can get worm infection	13.0%	34	7.6%	19
Receive SMS about the Deworming program	97.4%	263	66.4%	166
<b>Preference to receive the SMS (School N=270; Anganwadi N= 250)</b>				
Morning	18.1%	49	18.8%	47
Afternoon	19.3%	52	15.2%	38
Evening	15.9%	43	18.8%	47
Any time	45.2%	122	39.6%	99
Do not prefer the SMS	1.5%	4	7.6%	19
<b>Having integrated distribution (Tablets, Poster/Banner, handouts/reporting, adverse event reporting form) in training</b>				
Having received Poster/Banner, handouts/reporting, adverse event reporting form in training	47.8%	129	27.2%	68
<b>Visibility over the Deworming Day Poster/Banner is posted (School N= 197; Anganwadi N = 179)</b>				
Clearly posted/ visible to all	67.0%	132	46.4%	83
Hidden in a room/partially visible.	11.7%	23	15.6%	28
Not posted/ not visible	21.3%	42	38.0%	68
<b>Availability of reporting form</b>	NA	NA	81.0%	119
<b>Has the ASHA submitted you a list of preschool non registered Children (1-5) in your community</b>	NA	NA	58.8%	147
<b>Are non-registered (1-6 years) children also getting deworming tablets in your anganwadi today</b>	NA	NA	64.2%	140
<b>Prescribed dose of 2-6 years of children</b>	NA	NA	90.4%	226
<b>Prescribed dose of 6-19years of children</b>	NA	NA	98.4%	246
<b>Prescribed dose of 1-2 years of children</b>	NA	NA	52.4%	131
<b>Awareness about to whom to submit the completed School/anganwadi Reporting (School N= 270; Anganwadi N= 250)</b>	66%	177	51.6%	129



Indicators	School (Total = 270)		Anganwadi (Total = 250)	
	Percentage	Number	Percentage	Number
Retain a copy of the School/ <i>anganwadi</i> Reporting Form at the school after submitting one copy	94.4%	255	77.6%	194
Teachers/ <i>anganwadi</i> who think any adverse event can occur after taking the Deworming tablets	32.2%	87	36.4%	91
Possible adverse events could be reported by children after taking the tablets (School N=87; Angnawadi N = 91)				
Mild abdominal pain	51.7%	45	54.9%	50
Nausea	54.0%	47	47.3%	43
Vomiting	74.7%	65	79.1%	72
Diarrhea	20.7%	18	16.5%	15
Fatigue	29.9%	26	22.0%	20
Other, specify	10.3%	9	5.5%	5
Any possible adverse event	100.0%	87	100.0%	91
All possible adverse event	8.4%	7	4.3%	4
Response in case a child complains of mild stomach ache, nausea, vomiting, and diarrhea after taking the tablets (School N=270; Anganwadi N = 241)				
Make the child lie down in open and shady place	67.8%	183	63.5%	153
Give ORS/ water	17.8%	48	19.1%	46
Observe the child at least for 2 hours in the school	11.5%	31	20.7%	50
Response in case the child continues to report symptoms of stomach ache, vomiting, diarrhea, etc. even after a few hours (School N= 270; Anganwadi N=225 )				
Call PHC or emergency number	35.9%	97	39.6%	89
Take the child to the hospital /call doctor to school	74.4%	201	77.8%	175
Don't know / don't remember	5.6%	15	1.8%	4
Other, specify	7.0%	19	7.1%	16
Deworming activity going in your school/ <i>anganwadi</i> today (N= 270)				
Yes, getting now	62.6%	169	87.2%	218

Indicators	School (Total = 270)		Anganwadi (Total = 250)	
	Percentage	Number	Percentage	Number
Yes, after few hours	27.8%	75	NA	NA
No, will not administer today	9.6%	26	12.8%	32

Table-2: Distribution of IEC material

Items Received in training	Schools			Anganwadi		
	Received	Verified	Received in training	Received	Verified	Received in training
Tablets	93.3%	96.4%	76.2%	95.2%	94.5%	70.2%
Poster/Banner	73.0%	93.9%	79.2%	71.6%	84.4%	64.8%
Handouts/ Reporting form	71.1%	92.7%	77.1%	58.8%	83.0%	62.6%
Others specify	6.7%	88.9%	83.3%	2.0%	0.0%	40.0%

Table-3: Observation of Deworming activity in the class/anganwadi

Indicators	Schools		Anganwadi	
	Percentage	Number	Percentage	Number
Deworming activity is taking place in the class/Anganwadi (School N=270; Anganwadi N = 218)	68.1%	184	86.7%	189
Teachers/anganwadi worker giving any health education related to Deworming(School N = 184; Anganwadi N = 189)				
Yes	84.8%	156	58.7%	111
Could not observe as I reached late	1.1%	2	4.2%	8
What are being included by the teacher/anganwadi worker as a part of health education to children				
Harmful effects of worms	63.5%	99	52.3%	58
How worms get transmitted	71.2%	111	64.9%	72
Benefits of Deworming	53.2%	83	55.9%	62
Methods of worm infection prevention	42.3%	66	39.6%	44
Clean drinking water and glasses (Anganwadi N = 189)	NA	NA	81.5%	154

Indicators	Schools		Anganwadi	
	Percentage	Number	Percentage	Number
Teacher/ <i>anganwadi</i> worker were asking the children if they are sick/under medication before giving the tablet (N= 184)	81.5%	150	83.1%	157
What teacher/ <i>anganwadi</i> worker did, if there was any sick child in the class room				
Gave Albendazole tablet to the child	8.7%	13	1.9%	3
Did not give the Albendazole tablet to the child	91.3%	137	98.1%	154
Students/children are told to chew the tablet before swallowing it	93.5%	172	81.5%	154
Half of a crushed albendazole tablet being given to children 1 to 2 years age (Anganwadi N= 189)	NA	NA	86.8	164
Deworming tablets were distributed by (School N = 184; Anganwadi N= 189)				
Teacher/headmaster	97.3%	179	NA	NA
<i>Anganwadi</i> worker	NA	NA	84.1%	159
Asha/ANM	0%	0	15.3%	29
Students	1.1%	2	0%	0
Others	1.6%	3	0.5%	1
Teacher/ <i>anganwadi</i> worker asking students to take Albendazole tablets in the class/ <i>anganwadi</i> only (N= 184)	99.5%	183	94.7%	179
Teachers/ <i>anganwadi</i> worker following the protocol of putting single tick ✓(Deworming day) or double tick ✓✓ (mop-up day) on each child's name/roll no. in the attendance register after giving them the Deworming tablet	88.0%	162	69.3%	131
Practice followed by teacher ,if the ticking/double ticking Protocol did not followed				
Prepare the separate list for dewormed child	36.4%	8	62.1%	36
Put different symbols	22.7%	5	6.9%	4
Nothing was done	40.9%	9	31.0%	18
Any child not given the prescribed dose of Albendazole tablet				

Indicators	Schools		Anganwadi	
	Percentage	Number	Percentage	Number
Yes, less than the prescribed doze	7.1%	13	7.4%	14
Yes ,more than the prescribed doze	1.1%	2	11.1%	21
No, the prescribed doze is being given	91.8%	169	81.5%	154
Any adverse event observed (nausea, vomiting, stomach-pain Diarrhoea, etc.) after taking the tablet	9.2%	17	4.2%	8
Is there a single tick (deworming day) in front of the children present on that day				
Yes to every children	NA	NA	63.2%	67
Yes, but in few children	NA	NA	23.6%	25
No	NA	NA	8.5%	9
Others	NA	NA	4.7%	5
Are there names which do not have a single tick on deworming day AND they also do not have a double tick on mop-up day.	NA	NA	61.4%	51
Reason of not putting single tick or double tick in front of the name of all/some children				
They did not get deworming drugs as they were feeling unwell	NA	NA	18.9%	17
AWW did not follow the recording protocol correctly	NA	NA	53.3%	48
The parents of those children have refused to get their children dewormed	NA	NA	3.3%	3
Children refused to take the drug	NA	NA	7.8%	7
Others	NA	NA	24.4%	22

Table-4: Interview with teacher

Indicators	Percentage	Number
Attended any official training for Deworming program in the past 2 months	64.4%	174
Received training for Deworming		
At official level training	54.6%	95
By Headmaster/ teacher	38.5%	67
Others (specify)'	6.9%	12
Awareness about the ways a child can get worm infection	90.0%	243

<b>Different ways that children can get worm infected (N= 243)</b>		
Having foods without washing hands	90.5%	220
Not washing hands after using toilets	70.8%	172
Not using sanitary latrine	39.9%	97
Moving in bare feet	44.0%	107
Consume vegetables and fruits without washing	42.8%	104
Having long and dirty nails	34.6%	84
Others	7.8%	19
Any way a child can get worm infection	100.0%	243
Awareness about all the ways a child can get worm infection	11.2%	29
If a child is unwell, albendazole can't be given	89.6%	242
<b>Awareness about prescribed dose of albendazole</b>		
One	98.9%	267
More than one	0.7%	2
Less than one	0.4%	1
<b>Teachers who think any adverse event can occur after taking the Deworming tablets</b>	34.8%	94
<b>Possible adverse events could be reported by children after taking the tablets(N=94)</b>		
Mild abdominal pain	63.8%	60
Nausea	55.3%	52
Vomiting	79.8%	75
Diarrhea	12.8%	12
Fatigue	27.7%	26
Other, specify	5.3%	5
Any adverse event	100.0%	94
All possible adverse event	4.1%	4
<b>In case a child complains of mild stomach ache ,nausea, vomiting, and diarrhea after taking the tablets, Your response should be (N= 270)</b>		
Make the child lie down in open and shady place	69.3%	187
Give ORS/ water	20.0%	54
Observe the child at least for 2 hours in the school	20.4%	55
<b>If the child continues to report symptoms of stomach ache, vomiting, diarrhea, etc. even after a few hours, Your response should be (N= 270)</b>		
Call PHC or emergency number	35.6%	96
Take the child to the hospital /call doctor to school	75.6%	204
Don't know / don't remember	5.2%	14
Other, specify	5.9%	16

Table-5: Interview with Child

Indicators	Percentage	Number
<b>Single tick ✓ in front of the name of children present on Deworming day(N=126)</b>		
Yes to every children	79.4%	100
Yes, but in few children	10.3%	13
No	9.5%	12
Other (specify )	0.8%	1
<b>There were names which do not have a single tick ✓ on Deworming Day and they also do not have a double tick ✓✓ on Mop-up Day</b>	28.8%	34
<b>Reason to not putting single tick ✓on Deworming day or double tick ✓✓ on mop-up day in front of the name of all/some children</b>		
They did not get Deworming drugs as they were feeling unwell	30.6%	19
Teacher did not follow the recording protocol correctly	40.3%	25
Children refused to take the drug	4.8%	3
Other	29.0%	18
<b>Child got a white tablet in school today</b>	91.8%	223
<b>Child was feeling sick before taking the tablet in the school today (N= 223)</b>	4.9%	11
<b>Child got tablet (N= 223)</b>		
By Teacher / headmaster	98.2%	219
By Other student	1.8%	4
<b>Child consume tablet (N= 223)</b>	99.1%	221
<b>Reason to not consume tablet</b>		
Did not like the taste	50.0%	1
Don't know	50.0%	1
<b>Awareness of child that, how to consume the tablet (N= 223)</b>		
Chewed tablet before swallowing	97.3%	217
Swallowed tablet directly	1.8%	4
Other, specify	0.9%	2
<b>Awareness of child that, why tablet is provided (N= 223)</b>		
Deworming	85.2%	190
Any other answer(unrelated to Deworming)	4.5%	10
Don't know /don't remember	10.3%	23

Indicators	Percentage	Number
Child was aware about Deworming activity (n=33)	24.2%	8
Source of information about Deworming activity (N= 195)		
Teacher / school	99.0%	193
Television	7.2%	14
Radio	2.1%	4
Newspaper	7.7%	15
Poster/Banner	15.4%	30
Parents/siblings	6.7%	13
Any source of information	100.0%	195
All source of information	0.5%	1

## Annexure-2: Coverage Validation Indicators - Schools

Table-1: School Coverage Validation Indicators

Indicators	%	Number
<b>Responses from the headmasters/principals interviewed:</b>		
Attended training for Deworming program (N = 405)	90.1%	365
For schools that didn't attend training, reasons were (N= 365)		
Was not aware of the date/ timing of training	42.5%	17
Busy in other official work	20.0%	8
Attended Deworming training in the past	12.5%	5
Not necessary	7.5%	3
Other reasons	20.0%	8
Schools received the followings (N= 405)		
Tablets	98.5%	399
Poster	91.9%	372
Hand-outs/Reporting form	83.0%	336
Others	2.2%	9
Received SMS about Deworming program (N= 405)	88.4%	358
Schools had the sufficient drugs for Deworming (N= 394)	97.5%	384
Schools had surplus storage of drugs after Deworming (N= 384)	95.1%	365
Schools where copy of school reporting form was available after Deworming Day and Mop-Up Day (N= 394)	75.9%	299
For schools that didn't have copy of school reporting form, reasons were (N=95)		
Did not receive	22.1%	21
Submitted to ANM	3.2%	3
Unable to locate	21.1%	20



Others <sup>30</sup>	53.7%	51
Schools had complete school reporting form (N= 299)	95.0%	284
Schools observed <b>Deworming</b> on Deworming Day or Mop-Up Day (N= 405)	97.3%	394
Schools reported severe adverse event after taking the medicine	0.5%	2
Average number of adverse events reported per school	1.5	3

**Table-2: Coverage Validation Indicators**

<b>Indicators</b>
Schools where all the classes followed the correct recording protocol= 87%
Schools where one or more of the classes followed the correct recording protocol= 91%
Schools where none of the classes followed the correct reporting protocol= 10%
Schools where one or more of the classes followed other recording protocol= 13%
Schools where no reporting protocol was followed= 3%
<b>State level verification factor= 0.91</b>
<b>State inflation rate</b> (which measures the extent to which the recording in school reporting forms exceeds records at schools)= 10%
<b>State level inflation rate among trained schools</b> (which measures how much the coverage reported in reporting forms exceeded school records in registers for schools that received training)= 9%
<b>State level inflation rate among untrained schools</b> (which measures how much coverage reported in reporting forms exceeded school records in registers for schools that were not trained)= 20%
<b>School level inflation rate for schools that followed the correct recording protocol</b> (measures how much coverage reported in reporting forms exceeded school records in registers, for schools that were following recording protocols, i.e., ticking).= 19%
Attendance on Deworming Day = 80%
Attendance on Mop-up day= 79%
Children who attended on both Deworming Day and Mop-up day= 69%

<sup>30</sup>Submitted to Nodal Officer and Submitted to BEO were main other responses.

Maximum attendance of children on Deworming Day and Mop-Up Day according to the CV data= 90%

Table-3: Interview of children on Coverage validation

Indicators
Children received Deworming tablets = 100%
Children aware about the Deworming tablets = 99%
Children who consumed tablets in front of teacher/headmaster = 99%
Children consumed tablet = 99.9%
Way children consumed the tablet = 97%
Reasons for not consuming the tablets
Feeling sick = 0.08%

### Annexure-3: Coverage Validation Indicators - Anganwadis

Table-1: Anganwadi Coverage Validation Indicators

Indicators	%	Number
Responses from the anganwadi Workers interviewed:	100%	375
Attended training for Deworming program (N=375)	91.7%	344
For <i>anganwadi</i> Worker that didn't attend training, reasons were: (n=31)		
Location of training was far away	22.6%	7
Was not aware of the date/ timing of training	54.8%	17
Busy in other official work	35.5%	11
Attended Deworming training in the past	51.6%	16
Source of information about recent round of Deworming program(N=375)		
Departmental communication	58.9%	221
Television	4.0%	15
Radio	0.3%	1
Newspaper	7.5%	28
Banner	6.9%	26
SMS	37.3%	140
Training	33.3%	125
Lady supervisor	42.1%	158
Others	4.5%	17
<i>Anganwadi</i> received the followings		
Tablets	100%	375
Poster	94.9%	356
Handouts/Reporting form	84.5%	317
Others	0.3%	1
Received SMS about Deworming program	92.8%	348
<i>Anganwadi</i> had the sufficient drugs for Deworming (N= 375)	95.7%	359
<i>Anganwadi</i> had surplus storage of drugs after Deworming (N= 359)	81.9%	294
<i>Anganwadi</i> where copy of <i>anganwadi</i> reporting form was available after Deworming Day and Mop-Up Day (n=375)	52.0%	195
For <i>Anganwadi</i> that didn't have copy of <i>Anganwadi</i> reporting form, reasons were: (n=180)		
Did not received	11.7%	21
Submitted to ANM	87.2%	157

Unable to locate	1.1%	2
<i>Anganwadi</i> having list of non-registered children (1-6 years) (n=375)	45.3%	170
<i>Anganwadi</i> had complete <i>anganwadi</i> reporting form(n=195)	97.9%	191
<i>Anganwadi</i> observed Deworming on Deworming Day or Mop-Up Day	100%	375
<i>Day when anganwadi Observed the Deworming</i>		
Deworming Day	6.9%	26
Mop-up Day	2.1%	8
Both the days	90.7%	340
Other	0.3%	1
<i>Anganwadi</i> reported severe adverse event after taking the medicine	0.5%	2
<i>Anganwadi</i> number of adverse events reported per school	0.5%	2

Table-2: Coverage Validation Indicators

Indicators
<i>Anganwadi</i> where all the followed the correct recording protocol= 90.9%
State level verification factor for Registered children(1-5 years)=0.36
State level verification factor for non- registered children(1-5 years)= 0.88
State inflation rate (1-5 years) = 178% (which measures the extent to which the recording in school reporting forms exceeds records at schools)
State inflation rate for non- registered children (1-5 years) = 14%

Annexure-4: Authorization Letter by ICDS, Rajasthan

D:\Gajendra\Year 2016\Letr. 16.docx

राजस्थान सरकार  
निदेशालय, समेकित बाल विकास सेवाएँ  
2 जलपथ, गांधी नगर, जयपुर


क्रमांक : F 26(4)( ) डी-वर्मिंग/IEC/ICDS/2013/ 13318-350  
उपनिदेशक,  
महिला एवं बाल विकास विभाग  
समस्त

दिनांक :  
10.2.16

विषय:- राष्ट्रीय कृमि मुक्ति दिवस (10 फरवरी, 2016) कार्यक्रम के संबंध में।

उपरोक्त विषयान्तर्गत निवेदन है कि राष्ट्रीय कृमि मुक्ति दिवस (10 फरवरी, 2016) कार्यक्रम के सफल संचालन हेतु Evidence Action : Deworm the World के जिला कार्यक्रम समन्वयक/ मोनिटरर्स, जिनका दायित्व कार्यक्रम का प्रशिक्षण देना, मोनिटरिंग करना, विभिन्न विभागों/एजेन्सियों में समन्वय स्थापित करना, आंगनबाड़ी केन्द्रों पर दवा प्रबन्धन तथा अन्य व्यवस्थाएं, कार्यक्रम की रिपोर्टिंग तथा प्रचार-प्रसार आदि विभिन्न कार्यों में सहयोग तथा सामंजस्य स्थापित करना है, उनको जिला/परियोजना आईसीडीएस कार्यालयों तथा आंगनबाड़ी केन्द्रों पर डी-वर्मिंग कार्यक्रम के संबंध में सम्पर्क तथा इन कार्यों को सम्पादित करने हेतु अधिकृत किया जाता है।

अतः समस्त बाल विकास परियोजना अधिकारियों, महिला पर्यवेक्षकों व आंगनबाड़ी कार्यकर्ताओं को कार्यक्रम में पूर्ण सहयोग प्रदान करने हेतु निर्देशित करावें।

  
(एम.पी. स्वामी)  
निदेशक

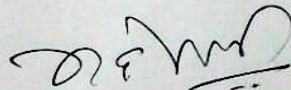
समेकित बाल विकास सेवाएं  
राजस्थान, जयपुर ११६

क्रमांक : F 26(4)( ) डी-वर्मिंग/IEC/ICDS/2013/ 13351-353

दिनांक : 10.2.16

प्रतिलिपि:-निम्न को सूचनार्थ एवं आवश्यक कार्यवाही हेतु:-

1. विशिष्ट शासन सचिव, चिकित्सा, स्वास्थ्य एवं परिवार कल्याण सेवाएँ एवं मिशन निदेशक, राष्ट्रीय स्वास्थ्य मिशन चिकित्सा, स्वास्थ्य एवं परिवार कल्याण सेवाएँ, स्वास्थ्य भवन, तिलक मार्ग, जयपुर को उनके पत्रांक 6567 दिनांक 29.01.2016 के क्रम में।
2. राज्य कार्यक्रम प्रबन्धक, Evidence Action : Deworm the World, Jaipur
3. एसीपी (उप निदेशक) निदेशालय, को भेजकर लेख है कि कम्प्यूटर पर अपलोड कर विभाग की वेबसाईट पर इसे डालने का श्रम करें।

  
(महेश शर्मा)

सहायक निदेशक (आईसीडीएस)  
समेकित बाल विकास सेवाएं  
राजस्थान, जयपुर ११६

## Annexure-2

Table-1 School Coverage Validation Indicators

Indicators	%	Number
Responses from the headmasters/principals interviewed:		
Attended training for Deworming program (N = 405)	90.1%	365
For schools that didn't attend training, reasons were (N= 365)		
Was not aware of the date/ timing of training	42.5%	17
Busy in other official work	20.0%	8
Attended Deworming training in the past	12.5%	5
Not necessary	7.5%	3
Other reasons	20.0%	8
Schools received the followings (N= 405)		
Tablets	98.5%	399
Poster	91.9%	372
Hand-outs/Reporting form	83.0%	336
Others	2.2%	9
Received SMS about Deworming program (N= 405)	88.4%	358
Schools had the sufficient drugs for Deworming (N= 394)	97.5%	384
Schools had surplus storage of drugs after Deworming (N= 384)	95.1%	365
Schools where copy of school reporting form was available after Deworming Day and Mop-Up Day (N= 394)	75.9%	299
For schools that didn't have copy of school reporting form, reasons were (N=95)		
Did not receive	22.1%	21
Submitted to ANM	3.2%	3
Unable to locate	21.1%	20
Others <sup>1</sup>	53.7%	51
Schools had complete school reporting form (N= 299)	95.0%	284
Schools observed Deworming on Deworming Day or Mop-Up Day (N= 405)	97.3%	394
Schools reported severe adverse event after taking the medicine	0.5%	2
Average number of adverse events reported per school	1.5	3

<sup>1</sup>Submitted to Nodal Officer and Submitted to BEO were main other responses.

Table-2: Coverage Validation Indicators

Indicators
Schools where all the classes followed the correct recording protocol= 87%
Schools where one or more of the classes followed the correct recording protocol= 91%
Schools where none of the classes followed the correct reporting protocol= 10%
Schools where one or more of the classes followed other recording protocol= 13%
Schools where no reporting protocol was followed= 3%
State level verification factor= 0.91
State inflation rate (which measures the extent to which the recording in school reporting forms exceeds records at schools)= 10%
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)= 9%
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)= 20%
School level inflation rate for schools that followed the correct 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).= 19%
Attendance on Deworming Day = 80%
Attendance on Mop-up day= 79%
Children who attended on both Deworming Day and Mop-up day= 69%
Maximum attendance of children on Deworming Day and Mop-Up Day according to the CV data = 90%

Table-3: Interview of children on Coverage validation

Indicators
Children received Deworming tablets = 100%
Children aware about the Deworming tablets = 99%
Children who consumed tablets in front of teacher/headmaster = 99%
Children consumed tablet = 99.9%
Way children consumed the tablet = 97%
Reasons for not consuming the tablets
Feeling sick = 0.08%

Annexure A: NDD 2016 State Coverage Report



Government of Rajasthan  
Directorate of Medical, Health and Family Welfare  
Swasthya Bhawan, Tilak Marg, Jaipur

F.No. F.21/NRHM/Deworming/2015/1166

Date: 13/05/2016

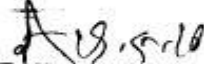
Joint Secretary (RCH)  
Ministry of Health and Family Welfare  
Government of India

**Subject: Regarding final report of National Deworming Day 2016**

National Deworming Day was implemented on February 10, 2016 followed by Mop-up day on February 15, 2016 in all the districts of Rajasthan. In this round, children of age 1 year to 19 years were targeted. To extend the coverage of the program, this year, we involved Private Schools, KVS, NVS, Maa Badi Kendra and Madarsa registered in DISE along with Anganwadi Centers and Government Schools. As per the final reports around 1.75 crore children were covered, which is 64.04 lakh more children as compared to the last round.

Final report of the program is enclosed hereby for your kind reference.

Enclosure: As above

  
(Dr. V. K. Mathur)  
Director RCH  
Medical, Health and FW Services  
Jaipur, Rajasthan

Copy to:

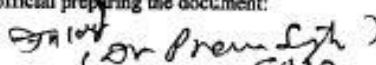
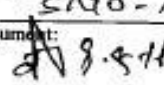
1. Dr. Sila Deb, DC CH, MoHFW, Government of India
2. Director, RCH
3. Co-IT, Centre Server Room for email
4. Guard file

  
Director RCH  
Medical, Health and FW Services  
Jaipur, Rajasthan



### National Deworming Day 2016

(a)

State: Rajasthan			
No. of government schools	70,300	No. of government schools reporting coverage	68,478
No. of private schools	34,113	No. of private schools reporting coverage	27,894
No. of anganwadi centers	54,964	No. of anganwadi centers reporting coverage	54,475
No. of ASHAs oriented/trained on NDD	43,090		
No. of Govt. schools who attended training on NDD	68,403		
No. of private schools who attended training on NDD	28,919		
No. of anganwadi workers oriented/trained on NDD	50,001		
<b>Enrollment</b>			
	Girls	Boys	Total
Total children out of school	2,15,863	2,18,841	4,34,704
Total children unregistered in anganwadis	4,39,400	4,54,861	8,94,261
Total children registered in anganwadis	19,92,095	20,63,052	40,55,147
Total children enrolled in schools	Govt. School	38,27,166	38,46,582
	Private School	29,99,928	39,75,511
<b>Albendazole Administration</b>			
No. of enrolled children (class 1-5) who were administered Albendazole on NDD and MUD	Govt. School	18,50,757	18,29,757
	Private School	14,05,837	17,16,140
No. of enrolled children (class 6-12) who were administered Albendazole on NDD and MUD	Govt. School	15,97,197	16,35,671
	Private School	10,95,346	15,37,990
No. of registered children in anganwadi (1-5 years) who were administered Albendazole on NDD and MUD	17,85,289	18,35,772	36,21,061
No. of unregistered children in anganwadi (1-5 years) who were administered Albendazole on NDD and MUD	4,06,676	4,10,390	8,17,066
No. of out of school children (6-10 years) who were administered Albendazole on NDD and MUD	1,12,862	1,23,311	2,36,173
No. of out of school children (10-19 years) who were administered Albendazole on NDD and MUD	1,13,523	1,24,418	2,37,941
<b>Summary</b>			
Percent Coverage	87.76%		
Number of serious adverse events reported from schools and anganwadis	219		
<b>Logistic Details: State</b>			
	Govt. School	Private School	Anganwadis
Total no. of Albendazole tablets given	1,34,29,594	88,74,764	51,36,190
Total no. of Albendazole tablets administered	70,02,249	53,71,058	43,42,908
Stock of Albendazole tablets left	64,27,345	35,03,706	15,54,089
Feedback (if any):			
Name, signature, and designation of the official preparing the document:			
 Smt. Prem Singh SDO - NIPF/Dungarpur			
Name, signature, and designation of the official reviewing the document:			
 S. S. H.			
Contact number of official submitting the report:			
9460060445			

**राष्ट्रीय कृषि मुक्ति दिवस 2016**

के लिए

राज्य : राजस्थान			
कुल सरकारी स्कूलों की संख्या	70,309	रिपोर्ट जमा करने वाले कुल सरकारी स्कूलों की संख्या	68,478
कुल निजी/प्राइवेट स्कूलों की संख्या	34,113	रिपोर्ट जमा करने वाले कुल निजी/प्राइवेट स्कूलों की संख्या	27,894
कुल आंगनवाड़ी केंद्रों की संख्या	54,864	रिपोर्ट जमा करने वाले कुल आंगनवाड़ी केंद्रों की संख्या	54,475
कृषि मुक्ति दिवस पर प्रशिक्षित आशा की संख्या			43,090
कृषि मुक्ति दिवस पर प्रशिक्षित सरकारी/सरकारी अनुदान स्कूलों की संख्या			68,403
कृषि मुक्ति दिवस पर प्रशिक्षित निजी/प्राइवेट स्कूलों की संख्या			28,919
कृषि मुक्ति दिवस पर प्रशिक्षित आंगनवाड़ी कार्यकर्ता की संख्या			50,001
<b>एल्वेदाजील कवरेज</b>			
		<b>लड़कियाँ</b>	<b>लड़के</b>
स्कूल ना जाने वाले बच्चों की कुल संख्या	2,15,863	2,18,841	4,34,704
आंगनवाड़ी केंद्र में गैर पंजीकृत बच्चों की कुल संख्या	4,39,400	4,54,861	8,94,261
आंगनवाड़ी केंद्र में पंजीकृत बच्चों की कुल संख्या	19,92,295	20,63,052	40,55,147
स्कूल में नामांकित बच्चों की कुल संख्या	सरकारी स्कूलों	35,27,198	38,46,582
	प्राइवेट स्कूलों	29,99,928	39,75,511
कुल लक्षित बच्चे			<b>2,00,33,299</b>
नामांकित बच्चों की कुल संख्या (कक्षा 1 से 6) जिन्हें कृषि मुक्ति और माँप अप दिवस पर एल्वेदाजील खिलानी गयी	सरकारी स्कूलों	18,50,757	18,29,757
	प्राइवेट स्कूलों	14,05,837	17,16,140
नामांकित बच्चों की कुल संख्या (कक्षा 6 - 12) जिन्हें कृषि मुक्ति और माँप अप दिवस पर एल्वेदाजील खिलानी गयी	सरकारी स्कूलों	15,97,197	16,35,671
	प्राइवेट स्कूलों	10,95,348	15,37,990
पंजीकृत बच्चों की कुल संख्या (1 से 6 साल) जिन्हें कृषि मुक्ति और माँप अप दिवस पर एल्वेदाजील खिलानी गयी		17,85,289	18,35,772
गैर पंजीकृत बच्चों की कुल संख्या (1 से 6 साल) जिन्हें कृषि मुक्ति और माँप अप दिवस पर एल्वेदाजील खिलानी गयी		4,06,878	4,10,390
स्कूल ना जाने वाले बच्चों की कुल संख्या (8 से 10 साल) जिन्हें कृषि मुक्ति और माँप अप दिवस पर एल्वेदाजील खिलानी गयी		1,12,862	1,23,311
स्कूल ना जाने वाले बच्चों की कुल संख्या (10 से 19 साल) जिन्हें कृषि मुक्ति और माँप अप दिवस पर एल्वेदाजील खिलानी गयी		1,13,523	1,24,418
<b>कुल योग: बच्चों की कुल संख्या जिन्हें एल्वेदाजील खिलानी गयी</b>			<b>1,75,80,936</b>
<b>(T=1a+1b+2a+2b+3+4+5+6)</b>			
प्रतिशत कवरेज			<b>87.78%</b>
स्कूल और आंगनवाड़ी केंद्र से सुविधा गंभीर प्रतिकूल घटनाएं की कुल संख्या			219
संश्लिष्ट विवरण राज्य (जो भी लागू हो टिक करें)	सरकारी स्कूल	प्राइवेट स्कूल	आंगनवाड़ी केंद्र
ग्राम एल्वेदाजील की कुल संख्या	13429594	8874784	5136190
खिलानी गयी एल्वेदाजील गोलियों की कुल संख्या	7002249	5371058	4342908
बच गयी एल्वेदाजील गोलियों की कुल संख्या	6427345	3503706	1554089
जीवितिक (आगर कोई)	नाम, हस्ताक्षर, अधिकारी का पद जिन्होंने डीक्यूमेंट बनाया है		
	नाम, हस्ताक्षर, अधिकारी का पद जिन्होंने डीक्यूमेंट की जांच की है		
	अधिकारी का फोन नंबर जो रिपोर्ट को जमा कर रहे हैं		
	किसी भी समस्या के निवारण हेतु आप राज्य कार्यालय (यान : D. Prem Singh फोन नं. 946096045) में बात कर सकते हैं।		

Annexure B: Minutes of Nodal  
Officer Meeting, Dec 4, 2015



Government of Rajasthan  
Directorate of Medical, Health and Family Welfare  
Swasthya Bhawan, Tilak Marg, Jaipur

F.No. F.21/NRHM/Deworming/2015/ 5385

Date: - 11/12/15

**Minutes of Meeting**

A meeting was held in the chairmanship of Director RCH in his chamber on December 04, 2015 for planning of National Deworming Day to be implemented on February 10, 2016 followed by mop-up day on February 15, 2016 in the state.

Participants of the meeting were:

1. Dr. Lokesh Chaturvedi, Project Director, Child Health
2. Mr. Girish Bharadwaj, Hygiene Officer, RCEE
3. Mr. Bhanwar Lal Kadela, Dy. Director, Secondary Education department
4. Dr. Prem Singh, NO – Deworming
5. Mr. Mukesh Sharma, Program Manager, ASHA
6. Mr. Vijay Pal Singh Shekhawat, SPM, Evidence Action – Deworm the World Initiative
7. Mr. Binay Kumar Singh, Representative from ICDS
8. Mrs. Anjana Gaur, Co- UNICEF
9. Mrs. Sonica Sharma, Co- UNICEF
10. Dr. Arun Singh Jadaun, Co- Deworming

Minutes of the meeting are as follows:

Project Director, Child Health initiated the meeting with a brief on operational guidelines received from GoI for deworming program to be implemented as National Deworming Day on February 10, 2016 followed by Mop-Up day on February 15, 2016 through both Schools and Anganwadi Centers. Following discussions were held in the meeting:

1. **Freezing of target:** Discussion was held on finalizing the target beneficiaries to be covered through both education and ICDS departments:
  - School age children enrolled in schools: Data of UDISE 2014 was shared by Education department on the basis of which target was fixed for children enrolled in government schools, private schools, Kendriya Vidyalayas and Navodaya Vidyalayas for National Deworming Day 2016.
  - Preschool age (1-6 years) children in Anganwadi Centres: Consensus was made on fixing up the target calculated by Census 2011 data with age wise exponential growth rate. Further, data of children registered in anganwadi was shared by ICDS (MPR, August 2015) as per which there are approximately 73 lakh children of 1 to 6 years (completed age of 1 year and not completed age of 6 years) but as per Census 2011 the total number of children in this age group is different which means there are some children in the community which are out of anganwadi centers or not registered at anganwadi centers. These children would also be covered in upcoming deworming round.
  - School age out of school children: It was discussed that there is no available data on out of school children with education department. Further, a letter for listing of out of school children (6-19 years) by ASHA in her area was sent to

the districts and data from only one district (Pratapgarh) was received so, a reminder letter will be sent to RCHOs. The data collected by ASHAs would be used as basis for covering out of school children in Feb 2016 deworming round. Evidence Action would also be sharing a note for calculation of out of school children which may be used if the data collected by ASHAs is not received in a timely manner.

- Preschool age out of anganwadi children: It was discussed that ICDS should send a letter to districts to engage ASHAs for listing of preschool children of 1-6 years (completed age of 1 year and not completed age of 6 years) who are not registered in anganwadi centers. These children would be covered through anganwadi centers on National Deworming Day in Feb 2016.
- It was discussed that directions should be sent to CDPOs from ICDS for guiding ASHAs for enlisting of out of anganwadi children (children aged 1-6 years not registered in anganwadi centers).
- It was further discussed that content of IEC material should include the message that parents of children who are neither enrolled in school nor in anganwadi centre should bring their children on National Deworming Day to nearby government school or anganwadi for deworming of their children.

2. **Training dates:** Consensus was made on the following dates:

- State level training is planned for January 4-5, 2016
- District level trainings are planned for the 2<sup>nd</sup> week of January 2016 (11-12 January, 2016)
- Block level trainings are planned from January 19 to 31, 2016

3. **Participants of the training:**

- For the State level orientation, following will be the participants:
  - i. From health department the participants will be RCHOs. (Trainer for district level trainings.
  - ii. From Education department, participants will be APC/ADPC (Nodal Person-Deworming)
  - iii. From ICDS, participants will be DD, ICDS (Nodal Officers Deworming). A reminder letter is to be sent to ICDS to nominate a nodal officer at district level for deworming program as DD, ICDS doesn't actively participates in program activities due to their engagement in number of departmental activities.

It was decided that an order will be released from Education department for participation of private schools in the training. Health department will also write to District Collectors for encouraging participation of private schools.

District and Block level training will be conducted as per the attached training cascade.  
**Training of representatives from Kendriya Vidhyalaya and Navodaya Vidhyalaya:** Participants from Kendriya Vidhyalaya and Navodaya Vidhyalaya will be oriented in the trainings of concerned blocks of concerned district in which it is located. Education department communicated that to cover Kendriya Vidhyalaya and Navodaya Vidhyalayas, a letter may be sent by Health department to District Collectors so that a letter from District Collectors may be sent to respective Kendriya Vidhyalaya and Navodaya Vidhyalaya in their districts to participate in trainings for National Deworming Day since District Collectors are also a part of managing committees of Kendriya Vidhyalaya and Navodaya Vidhyalaya.

7. **Drug transportation:** It was discussed that block wise packaging of drugs for schools will be done and will be transported up to block level and BCMHOs will ensure the availability of drugs at the block training venues which will be communicated by Education department. Education department will coordinate with BCMHOs and manage the integrated distribution of drugs, IEC, training and reporting material to the schools (government, private, Kendriya Vidyalaya, Navodaya Vidyalaya) coming for the training.
8. **ASHA Diwas:** It was discussed that the topic of ASHA Diwas of January 2016 should include the components of National Deworming Day. Responsibility was given to Co-ASHA to send the communication for the same to the districts.

The meeting was concluded by Project Director, Child Health by assigning of following responsibilities:

1. Follow up from districts for data of children (1-6 years) not registered in Anganwadi centers and out-of-school children (6-19 years) collected by ASHA- Responsibility Binay Kr. Singh
2. Follow up of drug bundling for school age children - Arun

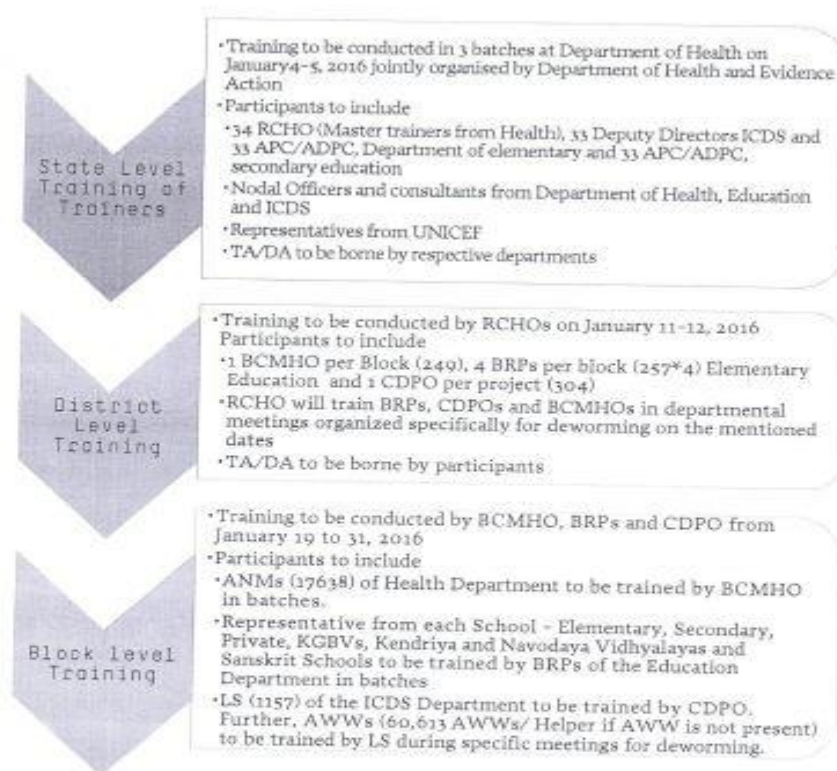
  
Director RCH  
Medical, Health & FW services  
Rajasthan, Jaipur

Copy to:

1. PA to MD NHM
2. Director, ICDS
3. Project Director, Child Health
4. Mr. Girish Bharadwaj, Hygiene Officer, RCEE
5. Mr. Bhanwar Lal Kandela, Dy. Director, Department of Secondary Education
6. Dr. Prem Singh, NO - Deworming
7. Mr. Mukesh Sharma, Co-ASHA
8. Mr. Vijay Pal Singh Shekhawat, SPM, Evidence Action - Deworm the World Initiative
9. Mr. Binay Kumar Singh, Co-UNICEF, Representative from ICDS
10. Ms. Anjana Gaur, Co-UNICEF
11. Ms. Sonica Sharma, Co-UNICEF
12. Dr. Arun Singh Jadaun, Co-Deworming
13. Guard File
14. Co-IT, Center Server Room for email

  
Director RCH  
Medical, Health & FW services  
Rajasthan, Jaipur

## Training cascade for National Deworming Day 2016



Annexure C: Rajasthan Steering Committee meeting minutes for NDD 2016\_Jan 13, 1026



Government of Rajasthan  
Directorate of Medical, Health and Family Welfare  
Swasthya Bhawan, Tilak Marg, Jaipur

F.No.: F.21/NRHM/Deworming/2015/ 6383

Date: 20/1/16

Minutes of the Meeting

A meeting of State Convergence Committee was held under the chairmanship of Special Secretary & Mission Director, National Health Mission on January 13, 2016.

The meeting was attended by the following officials:

1. Mr. M. P. Swami, Director, ICDS
2. Mr. Manoj Nag, MD - RMSC
3. Dr. V. K. Mathur, Director RCH
4. Mr. B. K. Gupta, OSD, Education
5. Mr. Mahindra Singh, Assitt. Sec. Elementary Education
6. Mr. Nahar Singh, Deputy Secretary, Secondary Education
7. Mr. R. P. Meena, Dy. Director, LSG Department
8. Dr. V. Gowri, Asst. Commissioner, Kendriya Vidhyalaya Sangathan, Jaipur
9. Mr. K. N. Upadhyay, Deputy Commissioner, Navodaya Vidhyalaya Samiti, Jaipur
10. Mr. K. K. Mathur, Secretary, Rajasthan Madarsa Board
11. Mr. Mahesh Sharma, Assistant Director, ICDS
12. Dr. Prem Singh, SNO - Deworming
13. Mr. Anil Sharma, General Secretary, Private School Union
14. Ms Hemlata Sharma, President, S.S.P
15. Mr. Kishan Mittal, Minister, Swyam Sevi Shiksha Sansthan
16. Mr. Sanjay Tiwari, Secretary, Raj. Private Education Association
17. Mr. Ram Niwas Sood, Regional President, Raj. Private School Association
18. Mr. Mahesh Yadav, District President, Raj. Private School Association
19. Ms Nidhi Purohit, Co-RKSK
20. Ms. Veena Sharma, Co-ASHA
21. Ms Vanita Dutta, Nutrition Officer, UNICEF
22. Ms Sonica Sharma, Co-UNICEF
23. Ms Esha Kalra, Program Manager, Evidence Action - Deworm the World Initiative, New Delhi
24. Mr. Vijay Singh Shekhawat, SPM, Evidence Action - Deworm the World Initiative
25. Dr. Arun Jadaun, Co-Deworming

Minutes of the meeting are as follows:

The meeting was initiated by the Director RCH with round of introduction of all the participants. Mission Director, NHM briefed the National Deworming Day 2016 and its objectives to the participants. Further, he reiterated that roles and responsibilities of all stakeholders will be clarified through the convergence meeting.

Major discussion points of the meeting are as follows:

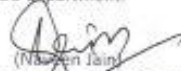
1. **Achievements from National Deworming Day (NDD) 2015 and planning for NDD 2016:** Brief information on the successes of the last NDD in the state including the national level launch in Jaipur was shared. Mission Director explained how this NDD round in the state aims to deworm all children between 1-19 years enrolled in



Government of Rajasthan  
Directorate of Medical, Health and Family Welfare  
Swasthya Bhawan, Tilak Marg, Jaipur

<http://rajrmsa.nic.in/Shaladarpan/SchoolHome.aspx> that has all database of schools/ teachers under them. This needs to be explored by the Department of Health for uploading NDD information.

9. **Finalization of reporting cascade:** For reporting of the program from all types of schools including private schools, it was decided that all the schools will submit the report to BEOs instead of BRPs through their respective Nodal Head Master. The revised reporting cascade is to be disseminated to all functionaries under the program.
10. **IEC campaign for the program:** For intensive IEC campaign for the program, Radio jingles and TV scroll will be broadcasted from 1 – 10 February, 2016.
11. **Letter for private schools engagement:** A letter will be sent from Hon'ble Health Minister to private schools for their involvement in the program. Responsibility was given to Co- UNICEF for drafting of letter. The letter will be mailed to the private school's associations and it will be responsibility of the unions to circulate the letter to each of the schools.
12. MD NHM directed to involve all the Evidence Action's District Coordinators for the strengthened on-field coordination focusing on inclusion of KVs and JNVs, tribal schools in the district; play schools and pre nursery schools. Additionally, reiterated ensuring participation of private school unions in the District Level Coordination Committee Meetings for NDD 2016. Further, District Coordinators are also directed to coordinate with ICDS functionaries for ensuring effective training/orientation of Anganwadi workers for NDD and overall smooth program implementation. MD NHM further directed to use Evidence Action's Telecallers to reiterate training schedules to all KVs, NVs and block/project level officials under ICDS department.

  
(Naveen Jain)

Special Secretary and MD, NHM  
Department of Medical, Health and FW  
Rajasthan, Jaipur

Copy to:

1. PS to PHS, Government of Rajasthan
2. Secretary, Secondary Education Department
3. Secretary, Elementary Education Department
4. Additional Mission Director cum Director IEC, NHM
5. Commissioner, RMSA
6. Commissioner, RCEE
7. Director, Secondary Education Department
8. Director, Elementary Education Department
9. All Participants
10. Nodal officer – Deworming (Education, ICDS, Health)
11. Co-IT to email
12. Guard File



Special Secretary and MD, NHM  
Department of Medical, Health and FW  
Rajasthan, Jaipur





Government of Rajasthan  
Directorate of Medical, Health and Family Welfare  
Swasthya Bhawan, Tilak Marg, Jaipur

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(Nandini Jain)

Special Secretary and MD, NHM  
Department of Medical, Health and FW  
Rajasthan, Jaipur

Copy to:

1. PS to PHS, Government of Rajasthan
2. Secretary, Secondary Education Department
3. Secretary, Elementary Education Department
4. Additional Mission Director cum Director IEC, NHM
5. Commissioner, RMSA
6. Commissioner, RCEE
7. Director, Secondary Education Department
8. Director, Elementary Education Department
9. All Participants
10. Nodal officer – Deworming (Education, ICDS, Health)
11. Co-IT to email
12. Guard File



Special Secretary and MD, NHM  
Department of Medical, Health and FW  
Rajasthan, Jaipur

Annexure D: NDD 2016 State  
Joint Directives

राजस्थान सरकार

निदेशालय चिकित्सा, स्वास्थ्य एवं परिवार कल्याण विभाग  
निदेशालय समेकित बाल विकास सेवाएं  
निदेशालय, माध्यमिक शिक्षा  
निदेशालय, प्रारम्भिक शिक्षा

क्रमांक: F-21/NAMM/Boworming/2015/6022  
क्रमांक: - 55E/272/2016  
क्रमांक: - 55E/04/28/6  
क्रमांक: F-26643/5/56-11/31/31/13/1583

दिनांक: 6-1-16  
दिनांक: 6-1-16  
दिनांक: 6-1-16  
दिनांक: 6-1-16

समस्त मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी/जिला प्रजनन एवं शिशु स्वास्थ्य अधिकारी,  
समस्त उपनिदेशक, महिला एवं बाल विकास विभाग,  
समस्त जिला शिक्षा अधिकारी (मा. शि.)/ए.डी.पी.सी. (माध्यमिक शिक्षा अभियान),  
समस्त जिला शिक्षा अधिकारी (प्रा. शि.)/ए.डी.पी.सी. (सर्व शिक्षा अभियान)

**विषय: राष्ट्रीय कृमि मुक्ति दिवस (10 फरवरी 2016) के क्रियान्वयन हेतु जारी परिपत्र भिजवाने बाबत।**

उपरोक्त विषयान्तर्गत लेख है कि बच्चों में कृमि संक्रमण व्यक्तिगत असव्यवस्था तथा संक्रमित/दूषित मिट्टी के संपर्क से होता है। बच्चों की आंत (पेट) में कृमि (कीड़े) संक्रमण के बहुत से हानिकारक प्रभाव हैं, जैसे खून की कमी (एनीमिया), कुपोषण, भूख न लगना, धकान और बेचैनी होना, मल में खून आना, पेट में दर्द होना आदि। राज्य सिद्ध करते हैं कि उपरोक्त सभी समस्याओं के निराकरण के लिए कृमि नियंत्रण एक प्रभावी उपाय है। बच्चों में कृमि नियंत्रण के सीधे फायदे खून की कमी में सुधार और बेहतर पोषण स्तर है जबकि अनुमानित फायदों में रोग प्रतिरोधक क्षमता बढ़ाने में मदद, विद्यालय और आंगनबाड़ीकेन्द्रों में उपस्थिति, सीखने की क्षमता में सुधार तथा भविष्य में कार्यक्षमता और औसत आय में बढ़ोतरी शामिल है।

कृमि नियंत्रण कार्यक्रम के विगत तीन चरणों की भांति, इस वर्ष भी राज्य सरकार द्वारा दिनांक 10 फरवरी 2016 को सम्पूर्ण प्रदेश के आंगनबाड़ीकेन्द्रों और विद्यालयों में 1 से 19 वर्ष के सभी बच्चों के लिए राष्ट्रीय कृमि मुक्ति दिवस आयोजित किया जाएगा। जो बच्चे बीमार होने या अनुपस्थित रहने के कारण दिनांक 10 फरवरी 2016 को दवाई नहीं ले पायेंगे, उन्हें यह दवाई मौप-अप दिवस (15 फरवरी 2016) को दी जाएगी। 1 से 8 वर्ष के बच्चों को (पंजीकृत एवं अपंजीकृत दोनों) आंगनबाड़ीकेन्द्रों के माध्यम से और 8 से 19 वर्ष के बच्चों को विद्यालयों (सरकारी, निजी, केन्द्रीय विद्यालय, नवोदय विद्यालय, मदरसा) के माध्यम से कृमि नियंत्रण की दवाई (एलबेंडाजॉल) दी जाएगी। विद्यालय न जाने वाले बच्चों (8 से 19 वर्ष) को पास के सरकारी विद्यालय के माध्यम से दवाई दी जाएगी।

कार्यक्रम के प्रभावी क्रियान्वयन के लिए आपका सहयोग अत्यन्त महत्वपूर्ण है। अतः आपसे अपेक्षा है कि निम्न निर्देशों को ध्यान में रखते हुए कार्यक्रम के सफल क्रियान्वयन हेतु उचित कार्यवाही करना सुनिश्चित करेंगे-

1. **विद्यालय के लिए दवाई:** कृमि नियंत्रण की दवाई (एलबेंडाजॉल 400 मि.ग्रा.गोली) प्रत्येक ब्लॉक मेडिकल से उच्च माध्यमिक विद्यालयों की कुल संख्या और इन विद्यालयों में डाईस 2014 के नामांकन को आधार मानते हुए बी.सी.एम.ओ. कार्यालय में दिनांक 10 जनवरी 2016 तक उपलब्ध करा दी जाएगी। ब्लॉक शिक्षा अधिकारी द्वारा सम्बन्धित बी.सी.एम.ओ. को ब्लॉक स्तरीय प्रशिक्षण (19-29 जनवरी) आरंभ होने से पूर्व शिक्षकों के प्रशिक्षण हेतु तय किये गए प्रशिक्षण स्थल की जानकारी 10 जनवरी 2016 तक उपलब्ध करवानी है जिससे कि बी.सी.एम.ओ. दवाई के साथ-साथ आई.ई.सी. एवं प्रशिक्षण सामग्री उपलब्ध करवा सके।

2. **आंगनवाड़ी के लिए दवाई:** जिला स्तर पर मौजूद कृषि नियन्त्रण की दवाई (गोरी एवं रीसी) को आर.सी.एच.ओ. उपलब्ध सूचीनुसार सम्बन्धित उपनिदेशक आई.सी.डी.एस. के साथ समन्वय स्थापित करके बी.सी.एम.ओ. कार्यालय में दिनांक 10 जनवरी 2016 तक पहुँचायेंगे। बी.सी.एम.ओ. सम्बन्धित सी.डी.पी.ओ. से सम्पर्क करके 16 जनवरी 2016 तक दवाई की उपलब्धता आंगनवाड़ी स्तर पर सुनिश्चित करेंगे।
3. **आई.ई.सी. एवं प्रशिक्षण सामग्री**
  - विद्यालय एवं आंगनवाड़ी केन्द्र के लिए आई.ई.सी. एवं अन्य सामग्री का मुद्रण स्वास्थ्य विभाग द्वारा राज्य स्तर पर किया जा रहा है। मुद्रित सामग्री 12 जनवरी 2016 तक राज्य स्तर पर उपलब्ध होगी। समस्त सी.एम.एच.ओ. / आर.सी.एच.ओ. को मुद्रित सामग्री की मात्रानुसार अपने जिले से वाहन भेजकर इस सामग्री को एकत्रित करवाना सुनिश्चित करना है।
  - यह सामग्री 14 जनवरी 2016 तक आर.सी.एच.ओ. द्वारा विद्यालय एवं आंगनवाड़ी केन्द्र के लिए उपलब्ध सूचीनुसार बी.सी.एम.ओ. कार्यालय में पहुँचायी जाये। सम्बन्धित बी.सी.एम.ओ. ब्लॉक शिक्षा अधिकारी एवं सी.डी.पी.ओ. से सम्पर्क करके सूचीनुसार दवाई, आई.ई.सी. एवं प्रशिक्षण सामग्री का एकीकृत वितरण 16 जनवरी 2016 तक सुनिश्चित करेंगे।
4. **सामुदायिक जागरूकता**
  - राष्ट्रीय कृषि मुक्ति दिवस का जिला स्तरीय उद्घाटन समारोह दिनांक 10 फरवरी 2016 को जिला कलेक्टर या अन्य गणमान्य व्यक्ति (क्षेत्र के सांसद, विधायक, जिला प्रमुख आदि) द्वारा सुनिश्चित किया जाये।
  - ब्लॉक स्तरीय उद्घाटन समारोह क्षेत्र के विधायक, प्रधान, एस.डी.एम. / बी.डी.ओ. या अन्य गणमान्य व्यक्ति द्वारा करवाया जाये। जिला एवं ब्लॉक स्तरीय उद्घाटन स्वास्थ्य विभाग द्वारा शिक्षा विभाग एवं आई.सी.डी.एस. के सहयोग से आयोजित किये जायेंगे।
  - स्वास्थ्य, शिक्षा और महिला एवं बाल विकास विभाग समुदाय स्तर पर कार्य कर रहे अपने प्रतिनिधियों (ए.एन.एन., आशा, अध्यापक, आंगनवाड़ी कार्यकर्ता, साखिन) को राष्ट्रीय कृषि मुक्ति दिवस से एक सप्ताह पूर्व और राष्ट्रीय कृषि मुक्ति दिवस व मॉप-अप दिवस के बीच की अवधि में सामुदायिक जागरूकता पैदा करने के लिए शामिल करें।
  - संबंधित विभागों के ये प्रतिनिधि ग्राम पंचायत, ग्राम स्वास्थ्य एवं पोषण समिति, विद्यालय प्रबन्धन समिति, रात्रि चौपाल की बैठकों में कार्यक्रम की जानकारी देने के साथ-साथ समुदाय आधारित अन्य बैठकों में भी कार्यक्रम के बारे में बर्बाद करें।
  - राज्य स्तर पर राष्ट्रीय कृषि मुक्ति दिवस से एक दिन पूर्व स्वास्थ्य विभाग द्वारा प्रेस प्रतिनिधियों के साथ बैठक आयोजित करके उन्हें कार्यक्रम के बारे में जानकारी दी जायेगी। सम्बन्धित विभाग जिला स्तर पर राष्ट्रीय कृषि मुक्ति दिवस से एक दिन पूर्व प्रेस विज्ञापित जारी करें ताकि कार्यक्रम आयोजित होने के दिन अखबारों के माध्यम से जनसामान्य को सूचित किया जा सके और जागरूकता पैदा की जा सके।

5. प्रशिक्षण कार्यक्रम :

क्र. सं.	विवरण	प्रशिक्षक	प्रतिभागी	समय-सीमा	जिम्मेदार
1.	राज्य स्तरीय प्रशिक्षण	<ul style="list-style-type: none"> <li>स्वास्थ्य विभाग</li> <li>एटिडेन्स एवशन - डिप्टमेंट ऑफ वॉर्ल्ड इनीशियेटिव</li> </ul>	<ul style="list-style-type: none"> <li>राज्य स्तरीय प्रतिभागी :- स्वास्थ्य विभाग, शिक्षा विभाग एवं आई. सी. डी. एस से नोडल अधिकारी,यूनिसेफ प्रतिनिधि</li> <li>जिला स्तरीय प्रतिभागी <ul style="list-style-type: none"> <li>स्वास्थ्य विभाग - 34 आर. सी. एच. ओ.</li> <li>समेकित बाल विकास सेवाएं - 33 उपनिदेशक</li> <li>प्रारम्भिक शिक्षा विभाग - 33 ए. पी. सी. / ए. डी. पी. सी</li> <li>माध्यमिक शिक्षा विभाग - 33 ए. पी. सी. / ए. डी. पी. सी</li> </ul> </li> </ul>	जनवरी 8, 2016	स्वास्थ्य विभाग एविडेन्स एक्शन - डिप्टमेंट ऑफ वॉर्ल्ड इनीशियेटिव को सहयोग से
2.	जिला स्तरीय प्रशिक्षण	आर.सी.एच.ओ.	<ul style="list-style-type: none"> <li>बी.सी.एम.ओ.</li> <li>सी. डी. पी. ओ.</li> <li>प्रत्येक ब्लॉक से 4 बी. आर. पी.</li> </ul>	जनवरी 11 व 12, 2016	प्रशिक्षण स्थलके खयन एवं व्यय के लिए संबंधित विभागजिम्मेदारहोगे एवं प्रशिक्षण स्थलकीसूचनाआर.सी.एच.ओ. को देगे।
3.	ब्लॉक स्तरीय प्रशिक्षण	<ul style="list-style-type: none"> <li>बी. आर. पी.</li> <li>सी. डी. पी. ओ.</li> <li>बी.सी.एम.ओ.</li> </ul>	<ul style="list-style-type: none"> <li>प्रत्येक सरकारी विद्यालय, निजी विद्यालय,नयोदय विद्यालय, केन्द्रीय विद्यालय एवं मदरसा से एक अध्यापक</li> <li>महिला पर्यवेक्षक एवं सेक्टर बैठक में आंगनवाड़ी कार्यकर्ता</li> <li>ए. एन. एम. एवं सेक्टर बैठक मेंआशा</li> </ul>	जनवरी 19 से 29, 2016	स्वास्थ्य विभाग, प्रारम्भिक शिक्षा विभाग, माध्यमिक शिक्षा विभागएवं आई. सी. डी. एस

6. रिपोर्टिंग प्रणाली :

शिक्षा विभाग के लिए

स्तर	विवरण	समय-सीमा
स्कूल	<ul style="list-style-type: none"> <li>सभी सरकारी विद्यालय नोडल प्रधानाध्यापक को रिपोर्टिंग प्रपत्र जमा कराये।</li> <li>निजी विद्यालय, मदरसा, केन्द्रीय विद्यालय एवं नवोदय विद्यालय सम्बन्धित बी.आर.पी. को रिपोर्टिंग प्रपत्र जमा करें।</li> <li>सभी विद्यालय अध्यापक हैंडआउट के साथ दिये गये रिपोर्टिंग प्रपत्र में आंकड़े भरकर उसकी एक प्रति अपने विद्यालय पर रखें और मूल प्रति नोडल प्रधानाध्यापक/बी.आर.पी. को रिपोर्टिंग के लिए भेज दें।</li> </ul>	फरवरी 19,2016 तक
नोडल प्रधानाध्यापक (नोडल)	<ul style="list-style-type: none"> <li>विद्यालयों से प्राप्त रिपोर्टिंग प्रपत्रों को एकत्रित करके सम्बन्धित बी.आर.पी. को जमा करें।</li> </ul>	फरवरी 28,2016 तक
बी.आर.पी. (ब्लॉक)	<ul style="list-style-type: none"> <li>नोडल प्रधानाध्यापक और निजी विद्यालय, मदरसा, केन्द्रीय विद्यालय एवं नवोदय विद्यालय से प्राप्त रिपोर्टिंग प्रपत्रों को संकलित करके ए.डी.पी.सी. के पास जमा करें।</li> </ul>	मार्च 10,2016 तक
ए.डी.पी.सी. (जिला)	<ul style="list-style-type: none"> <li>बी.आर.पी. से प्राप्त आंकड़ों को संकलित करके राज्य स्तर पर नोडल अधिकारी (राजस्थान प्रारंभिक शिक्षा परिषद्) को जमा करें।</li> </ul>	मार्च 17,2016 तक
नोडल अधिकारी (राज्य)	<ul style="list-style-type: none"> <li>ए.डी.पी.सी. से प्राप्त जिलों के प्रपत्रों को संकलित करके रिपोर्ट नोडल अधिकारी (कृषि नियन्त्रण कार्यक्रम), स्वास्थ्य विभाग को जमा करें।</li> </ul>	मार्च 20,2016 तक

आई.सी.डी.एस. के लिए :

स्तर	विवरण	समय-सीमा
आंगनवाड़ी	<ul style="list-style-type: none"> <li>आंगनवाड़ी कार्यकर्ता हैंडआउट के साथ दिये गये रिपोर्टिंग प्रपत्र को भरकर उसकी एक प्रति आंगनवाड़ी केन्द्र पर रखें और मूल प्रति आशा सहयोगिनी को जमा करें।</li> </ul>	फरवरी 17,2016 तक
आशा सहयोगिनी	<ul style="list-style-type: none"> <li>आंगनवाड़ी कार्यकर्ता से रिपोर्टिंग प्रपत्र एकत्रित करके ए.एन.एम. के पास जमा करें।</li> </ul>	फरवरी 19,2016 तक
ए.एन.एम.	<ul style="list-style-type: none"> <li>आशा से प्राप्त सभी रिपोर्टिंग प्रपत्रों को एकत्रित करके बी.सी.एम.ओ. को जमा करें।</li> </ul>	फरवरी 28,2016 तक
बी.सी.एम.ओ.	<ul style="list-style-type: none"> <li>सभी रिपोर्टिंग प्रपत्रों को संकलित करके आर.सी.एम.ओ. के पास जमा करें।</li> </ul>	मार्च 10,2016 तक
आर.सी.एम.ओ.	<ul style="list-style-type: none"> <li>सभी बी.सी.एम.ओ. से प्राप्त रिपोर्टिंग प्रपत्रों को संकलित करके राज्य स्तर पर नोडल अधिकारी (कृषि नियन्त्रण कार्यक्रम), स्वास्थ्य विभाग को जमा करें।</li> </ul>	मार्च 17,2016 तक

- नोडल अधिकारी (कृषि नियन्त्रण कार्यक्रम), स्वास्थ्य विभाग दिनांक 29 मार्च 2018 तक निर्धारित प्रपत्र में रिपोर्ट भारत सरकार को भेजेंगे।
  - सभी स्तर के लिए रिपोर्टिंग प्रपत्र संलग्न है (अनुलग्नक 'क')
7. **कार्यक्रम मॉनिटरिंग:** स्वास्थ्य विभाग, शिक्षा विभाग (प्रारंभिक एवं माध्यमिक दोनों) और आई. सी. डी. एस. के जिला एवं ब्लॉक अधिकारी राष्ट्रीय कृषि मुक्ति दिवस (10 फरवरी, 2018) पर और इससे पूर्व 8-9 फरवरी को कम से कम 5 विद्यालयों एवं 5 आंगनबाड़ी केन्द्रों का निरीक्षण अवश्य करें, ताकि कार्यक्रम हेतु आवश्यक तैयारी और क्रियान्वयन का जायजा लिया जा सके। मॉनिटरिंग के दौरान राष्ट्रीय कृषि मुक्ति दिवस निरीक्षण प्रपत्र का उपयोग 10 फरवरी को और राष्ट्रीय कृषि मुक्ति दिवस वेकलिस्ट का उपयोग 8-9 फरवरी को करें। ब्लॉक स्तर के अधिकारी उनके द्वारा पूर्ण किये गये निरीक्षण से सम्बन्धित निरीक्षण प्रपत्र 10 मार्च 2018 तक अपने सम्बन्धित जिला अधिकारी को भेजें। जिला स्तरीय अधिकारी ब्लॉक से प्राप्त निरीक्षण प्रपत्रों के साथ उनके द्वारा किये गये निरीक्षण से सम्बन्धित निरीक्षण प्रपत्र 17 मार्च 2018 तक राज्य स्तरीय नोडल अधिकारी को भेजें। शिक्षा विभाग एवं आई. सी. डी. एस. के राज्य स्तरीय नोडल अधिकारी सभी निरीक्षण प्रपत्र नोडल अधिकारी स्वास्थ्य विभाग को 20 मार्च 2018 तक भेजें जिससे स्वास्थ्य विभाग द्वारा इनका विश्लेषण करके भारत सरकार को रिपोर्ट भेजी जा सके।
8. **प्रतिकूल घटना (एडवर्स इवेंट) प्रबन्धन :**
- कृषि नियन्त्रण दवाई के बहुत कम साईड इफेक्ट होते हैं। बच्चों के शरीर में कृषि के कारण कुछ मामूली साईड इफेक्ट्स जैसे चक्कर आना, जी मिचलना, सिर दर्द, उल्टी, दस्त और थकान अनुभव होने की संभावना हो सकती है। ये साईड इफेक्ट्स अस्थायी होते हैं जो कुछ समय में स्वतः ही ठीक हो जाते हैं।
  - किसी भी प्रकार के साईड इफेक्ट्स होने पर बच्चे को खुली छायादार जगह में लिटाकर आराम करवाएं और पीने का साफ पानी दें। फिर भी अगर बच्चा ठीक महसूस न करे तो नजदीकी स्वास्थ्य केन्द्र से सम्पर्क करें या 108 पर फोन करें।
  - आस्थापक एवं आंगनबाड़ी कार्यकर्ता सम्बन्धित क्षेत्र की ए. एन. एम. और स्थानीय स्वास्थ्य केन्द्र के फोन नम्बर अपने पास सम्भाल कर रखें।
  - स्वास्थ्य विभाग विद्यालय एवं आंगनबाड़ी केन्द्र में किसी भी प्रकार की प्रतिकूल घटना के प्रबन्धन के लिए राष्ट्रीय बाल स्वास्थ्य कार्यक्रम की मोबाईल टीमों और कार्यक्रम हेतु गठित की गयी ब्लॉक स्तरीय इमरजेंसी रेसपॉन्स टीम (एक चिकित्सक, नर्स, ए.एन.एम.) को तैयार रखें।

#### शिक्षा विभाग की भूमिका

1. शिक्षा विभाग हेतु जिला परियोजना समन्वयक एवं अतिरिक्त जिला परियोजना समन्वयक (एस.एस.ए./रा.मा.शि.अ.), कार्यक्रम समन्वयक के रूप में कार्य करेंगे। इस हेतु सम्बन्धित अधिकारी स्वास्थ्य विभाग के जिला एवं ब्लॉक स्तरीय अधिकारियों के साथ मिलकर ब्लॉक स्तरीय प्रशिक्षण की कार्य योजना निर्माण करेंगे।
2. ब्लॉक स्तर पर आपूर्ति किये गये प्रत्येक जार में 200 गोलियां हैं। प्रत्येक विद्यालय को ब्लॉक स्तरीय प्रशिक्षण के दौरान नामांकन के अनुसार गोलियों का वितरण किया जाना है। वितरण के दौरान जार को खोलना नहीं है और प्रत्येक विद्यालय को न्यूनतम एक जार (200 गोली) देवे। यदि किसी विद्यालय में 220 विद्यार्थी नामांकित हैं तो ऐसी स्थिति में उस विद्यालय को दो जार (कुल 400 गोली) देवे।
3. विद्यालय नहीं जाने वाले बच्चों (ड्रॉप आउट या कभी नामांकित नहीं हुए बच्चों) को पास के सरकारी विद्यालय से दवा दी जायेगी। अतः प्रति विद्यालय दवाई की गणना करते समय नामांकन के साथ 10 प्रतिशत अतिरिक्त आवश्यकता को ध्यान में रखा गया है।

4. जिला स्तरीय प्रशिक्षण (जनवरी 11 व 12, 2016) हेतु सर्व शिक्षा अभियान के चार सन्दर्भ व्यक्तियों के नाम, मोबाइल तथा वी.ई.ओ. का पता 8 जनवरी 2016 तक ई-मेल द्वारा सी.एम.एच.ओ./आर. सी.एच.ओ.और swsbecell@hotmail.com पर भेजे।
5. ब्लॉक स्तरीय प्रशिक्षण (19-29 जनवरी, 2016) हेतु विस्तृत कार्य-योजना तैयार की जाये और सम्बन्धित अध्यापकों/प्रधानाध्यापकों के लक्षित प्रशिक्षण स्थल और दिनांक की सूचना के साथ डि.शि.अ. (प्र.) एवं डि.शि.प. (सा.) द्वारा 15 जनवरी, 2016 से पूर्व आवश्यक रूप से जारी कर दिए जाए।
6. सुनिश्चित करें कि ब्लॉक स्तरीय प्रशिक्षण में जर्गस 2014 को आधार मानते हुए सरकारी विद्यालय, निजी विद्यालय, केन्द्रीय विद्यालय, नवोदय विद्यालय एवं मदरसा से एक अध्यापक/प्रधानाध्यापक को अवश्य प्रशिक्षित किया जाये। केन्द्रीय एवं नवोदय विद्यालय के प्रतिनिधि को संलग्न सूचीनुसार (अनुलग्नक 'ख') ब्लॉक स्तरीय प्रशिक्षण में आमंत्रित किया जाये।
7. ब्लॉक स्तरीय प्रशिक्षण (19-29 जनवरी) के दौरान दवाई, आई.ई.सी. एवं प्रशिक्षण सामग्री का एकीकृत वितरण सुनिश्चित करने के लिए ब्लॉक स्तर पर कार्यरत एच.एस.ए. के जिला स्तरीय प्रशिक्षण में प्रशिक्षित चारों सन्दर्भ व्यक्ति (सी.आर.पी.) उत्तरदायी होने और उक्त सामग्री को ले जाने का वाचित सम्बन्धित विद्यालय के अध्यापक/प्रधानाध्यापक का होगा।
8. दिनांक 10 से 14 जनवरी, 2016 के बीच दवाई, आई.ई.सी. एवं प्रशिक्षण सामग्री को बी.सी.एम.ओ. के साथ समन्वय करके एकत्रित करना सुनिश्चित करें। प्रत्येक विद्यालय को दो पोस्टर (दो प्रकार के) और एक अध्यापक डैज आवंट दिया जायेगा। दवाई दिए गए बच्चों की रिपोर्टिंग करने के लिए घण्टा अध्यापक डैज आवंट के साथ ही संलग्न है।
9. प्रशिक्षण सामग्री के साथ प्रत्येक ब्लॉक में 4 बी.आर.पी. के लिए 4 फ्लिप चार्ट उपलब्ध कराये गये हैं, जिसका उपयोग ब्लॉक स्तरीय प्रशिक्षण में सुनिश्चित किया जाये। फ्लिप चार्ट के बिना प्रशिक्षण न किये जाये।
10. ब्लॉक स्तरीय प्रशिक्षण में प्रशिक्षित अध्यापक अपने विद्यालय के अन्य अध्यापकों का भी कार्यक्रम के बारे में आमुखीकरण करें।
11. आशा गृह भ्रमण के दौरान विद्यालय न जाने वाले बच्चों (6-18 वर्ष) की सूची तैयार करके नजदीकी सरकारी विद्यालय के प्रधानाध्यापक को देनी। सम्बन्धित विद्यालय इस सूचीनुसार विद्यालय न जाने वाले बच्चों को दवाई देना सुनिश्चित करें। आशा द्वारा इन बच्चों को कृमि मुक्ति दिवस के दिन (10 फरवरी 2016) पास के सरकारी विद्यालय में दवाई दिलवाने के लिए भी ले जाया जायेगा।
12. कृमि मुक्ति दिवस के दिन (10 फरवरी 2016)साफ पीने का पानी और गिलास की व्यवस्था अवश्य रखें।
13. अध्यापक एल्बेन्डाजॉल की गोली को नवाकर बच्चों के सामने गोली को लेने का तरीका प्रदर्शित करें।
14. 6 से 19 वर्ष के विद्यालय में नामांकित और विद्यालय नहीं जाने वाले बच्चों को एल्बेन्डाजॉल (400 मि.ग्रा.) की एक पूरी गोली अध्यापक अपने सामने बहाकर पानी के साथ दें। गोली निगलने के लिए मना करें और घर जाकर खाने के लिए ना दें।
15. जो बच्चे बीमार हैं या कोई दवाई ले रहे हैं उन्हें एल्बेन्डाजॉल की गोली न दें।
16. उपस्थिति रजिस्टर में 10 फरवरी को गोली खिलाने के साथ-साथ बच्चे के नाम को सामने एक सही (✓) का निशान लगाएं।
17. जो बच्चे 10 फरवरी को गोली खिलाने से रह गये हैं उन्हें मौप-अप दिवस (15 फरवरी) पर गोली खिलाने के साथ-साथ रजिस्टर में दो सही (✓✓) के निशान लगाएं।
18. एक सप्ताह पूर्व से प्रतिदिन अध्यापक प्रार्थना सत्र में और पढ़ाते समय विद्यालय में होने वाले राष्ट्रीय कृमि मुक्ति दिवस की जानकारी दी जाये तथा 10 फरवरी 2016 को बच्चों को उपस्थित होने के लिए आग्रह करें।
19. पोस्टर को सही जगह और तरीके से लगाये ताकि सभी उसे सभी पढ़ पाएं।
20. कार्यक्रम आयोजित होने के एक सप्ताह पूर्व अध्यापक समुदाय जागरूकता गतिविधियां जैसे प्रभात फेरी, अभिभावक-शिक्षक बैठक, विद्यालय प्रबन्धन समिति बैठक में कृमि नियन्त्रण के लाभ और कार्यक्रम आयोजन की तिथियों के बारे में बताएं।

21. बच्चों की कार्यक्रम में भागीदारी बढ़ाने और उनमें जागरूकता पैदा करने के लिए शिबिरकला, नारा लेखन, भाषण, आदि गतिविधियां आयोजित की जाए।
22. सरपंच या समुदाय में मौजूद गणमान्य व्यक्तियों को आमंत्रित करके विधालय स्तर पर कार्यक्रम का शुभारम्भ करें।
23. रिपोर्टिंग प्रणाली में खतायी गयी तिथिनुसार प्रत्येक स्तर पर रिपोर्टिंग सुनिश्चित करें।

#### **आई सी डी एस की भूमिका**

1. जिला स्तरीय प्रशिक्षण (जनवरी 11 व 12, 2016) हेतु सी.डी.पी.ओ. के नाम, मोबाइल नम्बर तथा सी.डी.पी.ओ. का पता 8 जनवरी, 2016 तक ई-मेल द्वारा सी.एम.एच.ओ. /आर.सी.एच.ओ. और maheshsharmagor@gmail.com पर भेजे।
2. परियोजना/सेक्टर स्तरीय प्रशिक्षण के दौरान दवाई, आई.ई.सी., एवं प्रशिक्षण सामग्री का एकीकृत वितरण सुनिश्चित करने के लिए सी.डी.पी.ओ. उत्तरदायी होंगे और उक्त सामग्री को ले जाने का दायित्व सम्बन्धित सेक्टर की महिला पर्यवेक्षक या आंगनवाड़ी कार्यकर्ता का होगा। प्रत्येक आंगनवाड़ी केन्द्र को दो पोस्टर (दो प्रकार के) और एक आंगनवाड़ी कार्यकर्ता हैंड आउट दिया जायेगा। दवाई दिए गए बच्चों की रिपोर्टिंग करने के लिए प्रपत्र आंगनवाड़ी कार्यकर्ता हैंड आउट के साथ ही संलग्न है।
3. प्रशिक्षण सामग्री के साथ प्रत्येक परियोजना के लिए एक विलप चार्ट उपलब्ध कराया गया है जिसका उपयोग परियोजना स्तरीय प्रशिक्षण में सुनिश्चित किया जाये। विलप चार्ट के बिना प्रशिक्षण न किये जाये।
4. उपनिदेशक, महिला एवं बाल विकास विभाग आर.सी.एच.ओ. से सम्बन्ध करके 10 जनवरी, 2016 तक बी.सी.एम.ओ. कार्यालय में आंगनवाड़ी केन्द्रों के लिए दवाई की उपलब्धता सुनिश्चित करें। सी.डी.पी.ओ. सम्बन्धित बी.सी.एम.ओ. से सम्बन्ध करके आई.ई.सी., एवं प्रशिक्षण सामग्री के साथ आंगनवाड़ी केन्द्रों के लिए दवाई की उपलब्धता परियोजना स्तर पर 15 जनवरी, 2016 तक सुनिश्चित करें।
5. 1 से 2 वर्ष के बच्चों के लिए एलबेन्डाजॉल (400 मि.लि.) सिरप की शीशी एवं 2 से 6 वर्ष के बच्चों के लिए एलबेन्डाजॉल (400 मि.ग्रा.) की गोली उपलब्ध करायी गयी है।
6. आंगनवाड़ी केन्द्र पर दवाई की आवश्यकता की गणना करते समय अपजीकृत बच्चों (1 से 6 वर्ष) की संख्या को भी ध्यान में रखा गया है अतः केन्द्र के क्षेत्र में आने वाले सभी बच्चों (1 से 6 वर्ष) को दवाई देना सुनिश्चित किया जाये।
7. यदि किसी कारणवश 1 से 2 वर्ष के बच्चों के लिए आंगनवाड़ी केन्द्र पर सिरप की शीशी उपलब्ध नहीं हो तो ऐसे बच्चों के लिए आबी गोली का उपयोग निर्देशानुसार किया जा सकता है। विगत राउण्ड से बची हुयी सिरप/गोली का उपयोग भी इनके खराब होने की तिथि (एक्सपायरी तिथि) की जांच उपरान्त किया जा सकता है।
8. 1 से 2 वर्ष के बच्चों को आबी सिरप की शीशी पिलाएँ या आबी गोली दें। 2-6 साल के बच्चों को एक पूरी गोली दें। आबी या पूरी गोली को देने के लिए दो चम्मच के बीच में पूरी तरह चूरा करके, घोंपे के पानी में मिलाकर पिलाएँ।
9. आर.सी.एच.ओ. एवं उपनिदेशक, महिला एवं बाल विकास यह सुनिश्चित करें कि जिन आंगनवाड़ियों में कार्यकर्ता नहीं है उन आंगनवाड़ी केन्द्र हेतु निकट के उपकेन्द्र की ए.एन.एम. 15 जनवरी 2016 तक अपना समन कार्यक्रम (दिनांक सहित) बनाकर बी.सी.एम.ओ. एवं आर.सी.एच.ओ. को प्रस्तुत करेगी। आर.सी.एच.ओ. उपनिदेशक-महिला एवं बाल विकास से उन आंगनवाड़ी केन्द्रों की सूची लेगेँ जहाँ आंगनवाड़ी केन्द्र नहीं है एवं यह सूची सम्बन्धित ए.एन.एम. को देगेँ जिससे वो अपना समन कार्यक्रम प्रस्तुत कर सके। ए.एन.एम. द्वारा इन आंगनवाड़ी केन्द्रों में निश्चित तिथि (10 व 15 फरवरी 2016) को दवा दी जायेगी और इसकी रिपोर्टिंग निर्धारित प्रपत्र और तिथिनुसार सुनिश्चित की जाये।
10. आर.सी.एच.ओ. एवं उपनिदेशक, आई.सी.डी.एस., कम से कम पांच आंगनवाड़ी/मिनी आंगनवाड़ी केन्द्रों का निरीक्षण करेंगेँ जहाँ आंगनवाड़ी कार्यकर्ता मौजूद नहीं है।





11. आशा गृह भ्रमण के दौरान आंगनबाड़ी केन्द्र पर अर्पजीकृत बच्चों (1 से 6 वर्ष) की सूची तैयार करके कृमि मुक्ति दिवस से पूर्व आंगनबाड़ी कार्यकर्ता को देगी ताकि आंगनबाड़ी कार्यकर्ता इन बच्चों के माता-पिता से संपर्क करके कृमि मुक्ति दिवस के दिन (10 फरवरी 2016) इन बच्चों को दवाई देना सुनिश्चित कर सके।
12. कृमि मुक्ति दिवस के दिन (10 फरवरी 2016) साफ पीने का पानी और गिलास की व्यवस्था रखें।
13. जो बच्चे बीमार हैं या कोई दवाई ले रहे हैं उन्हें एल्बेन्डाजॉल की गोली न दें।
14. उपस्थिति रजिस्टर में 10 फरवरी को गोली खिलाने के साथ-साथ बच्चे के नाम के सामने एक सही (✓) का निशान लगाएं।
15. जो बच्चे 10 फरवरी को गोली खिलाने से रह गये हैं उन्हें मॉप-अप दिवस (15 फरवरी) पर गोली खिलाने के साथ-साथ रजिस्टर में दो सही (✓) के निशान लगाएं।
16. पोस्टर को सही जगह और तरीके से लगाये ताकि सभी तसे पढ़ पाएं।
17. सरपंच या समुदाय में मौजूद गणमान्य व्यक्तियों को आमंत्रित करके आंगनबाड़ी केन्द्र पर कार्यक्रम का शुभारम्भ करें।
18. कार्यक्रम आयोजित होने के एक सप्ताह पूर्व से आंगनबाड़ी कार्यकर्ता कृमि नियंत्रण कार्यक्रम के बारे में बच्चों, माता-पिता और समुदाय को जागरूक करें। मदा-पिता को राष्ट्रीय कृमि मुक्ति दिवस (10 फरवरी 2016) और मॉप-अप दिवस की तिथि (15 फरवरी 2016) अवश्य बतायें ताकि वे अपने बच्चों (1 से 6 वर्ष) को इस दिन आंगनबाड़ी केन्द्र पर जरूर लेकर आये।
19. रिपोर्टिंग प्रणाली में बतायी गयी तिथिनुसार प्रत्येक स्तर पर रिपोर्टिंग सुनिश्चित करें।

#### स्वास्थ्य विभाग की भूमिका

1. राष्ट्रीय कृमि मुक्ति दिवस के प्रभावी क्रियान्वयन हेतु जिला कलेक्टर की अध्यक्षता में जिला समन्वय समिति की बैठक सम्बन्धित विभागों एवं एडिक्वेट एक्शन-डिवर्न द वर्ल्ड इनीशियेटिव की भागीदारी के साथ जनवरी 2016 में आयोजित करवायी जाए। इस बैठक उपरान्त फरवरी 2016 के प्रथम सप्ताह में समिति की एक और बैठक आयोजित करना जिससे कि कार्यक्रम क्रियान्वयन हेतु तैयारी को देखा जा सके। दोनों बैठकें आयोजित होने के तीन दिवस की अंदर कार्यवाही विवरण सम्बन्धित विभागों को भेजना जिससे कि बैठक में तय किये गये बिन्दुओं की पालना सुनिश्चित की जा सके।
2. स्वास्थ्य विभाग द्वारा सुनिश्चित किया जाये कि प्रत्येक प्राथमिक स्वास्थ्य केन्द्र पर ओ.आर.एस., पैकेट, डोमपेरिडॉन टेबलेट, डाईसाइक्लोमिन टेबलेट/सस्पेंशन, पैरासिटामोल टेबलेट/सस्पेंशन तथा सी.पी.एम. टेबलेट/सेटिजिन टेबलेट की व्यवस्था मामूली प्रतिफल घटना के प्रबन्धन हेतु उपलब्ध रहे।
3. विद्यालय न जाने वाले बच्चों (6 से 19 वर्ष) को मास के सरकारी विद्यालय से कृमि नियंत्रण की दवाई दिलवाने के लिए जाने का दायित्व आशा का होगा। ऐसे बच्चों और उनके माता-पिता को प्रेरित करने के लिए आशा कार्यक्रम आयोजित होने से एक सप्ताह पूर्व घर-घर जाकर संपर्क करें और उन्हें कृमि नियंत्रण के लाभ एवं राष्ट्रीय कृमि मुक्ति दिवस तथा मॉप-अप दिवस की तिथि बताएं। इन बच्चों की सूची तैयार करने और उसकी एक प्रति नजदीक के सरकारी विद्यालय के प्रधानाध्यापक को देने के लिए पूर्व में निर्देशित किया जा चुका है।
4. आशा को विद्यालय न जाने वाले चिन्हित किये गये बच्चों की जानकारी आशा रिपोर्टिंग प्रपत्र में दर्ज करके, इस प्रपत्र की एक प्रति ए.एन.एम. को देनी है जिसके आधार पर आशा को रु. 100 की प्रोत्साहन राशि दी जायेगी। आशा रिपोर्टिंग प्रपत्र आशा को सेक्टर स्तर पर आनुसूचीकरण के दौरान दिया जायेगा। आंगनबाड़ी केन्द्र पर अर्पजीकृत बच्चों (1 से 6 वर्ष) की सूची तैयार करके कृमि मुक्ति दिवस से पूर्व आंगनबाड़ी कार्यकर्ता को देने की जिम्मेदारी आशा की होगी।
5. राज्य स्तर पर मुक्ति की जा रही जाई ई.सी. तथा प्रशिक्षण सामग्री में सभी सामुदायिक स्वास्थ्य केन्द्र और स्वास्थ्य विभाग के जिला कार्यालय के लिए बेनर, आशाओं के लिए ईडआउट, आशा रिपोर्टिंग प्रपत्र और आशा द्वारा समुदाय में वितरित करने के लिए कार्यक्रम सम्बन्धित जागरूकता पर्चे शामिल है।

6. शिक्षा विभाग और आई.सी.डी.एस. की आई.ई.सी. एवं प्रशिक्षण सामग्री के साथ-साथ उल्लेखित सामग्री भी 12 जनवरी, 2016 को जिले से वाहन भेजकर एकत्रित करवाना सुनिश्चित करें। मुद्रण का कार्य पूरा होते ही सभी सी.एम.एच.ओ. /आर.सी.एच.ओ. को इस सम्बन्ध में सूचित किया जायेगा।
7. तीनों विभागों (स्वास्थ्य, शिक्षा एवं आई.सी.डी.एस.) के ब्लॉक प्रतिनिधियों के जिला स्तरीय प्रशिक्षण हेतु प्रेजेंटेशन एविडेंस एक्शन-डिवर्म द वर्ल्ड इनीशियेटिव द्वारा आर.सी.एच.ओ. को उपलब्ध कराये जायेंगे। संस्था के जिला समन्वयक भी आवश्यक सहयोग हेतु इन प्रशिक्षणों में उपस्थित रहेंगे।
8. प्रशिक्षण मॉनिटरिंग: कार्यक्रम के अन्तर्गत 8 जिले जिनमें विद्यालय और आंगनवाड़ी दोनों में फरवरी 2015 में आयोजित हुए कृषि निर्माण कार्यक्रम (फरवरी 2015) में कन्वेल का प्रतिष्ठित अन्य जिलों की तुलना में सबसे कम रहा, में जिला स्तरीय प्रशिक्षणों की मॉनिटरिंग की जायेगी। आर.सी.एच.ओ. सुनिश्चित करें कि सभी प्रतिभागियों की प्री और पोस्ट जांच की जाये। इस जांच हेतु एक नमूना प्रपत्र एविडेंस एक्शन-डिवर्म द वर्ल्ड इनीशियेटिव के जिला समन्वयक द्वारा उपलब्ध करवाया जायेगा। आर.सी.एच.ओ. इस नमूना प्रपत्र से प्रतिभागियों की संख्यानुसार प्रतियां बनाकर उपयोग में लेंगे। प्रशिक्षण पूर्ण होने पर (12 फरवरी 2016) सभी भर्ने हुए प्री एवं पोस्ट जांच प्रपत्र एविडेंस एक्शन-डिवर्म द वर्ल्ड इनीशियेटिव के जिला समन्वयक को दे देवें ताकि इनका विश्लेषण किया जा सके।

अतः सभी विभागीय अधिकारी कार्यक्रम की गम्भीरता एवं आवश्यकता को देखते हुये उपरोक्त निर्देशों की अनुपालना अक्षरशः किया जाना सुनिश्चित करें।

			
(अनुराग सिंघ) शासन सचिव माध्यमिक शिक्षा विभाग	(कुन्ती लाल गीणा) शासन सचिव प्रारंभिक शिक्षा विभाग	(नवीन सिंघ) मिशन निदेशक राष्ट्रीय स्वास्थ्य मिशन	(एम.पी.स्वामी) निदेशक आई.सी.डी.एस.

प्रतिलिपि निम्न को सूचनार्थ एवं आवश्यक कार्यवाही हेतु प्रेषित है:-

1. निजी सचिव, शिक्षा, स्वास्थ्य एवं परिवार कल्याण मंत्री, राजस्थान सरकार
2. निजी सचिव, शिक्षा मंत्री, राजस्थान सरकार
3. निजी सचिव, महिला एवं बाल विकास मंत्री, राजस्थान सरकार
4. निजी सचिव, अतिरिक्त मुख्य सचिव, महिला एवं बाल विकास विभाग, राजस्थान
5. निजी सचिव, प्रमुख शासन सचिव, शिक्षा, स्वास्थ्य एवं परिवार कल्याण विभाग, राजस्थान
6. निजी सचिव, प्रमुख शासन सचिव, जन स्वास्थ्य अभियांत्रिकी विभाग, राजस्थान को भेजकर निवेदन है कि विभाग द्वारा संयोजित कार्यक्रमों के माध्यम से राष्ट्रीय कृषि मुक्ति दिवस का व्यापक प्रचार-प्रसार किया जाए।
7. निजी सचिव, प्रमुख शासन सचिव, स्वास्थ्य शासन विभाग, राजस्थान।
8. निजी सचिव, शासन सचिव, माध्यमिक शिक्षा विभाग, राजस्थान।
9. निजी सचिव, आयुक्त, पंचायती राज विभाग को भेजकर निवेदन है कि जिला परिषद और पंचायत समिति की जनवरी 2016 की बैठकों में राष्ट्रीय कृषि मुक्ति दिवस के क्रियान्वयन को बैठक का एक एजेन्डा रखा जाये ताकि पंचायत राज प्रतिनिधियों को आमजन को इस विषय पर जागरूक करने के लिए प्रेरित किया जा सके।
10. निजी सचिव, शासन सचिव, प्रारंभिक शिक्षा विभाग, राजस्थान
11. निजी सचिव, अतिरिक्त मिशन निदेशक, राष्ट्रीय स्वास्थ्य मिशन, जयपुर

12. आयुक्त, आर. एम. एस. ए., शिक्षा संकुल, जयपुर को भेजकर अनुरोध है कि मा. एवं उ. मा. विद्यालयों हेतु उक्तानुसार दिशा-निर्देश जारी करवाने का श्रम करें
13. आयुक्त, राजस्थान प्रारंभिक शिक्षा परिषद्, जयपुर को भेजकर अनुरोध है कि प्रा. और उच्च प्रा. विद्यालयों हेतु उक्तानुसार दिशा-निर्देश जारी करवाने का श्रम करें
14. निदेशक, प्रारंभिक शिक्षा विभाग, बीकानेर
15. निदेशक, माध्यमिक शिक्षा विभाग, बीकानेर
16. निदेशक, संस्कृत शिक्षा निदेशालय, शिक्षा संकुल, जयपुर
17. सचिव, राजस्थान मदरसा बोर्ड को भेजकर लेख है कि आईस में पंजीकृत सभी मदरसों को कार्यक्रम में भाग लेने हेतु निर्देशित करें
18. निदेशक, आर. सी. एस., चिकित्सा, स्वास्थ्य एवं परिवार कल्याण विभाग, राजस्थान
19. समस्त जिला कलेक्टर
20. समस्त मुख्य कार्यकारी अधिकारी, जिला परिषद्
21. उपायुक्त, केन्द्रीय विद्यालय संगठन, जयपुर क्षेत्रीय कार्यालय
22. उपायुक्त, केन्द्रीय विद्यालय संगठन, आगरा क्षेत्रीय कार्यालय
23. उपायुक्त, नवोदय विद्यालय समिति, जयपुर क्षेत्रीय कार्यालय
24. प्रतिनिधि, निजी विद्यालय को भेजकर लेख है कि आईस 2014 में पंजीकृत निजीविद्यालयों से सम्पर्क करके उन्हें कार्यक्रम में भाग लेने हेतु प्रोत्साहित करें
25. राज्य कार्यक्रम प्रबन्धक, एडिहेन्स एक्शन-डिवर्म व वर्ल्ड इनीशिएटिव, जयपुर
26. पोषण अधिकारी, यूनिसेफ, जयपुर

(नरेश पाल मंगवार)  
शासन सचिव  
माध्यमिक शिक्षा विभाग

(कुंजी लाल मीणा)  
शासन सचिव  
प्रारंभिक शिक्षा विभाग

(नवीन जैन)  
निदेशक  
राष्ट्रीय स्वास्थ्य निगम

(एम.पी.स्वामी)  
निदेशक  
आई. सी. डी. एस

**राष्ट्रीय कृषि मुक्ति दिवस 2016**  
**आंगनवाड़ी रिपोर्टिंग फॉर्म**

\* कृपया नीचे दिए गए सभी विवरण भरें और किसी भी नोट्स को खाली न छोड़ें।

<b>राज्य :</b>	<b>जिले का नाम :</b>	<b>ब्लॉक का नाम :</b>
<b>उपखंड:</b>	<b>ग्राम/नगर का नाम :</b>	<b>परिवेक्षक का नाम:</b>
<b>सेक्टर का नाम :</b>	<b>आंगनवाड़ी केंद्र:</b>	<b>आंगनवाड़ी कोड:</b>
आंगनवाड़ी कार्यकर्ता में कृषि मुक्ति दिवस दिवस प्रशिक्षण प्राप्त किया है (यदि नहीं हुआ)		
<b>एन्वैजनील कवरेज</b>	<b>लड़कियाँ</b>	<b>लड़के</b>
आंगनवाड़ी केंद्र में नामांकित बच्चों की कुल संख्या		<b>(A)</b>
<b>पंजीकृत बच्चों</b> की कुल संख्या (1 से 6 साल) जिन्हें कृषि मुक्ति दिवस पर एन्वैजनील भी गयी		<b>(1)</b>
<b>पंजीकृत बच्चों</b> की कुल संख्या (1 से 6 साल) जिन्हें मीप अप दिवस पर एन्वैजनील भी गयी		<b>(2)</b>
<b>मैर पंजीकृत बच्चों</b> की कुल संख्या (1 से 6 साल) जिन्हें कृषि मुक्ति दिवस पर एन्वैजनील भी गयी		<b>(3)</b>
<b>मैर पंजीकृत बच्चों</b> की कुल संख्या (1 से 6 साल) जिन्हें मीप अप दिवस पर एन्वैजनील भी गयी		<b>(4)</b>
<b>कुल योग: बच्चों की कुल संख्या जिन्हें एन्वैजनील भी गयी</b> <b>( B = 1+2+3+4)</b>	<b>(B)</b>	
आंगनवाड़ी केंद्र से सुधिया मीप प्रतिकूल घटनाएं की कुल संख्या : प्रतिकूल घटना रिपोर्टिंग प्रारंभ प्रस्तुत करें		
<b>लेजिस्लेशन विवरण</b>		
आंगनवाड़ी केंद्र को प्राप्त एन्वैजनील की कुल संख्या		
आंगनवाड़ी केंद्र द्वारा बच्चों को खिलाई गयी एन्वैजनील की मीसियां /सिरप की कुल संख्या : कृषि मुक्ति और मीप अप दिवस		
आंगनवाड़ी केंद्र के पास बनी एन्वैजनील की मीसियां /सिरप की कुल संख्या		
<b>आंगनवाड़ी कार्यकर्ता का नाम</b>	<b>आंगनवाड़ी कार्यकर्ता के हस्ताक्षर</b>	
<b>आंगनवाड़ी कार्यकर्ता का फोन नंबर</b>	<b>फॉर्म जमा करने की तिथि</b>	

*किसी भी समस्या के निवारण हेतु आप परिवोजना के सी डी पी ओ से बात कर सकते हैं।*

आंगनवाड़ी कार्यकर्ता आंगनवाड़ी रिपोर्टिंग फॉर्म भर कर **19 फरवरी 2016** तक जिला के मंडयम से ए एन एम को जमा करें।  
ए एन एम सभी आंगनवाड़ी रिपोर्टिंग फॉर्मस को धराक पर **26 फरवरी 2016** तक जमा करें  
आंगनवाड़ी कार्यकर्ता इस फॉर्म की दो कॉपी बनाएं एक कॉपी ए एन एम को जमा करें और दूसरी कॉपी आंगनवाड़ी में रखें

**राष्ट्रीय कृषि मुक्ति दिवस 2016**

**सामान्य रिपोर्टिंग प्रारूप (खण्ड, ब्लॉक, जिले, राज्य के लिए)**

\* कृषि ना होने दिए गए सभी विवरण पर और जहाँ जहाँ भी एम्बेडेड नहीं है 'NA' लिखें

<b>राज्य :</b>	<b>जिला का नाम :</b>	<b>ब्लॉक का नाम :</b>	
कुल सरकारी/सरकारी अनुदान स्कूलों की संख्या		रिपोर्ट लगाने वाले कुल सरकारी/सरकारी अनुदान स्कूलों की संख्या	
कुल निजी/प्राइवेट स्कूलों/प्राइवेट की संख्या		रिपोर्ट लगाने वाले कुल निजी/प्राइवेट स्कूलों की संख्या	
कुल आगमवादी केंद्रों की संख्या		रिपोर्ट लगाने वाले कुल आगमवादी केंद्रों की संख्या	
कृषि मुक्ति दिवस पर प्रशिक्षित आशा की संख्या			
कृषि मुक्ति दिवस पर प्रशिक्षित सरकारी/सरकारी अनुदान स्कूलों की संख्या			
कृषि मुक्ति दिवस पर प्रशिक्षित निजी/प्राइवेट स्कूलों की संख्या			
कृषि मुक्ति दिवस पर प्रशिक्षित आगमवादी केंद्रों की संख्या			
<b>एम्बेडेड/ऑन कलेज</b>			
	<b>लड़कियाँ</b>	<b>लड़के</b>	
स्कूल ना जाने वाले बच्चों की कुल संख्या		<b>(A)</b>	
आगमवादी केंद्र में गैर प्रतीकृत बच्चों की कुल संख्या		<b>(B)</b>	
आगमवादी केंद्र में प्रतीकृत बच्चों की कुल संख्या		<b>(C)</b>	
स्कूल में नामांकित बच्चों की कुल संख्या	सरकारी स्कूल	<b>(D)</b>	
	निजी/प्राइवेट स्कूल	<b>(E)</b>	
कुल लक्षित बच्चे		<b>(Z)=(A)+(B)+(C)+(D)+(E)</b>	
नामंकेत बच्चों की कुल संख्या (वर्ग 1 से 5) जिन्हें कृषि मुक्ति और गैर अभिप्रेत पर एम्बेडेड/ऑन खिलानी गयी	सरकारी स्कूल	<b>1(a)</b>	
	निजी/प्राइवेट स्कूल	<b>1(b)</b>	
नामंकेत बच्चों की कुल संख्या (वर्ग 6 - 12) जिन्हें कृषि मुक्ति और गैर अभिप्रेत पर एम्बेडेड/ऑन खिलानी गयी	सरकारी स्कूल	<b>2(a)</b>	
	निजी/प्राइवेट स्कूल	<b>2(b)</b>	
प्रतीकृत बच्चों की कुल संख्या (5 से 6 साल) जिन्हें कृषि मुक्ति और गैर अभिप्रेत पर एम्बेडेड/ऑन खिलानी गयी		<b>(3)</b>	
गैर प्रतीकृत बच्चों की कुल संख्या (5 से 6 साल) जिन्हें कृषि मुक्ति और गैर अभिप्रेत पर एम्बेडेड/ऑन खिलानी गयी		<b>(4)</b>	
स्कूल ना जाने वाले बच्चों की कुल संख्या (6 से 10 साल) जिन्हें कृषि मुक्ति और गैर अभिप्रेत पर एम्बेडेड/ऑन खिलानी गयी		<b>(5)</b>	
स्कूल ना जाने वाले बच्चों की कुल संख्या (10 से 19 साल) जिन्हें कृषि मुक्ति और गैर अभिप्रेत पर एम्बेडेड/ऑन खिलानी गयी		<b>(6)</b>	
कुल योग: बच्चों की कुल संख्या जिन्हें एम्बेडेड/ऑन खिलानी गयी <b>(T=1a+1b+2a+2b+3+4+5+6)</b>		<b>(T)</b>	
<b>प्रतिशत कवरेज</b>		<b>(T) X 100 / (Z)=</b>	
स्कूल और आगमवादी केंद्र से सूचित गैर-प्रतीकृत बचपन की कुल संख्या			
<b>डिजिटल/डिजिटल विवरण ब्लॉक/जिले/राज्य (जो भी लागू हो टिक मार्क)</b>	सरकारी स्कूल	निजी/प्राइवेट स्कूल	आगमवादी केंद्र
प्राप्त एम्बेडेड/ऑन की कुल संख्या			
खिलानी गयी एम्बेडेड/ऑन की गैर-प्रतीकृत कुल संख्या			
बच गयी एम्बेडेड/ऑन खिलानी की कुल संख्या			
<b>प्रतिक्रिया (अन्य कोड)</b>			
नाम/ इलाका ए अधिकारी का पता जिन्होंने डिजिटल बनाया है			
नाम/ इलाका ए अधिकारी का पता जिन्होंने डिजिटल की जांच की है			
अधिकारी का फोन नंबर जो रिपोर्ट को अपडेट कर रहे हैं			
<i>किसी भी समस्या को निवारण हेतु आप राज्य कार्यालय (फोन : ..... / फैक्स नं. ....) से बात कर सकते हैं।</i>			

\* सरकारी/सरकारी अनुदान स्कूलों/स्कूलों में नामांकन करना है ..... (राज्य/जिले के अनुसार, कृपया अनुसंधान के लिए अधिकारियों को पता करने की तिथि **10 March 2016** है; जिले को पता नौबत अधिकारियों को पता करने की तिथि **17 March 2016** है)

अनुलग्नक (ख)

List of Kendriya Vidhyalayas for block level training by Education Department						
S.no.	District	Block	Number of Schools	Name of Kendriya Vidhyalaya	Enrollment	Number of jars of Albendazole tablets
1	AJMER	AJMER(U)	2	KV No. 1&2, Ajmer	2572	13
2		BHINAI	2	KV Beawar & Nasirabad	2077	12
3	ALWAR	UMRAIN	2	KV1 and Itarana	2739	15
4	BANSWARA	TALWARA	1	KV Banswara	617	4
5	BARAN	ANTA	1	KV Anta	430	3
6		BARAN	1	KV Daren	415	5
7		CHABRA	1	KV Chabra	355	2
8	BARMER	BARMER	1	KV Jalpa Cant.	886	5
9		BAYTU	1	KV Utarlai	1383	7
10		SHIV	1	KV Jasinder	193	1
11	BHARATPUR	SEWAR	1	KV Bharatpur	1376	7
12	BHILWARA	SUWANA	1	KV Bhilwara	589	3
13	BIKANER	BIKANER	4	KV 1, KV2, KV Nat, KV BSF Khajuwala	4021	22
14	BUNDI	BUNDI	1	KV Bundi	197	1
15	CHITTAURGARH	CHITTORGARH	1	KV Chittuargerh	444	3
16	CHURU	CHURU	1	KV Churu	950	5
17	DAUSA	DAUSA	1	KV Dausa	218	2
18	DUNGARPUR	DUNGARPUR	1	KV Dungarpur	505	3
19	GANGANAGAR	ANOOFGARH	1	KV BSF Anoopgarh	543	3
20		RAISINGHNAGAR	1	KV Raisinghnagar	331	2
21		SADULSHAHAR	1	KV Lalgarh jattan	540	3
22		SRI GANGANAGAR	1	KV Sadhuwali cant	795	4
23		SURATGARH	5	KV Suratgarh Chavni, KV AFSS Suratgarh, KV2, KV3 AFSS Suratgarh, KV STPS Suratgarh	2011	12
24	HANUMANGARH	HANUMANGARH	1	KV Hanumangarh	190	1
25	JAIPUR	JAIPUR EAST	1	KV 3	1871	10
26		JAIPUR WEST	2	KV 1, KV 5	4752	30
27		JHOTWARA CITY	2	KV 2, KV 4	4694	25
28		SAMBHAR LAKE	1	KV Phulera	819	5
29		SANGANER CITY	1	KV 6	1073	6
30	JAISALMER	JAISALMER	3	KV BSF Ramgarh, KV BSF Dabla, AFS Jaisalmer	1707	10
31		POKARAN	1	KV BSF Pokharan	481	3
32	JALORE	JALORE	1	KV Jalore	477	3
33	JHALAWAR	JHALRAPATAN	1	KV Jhalawar	929	5
34	JHUNJHUNU	JHUNJHUNU	1	KV Jhunjhunu	1290	7
35		KHETRI	1	KV Khetri Nagar	749	4
36		UDAIPURWATI	1	KV Udaipurwati	339	2

37	JODHPUR	JODHPUR CITY	6	KV 1 AFS, KV2 AFS, KV1 ARMY, KV2 ARMY, KV Banar, KV Jodhpur	7841	42
38	KARALI	KARALI	1	KV Karali	661	4
39	KOTA	KOTA	2	KV1 kota, KV2 kota	3081	16
40	RAJSAMAND	DEGRAH	1	KV Deograh	388	2
41	SAWAI	GANGAPUR CITY	1	KV Gangapur city	387	2
42	MADHOPUR	SAWAI MADHOPUR	1	KV Sawai Madhopur	545	3
43	SIKAR	DHOD	1	KV Sababpura	949	5
44	SIROHI	ABU-ROAD	1	KV Mt Abu	755	4
45		DEOLI	1	KV Deoli	947	5
46	TONK	MALPURA	1	KV Malpura	417	3
47		TONK	1	KV Tonk	348	2
48	UDAIPUR	GIRWA	3	KV Pratapnagar, KV Eklinggarh cant, KV Zavar mines	3199	17

**List of Navodaya Vidhyalayas for Block level training by Department of Education**

S.no.	District	Block	Number of Navodaya Vidhyalayas	Enrollment	Number of jars of Albendazole tablets
1	AJMER	PEESANGAN	1	510	3
2	ALWAR	KISHANGARH BAS	1	504	3
3	BANSWARA	BAGIDORA	1	443	3
4		TALWARA	1	108	1
5	BARAN	ATRU	1	512	3
6	BARMER	BALOTRA	1	531	3
7	BHARATPUR	WEIR	1	491	3
8	BHILWARA	HURDA	1	529	3
9	BIKANER	KOLAYAT	1	512	3
10	BUNDI	TALERA	1	618	4
11	CHITTAURGARH	BHADESAR	1	496	3
12	CHURU	SARDARSHAHAR	1	507	3
13	DAUSA	DAUSA	1	528	3
14	DHALUPUR	DHOLPUR	1	531	3
15	DUNGARPUR	SAGWARA	1	465	3
16	GANGANAGAR	SRI GANGANAGAR	1	467	3
17		SURATGARH	1	74	1
18	HANUMANGARH	RAWATSAR	1	441	3
19	JAIPUR	VIRATNAGAR	1	484	3
20	JAISALMER	JAISALMER	1	499	2
21	JALORE	JASWANTPURA	1	543	3
22	JHALAWAR	JHALRAPATAN	1	532	3
23	JHUNHUNU	SURAJGARH	1	493	3
24	JODHPUR	GILARA	1	490	3
25	KARALI	HINDAUN	1	481	3
26	KOTA	KHERABAD	1	537	3
27	NAGPUR	KUCHAMAN	1	438	3
28	PALI	MARVAR JUNCTION	1	523	3
29	RAJSAMAND	RAJSAMAND	1	479	3
30	SAWAI MADHOPUR	GANGAPUR CITY	1	495	3
31	SIKAR	NEEM KA THANA	1	479	3
32	SIROHI	SIROHI	1	533	3
33	TQNK	TQNK	1	543	3
34	UDAIPUR	MAVLI	1	509	3



Annexure E: Letter to Districts for State Level Video Conferencing



Government of Rajasthan  
National Health Mission  
Directorate of Medical, Health and Family Welfare Services,  
Swasthya Bhawan, Tilak Marg, Jaipur, Rajasthan

No. NHM/CH / 2016/ 59

Date 2-2-16

**Video Conference Notice**

For effective implementation of Sishu Swasthya Diwas, Deworming programme and RBSK in the districts a Video conference will be held on dated 04/02/2016 from 02.30 pm to 05.30 pm, at NIC VC room.

**Agenda:**

1. District Preparedness on "Sishu Swasthya Diwas"
2. District Preparedness on "Deworming Day"
3. Rastriya Bal Swasthya Karyakaram (RBSK).

Program Schedule and list of participants (State and district level) for VC is as follows.

Program	Time slot	District Participants	State Participants
Sishu Swasthya Diwas	02:30 am to 03:15 pm	<ul style="list-style-type: none"> <li>• All RCHO</li> <li>• All Block CMHO</li> <li>• All DPM</li> <li>• All District ASHA Coordinator</li> </ul>	<ul style="list-style-type: none"> <li>• PD NHM</li> <li>• DS NHM</li> <li>• State Programme Manger</li> <li>• Project Director CH</li> <li>• Project Director RBSK</li> <li>• Nodal officer CH/RBSK</li> </ul>
Deworming Day	03:15 am to 04:15 pm	<ul style="list-style-type: none"> <li>• All RCHO</li> <li>• All Block CMHO</li> <li>• All DPM</li> <li>• DD ICDS</li> <li>• A WPC (SSA)</li> </ul>	<ul style="list-style-type: none"> <li>• Nodal officer Deworming (Health, Education, ICDS)</li> <li>• Consultant CH/RBSK</li> <li>• PO SPM/CH</li> </ul>
RBSK	04:15 am to 05:30 pm	<ul style="list-style-type: none"> <li>• All RCHO</li> <li>• All ADNO (RBSK)</li> </ul>	<ul style="list-style-type: none"> <li>• Consultant Deworming</li> <li>• Consultant Unicef</li> <li>• Consultant UNFPA</li> </ul>

All above participants required to attend video conference at NIC VC Centre.

Director (RCH)

Medical, Health & F.W. Services  
Rajasthan, Jaipur

No. NHM/CH / 2016/ 59

Date 2-2-16

**Copy to:**

1. PS to Principal Health Secretary, Medical & Health, Rajasthan.
2. PS to Special Secretary, Medical Health & FW Mission Director-NHM.
3. PD NHM, Rajasthan.
4. DS, NHM Rajasthan.
5. Project Director Child Health/RBSK.
6. All district CM&HO.
7. PA to SIO, NIC.
8. PSA NIC VC with a request to book the VC for the 04/02/2016 at 02.30 pm to 5.30 pm.
9. Nodal officer CH/RBSK.
10. Programme officer SPM/CH.
11. Health Specialist UNICEF Rajasthan.
12. State Programme Coordinator, UNFPA.
13. State Programme Officer, Deworm the World.
14. Consultant CH/RBSK/Deworming/Unicef/UNFPA.
15. Store in charge, RCH/NHM.
16. Server room for Email to all concerned.

Director (RCH)

Medical, Health & F.W. Services  
Rajasthan, Jaipur

Annexure F: Letter from MD to DMs for District  
coordination committee meetings



NAVEEN JAIN, IAS



Mission Director, NHM & Special Secretary  
Medical, Health & Family Welfare  
Swasthya Bhawan  
Tilak Marg, Jaipur (Raj.) 302005  
Phone : 0141-2221590 Fax : 0141-2225827

D.O. No. F21/NHM/Deworming/2015/6211

Dated: 14-1-16

Dear S.P. Baswala ji,

Department of Health and Family Welfare, Government of Rajasthan is planning to implement 4<sup>th</sup> round of "Anganwari and School Based Mass Deworming Program" as "National Deworming Day" on February 10, 2016 followed by Mop-day on February 15, 2016 with support of Department of Education, ICDS, UNICEF and Evidence Action - Deworm the World Initiative. As per operational guidelines, we have to cover all children of age group of 1-19 years through Government schools, Private schools, Madarsa, Kendriya Vidhyalayas, Navodaya Vidhyalayas and Anganwadi centres.

For successful implementation and better coverage of the deworming program in the district, there is a need of following intervention and activities:-

- Coordination Meeting of Stake Holders for National Deworming Day 2016 in January 2016 and follow up meeting in 1<sup>st</sup> week of February 2016, involving representatives from implementing departments i.e. Health, Education, ICDS, and from other stakeholders i.e. Madarsa, Zila Parishad, Public Health Engineering Department (P.H.E.D.), Representative from Private school union, UNICEF, Evidence Action - Deworm the World Initiative, Nehru Yuva Kendra Sangathan (NYKS), Rajasthan State Bharat Scouts & Guides and National Cadet Corps (NCC).
- Directions to Government Schools, Private Schools, Madarsa, Kendriya Vidhyalaya and Navodaya Vidhyalaya to participate in District and Block trainings with integrated distribution of Drugs and IEC material.
- Video conferencing to monitor block level preparedness
- District level launch of the program

As there is involvement of multiple departments in implementation of "National Deworming Day" and for better coverage, there is need of inter-departmental convergence under your esteemed guidance. For more information feel free to contact Director RCH - 0141-2228707 and Dr. Prem Singh, NO-Deworming - 09460060445 of Department of Health.

Best wishes,

Yours sincerely,

  
Naveen Jain

Shri Satya Prakash Baswala  
District Collector, Pratapgarh



Mission Director, NHM & Special Secretary  
Medical, Health & Family Welfare  
Swasthya Bhawan  
Tilak Marg, Jaipur (Raj.) 302005  
Phone: 0141-2221590 Fax: 0141-2225827

D.O. No. 121/NHM/Deworming/2015/214  
Dated 14-1-16

Dear Sir,

Department of Health and Family Welfare, Government of Rajasthan is planning to implement 4<sup>th</sup> round of "Anganwari and School Based Mass Deworming Program" as "National Deworming Day" on February 10, 2016 followed by Mop-day on February 15, 2016 with support of Department of Education, ICDS, UNICEF and Evidence Action - Deworm the World Initiative. As per operational guidelines, we have to cover all children of age group of 1-19 years through Government schools, Private schools, Madarsa, Kendriya Vidyalayas, Navodaya Vidyalayas and Anganwadi centres.

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- Video conferencing to monitor block level preparedness
- District level launch of the program

As there is involvement of multiple departments in implementation of "National Deworming Day" and for better coverage, there is need of inter-departmental convergence under your esteemed guidance. For more information feel free to contact Director RCH - 0141-2228707 and Dr. Prem Singh, NO-Deworming - 09460060445 of Department of Health.

Best wishes,

Yours sincerely,

  
Naveen Jain

Dr. Ravikumar Surpur  
District Collector, Kota



NAVEEN JAIN, IAS



Mission Director, NHM & Special Secretary  
Medical, Health & Family Welfare  
Swasthya Bhawan  
Tilak Marg, Jaipur (Raj.) 302005  
Phone : 0141-2221590 Fax : 0141-2225827

D.O. No. F21/NHM/Deworming/2015/691  
Dated: 16-1-16

Dear Shri Chauhan,

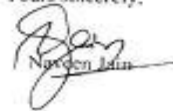
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- Directions to Government Schools, Private Schools, Madarsa, Kendriya Vidhyalaya and Navodaya Vidhyalaya to participate in District and Block trainings with integrated distribution of Drugs and IEC material.
- Video conferencing to monitor block level preparedness
- District level launch of the program

As there is involvement of multiple departments in implementation of "National Deworming Day" and for better coverage, there is need of inter-departmental convergence under your esteemed guidance. For more information feel free to contact Director RCH - 0141-2228707 and Dr. Prem Singh, NO-Deworming - 09460060445 of Department of Health.

Yours sincerely,

  
Naveen Jain

Shri Vikram Singh Chauhan  
District Collector, Karauli



Mission Director, NHM & Special Secretary  
Medical, Health & Family Welfare  
Swasthya Bhawan  
Tilak Marg, Jaipur (Raj.) 302005  
Phone : 0141-2221590 Fax : 0141-2225827

D.O. No. F21/NHM/Deworming/2015/6016  
Dated : 14-1-16

Dear Dr. Pritham,

Department of Health and Family Welfare, Government of Rajasthan is planning to implement 4<sup>th</sup> round of "Anganwari and School Based Mass Deworming Program" as "National Deworming Day" on February 10, 2016 followed by Mop-day on February 15, 2016 with support of Department of Education, ICDS, UNICEF and Evidence Action – Deworm the World Initiative. As per operational guidelines, we have to cover all children of age group of 1-19 years through Government schools, Private schools, Madarsa, Kendriya Vidyalayas, Navodaya Vidyalayas and Anganwadi centres.

For successful implementation and better coverage of the deworming program in the district, there is a need of following intervention and activities:-

- Coordination Meeting of Stake Holders for National Deworming Day 2016 in January 2016 and follow up meeting in 1<sup>st</sup> week of February 2016, involving representatives from implementing departments i.e. Health, Education, ICDS, and from other stakeholders i.e. Madarsa, Zila Parishad, Public Health Engineering Department (P.H.E.D.), Representative from Private school union, UNICEF, Evidence Action – Deworm the World Initiative, Nehru Yuva Kendra Sangathan (NYKS), Rajasthan State Bharat Scouts & Guides and National Cadet Corps (NCC).
- Directions to Government Schools, Private Schools, Madarsa, Kendriya Vidyalaya and Navodaya Vidyalaya to participate in District and Block trainings with integrated distribution of Drugs and IEC material.
- Video conferencing to monitor block level preparedness
- District level launch of the program

As there is involvement of multiple departments in implementation of "National Deworming Day" and for better coverage, there is need of inter-departmental convergence under your esteemed guidance. For more information feel free to contact Director RCH – 0141-2228707 and Dr. Prem Singh, NO-Deworming - 09460060445 of Department of Health.

Best wishes,

Yours sincerely,

  
Naveen Jain

DR. PRITHAM B. YASHVANT  
District Collector, Jodhpur



Mission Director, NHM & Special Secretary  
Medical, Health & Family Welfare  
Swasthya Bhawan  
Tilak Marg, Jaipur (Raj.) 302005  
Phone : 0141-2221590 Fax : 0141-2225827

D.O. No. F21/NHM/Deworming/2015/690

Dated : 14-1-16

Dear Vishwa,

Department of Health and Family Welfare, Government of Rajasthan is planning to implement 4<sup>th</sup> round of "Anganwari and School Based Mass Deworming Program" as "National Deworming Day" on February 10, 2016 followed by Mop-day on February 15, 2016 with support of Department of Education, ICDS, UNICEF and Evidence Action - Deworm the World Initiative. As per operational guidelines, we have to cover all children of age group of 1-19 years through Government schools, Private schools, Madarsa, Kendriya Vidyalayas, Navodaya Vidyalayas and Anganwadi centres.

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- Directions to Government Schools, Private Schools, Madarsa, Kendriya Vidyalaya and Navodaya Vidyalaya to participate in District and Block trainings with integrated distribution of Drugs and IEC material.
- Video conferencing to monitor block level preparedness
- District level launch of the program

As there is involvement of multiple departments in implementation of "National Deworming Day" and for better coverage, there is need of inter-departmental convergence under your esteemed guidance. For more information feel free to contact Director RCH - 0141-2228707 and Dr. Prem Singh, NO-Deworming - 09460060445 of Department of Health.

Yours sincerely,

  
Naveen Jain

Shri Vishwa Mohan Sharma  
District Collector, Jaisalmer



NAVEEN JAIN, IAS



Mission Director, NHM & Special Secretary  
Medical, Health & Family Welfare  
Swasthya Bhawan  
Tilak Marg, Jaipur (Raj.) 302005  
Phone : 0141-2221590 Fax : 0141-2225827

D.O. No. F21/NHM/Deworming/2015/4001

Dated: 14-1-16

Dear K.K.

Department of Health and Family Welfare, Government of Rajasthan is planning to implement 4<sup>th</sup> round of "Anganwari and School Based Mass Deworming Program" as "National Deworming Day" on February 10, 2016 followed by Mop-day on February 15, 2016 with support of Department of Education, ICDS, UNICEF and Evidence Action - Deworm the World Initiative. As per operational guidelines, we have to cover all children of age group of 1-19 years through Government schools, Private schools, Madarsa, Kendriya Vidhyalayas, Navodaya Vidhyalayas and Anganwadi centres.

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- Video conferencing to monitor block level preparedness
- District level launch of the program

As there is involvement of multiple departments in implementation of "National Deworming Day" and for better coverage, there is need of inter-departmental convergence under your esteemed guidance. For more information feel free to contact Director RCH - 0141-2228707 and Dr. Prem Singh, NO-Deworming - 09460060445 of Department of Health.

Best wishes,

Yours sincerely,

  
Naveen Jain

Shri Krishna Kunal  
District Collector, Jaipur



NAVEEN JAIN, IAS



Mission Director, NHM & Special Secretary  
Medical, Health & Family Welfare  
Swasthya Bhawan  
Tilak Marg, Jaipur (Raj.) 302005  
Phone : 0141-2221590 Fax : 0141-2225827

D.O. No. F21/NHM/Deworming/2015/322

Dated: 14-1-16

Dear Sh. Ram Niwas,

Department of Health and Family Welfare, Government of Rajasthan is planning to implement 4<sup>th</sup> round of "Anganwari and School Based Mass Deworming Program" as "National Deworming Day" on February 10, 2016 followed by Mop-day on February 15, 2016 with support of Department of Education, ICDS, UNICEF and Evidence Action – Deworm the World Initiative. As per operational guidelines, we have to cover all children of age group of 1-19 years through Government schools, Private schools, Madarsa, Kendriya Vidhyalayas, Navodaya Vidhyalayas and Anganwadi centres.

For successful implementation and better coverage of the deworming program in the district, there is a need of following intervention and activities:-

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- Video conferencing to monitor block level preparedness
- District level launch of the program

As there is involvement of multiple departments in implementation of "National Deworming Day" and for better coverage, there is need of inter-departmental convergence under your esteemed guidance. For more information feel free to contact Director RCH – 0141-2228707 and Dr. Prem Singh, NO-Deworming - 09460060445 of Department of Health.

Yours sincerely,

  
Naveen Jain

Shri Ram Niwas  
District Collector, Hanumangarh





NAVEEN JAIN, IAS



Mission Director, NHM & Special Secretary  
Medical, Health & Family Welfare  
Swasthya Bhawan  
Tilak Marg, Jaipur (Raj.) 302005  
Phone : 0141-2221590 Fax : 0141-2225827

D.O. No. F21/NHM/Deworming/2015/68

Dated : 14-1-16

Dear Sh. P.C.,

Department of Health and Family Welfare, Government of Rajasthan is planning to implement 4<sup>th</sup> round of "Anganwari and School Based Mass Deworming Program" as "National Deworming Day" on February 10, 2016 followed by Mop-day on February 15, 2016 with support of Department of Education, ICDS, UNICEF and Evidence Action - Deworm the World Initiative. As per operational guidelines, we have to cover all children of age group of 1-19 years through Government schools, Private schools, Madarsa, Kendriya Vidhyalayas, Navodaya Vidhyalayas and Anganwadi centres.

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- Directions to Government Schools, Private Schools, Madarsa, Kendriya Vidhyalaya and Navodaya Vidhyalaya to participate in District and Block trainings with integrated distribution of Drugs and IEC material.
- Video conferencing to monitor block level preparedness.
- District level launch of the program

As there is involvement of multiple departments in implementation of "National Deworming Day" and for better coverage, there is need of inter-departmental convergence under your esteemed guidance. For more information feel free to contact Director RCH - 0141-2228707 and Dr. Prem Singh, NO-Deworming - 09460060445 of Department of Health.

Best wishes,

Yours sincerely,

  
Naveen Jain

Shri Purna Chandra Kishan  
District Collector, Sriganganagar



Mission Director, NHM & Special Secretary  
Medical, Health & Family Welfare  
Swasthya Bhawan  
Tilak Marg, Jaipur (Raj.) 302005  
Phone : 0141-2221590 Fax : 0141-2225827

D.O. No. F2/NHM/Deworming/2015/624  
Dated 14-1-16

Dear Sh. Singh,

Department of Health and Family Welfare, Government of Rajasthan is planning to implement 4<sup>th</sup> round of "Anganwari and School Based Mass Deworming Program" as "National Deworming Day" on February 10, 2016 followed by Mop-day on February 15, 2016 with support of Department of Education, ICDS, UNICEF and Evidence Action - Deworm the World Initiative. As per operational guidelines, we have to cover all children of age group of 1-19 years through Government schools, Private schools, Madarsa, Kendriya Vidyalayas, Navodaya Vidyalayas and Anganwadi centres.


For successful implementation and better coverage of the deworming program in the district, there is a need of following intervention and activities:-

- Coordination Meeting of Stake Holders for National Deworming Day 2016 in January 2016 and follow up meeting in 1<sup>st</sup> week of February 2016, involving representatives from implementing departments i.e. Health, Education, ICDS, and from other stakeholders i.e. Madarsa, Zila Parishad, Public Health Engineering Department (P.H.E.D.), Representative from Private school union, UNICEF, Evidence Action - Deworm the World Initiative, Nehru Yuva Kendra Sangathan (NYKS), Rajasthan State Bharat Scouts & Guides and National Cadet Corps (NCC).
- Directions to Government Schools, Private Schools, Madarsa, Kendriya Vidyalaya and Navodaya Vidyalaya to participate in District and Block trainings with integrated distribution of Drugs and IEC material.
- Video conferencing to monitor block level preparedness
- District level launch of the program

As there is involvement of multiple departments in implementation of "National Deworming Day" and for better coverage, there is need of inter-departmental convergence under your esteemed guidance. For more information feel free to contact Director RCH - 0141-2228707 and Dr. Prem Singh, NO-Deworming - 09460060445 of Department of Health.

Best wishes

Yours sincerely,

  
Naveen Jain

Shri Indrajit Singh  
District Collector, Dungarpur



NAVEEN JAIN, IAS



Mission Director, NHM & Special Secretary  
Medical, Health & Family Welfare  
Swasthya Bhawan  
Tilak Marg, Jaipur (Raj.) 302005  
Phone : 0141-2221590 Fax : 0141-2225827

D.O. No. F21/NHM/Deworming/2015 *605*  
Dated : *14-1-16*

*Dear Smt Tyagi,*

Department of Health and Family Welfare, Government of Rajasthan is planning to implement 4<sup>th</sup> round of "Anganwari and School Based Mass Deworming Program" as "National Deworming Day" on February 10, 2016 followed by Mop-day on February 15, 2016 with support of Department of Education, ICDS, UNICEF and Evidence Action - Deworm the World Initiative. As per operational guidelines, we have to cover all children of age group of 1-19 years through Government schools, Private schools, Madarsa, Kendriya Vidhyalayas, Navodaya Vidhyalayas and Anganwadi centres.

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- Video conferencing to monitor block level preparedness
- District level launch of the program

As there is involvement of multiple departments in implementation of "National Deworming Day" and for better coverage, there is need of inter-departmental convergence under your esteemed guidance. For more information feel free to contact Director RCH - 0141-2228707 and Dr. Prem Singh, NO-Deworming - 09460060445 of Department of Health.

*Best wishes,*

Yours sincerely,

*Navveen Jain*  
Navveen Jain

Smt. Suchi Tyagi  
District Collector, Dholpur



NAVEEN JAIN, IAS



Mission Director, NHM & Special Secretary  
Medical, Health & Family Welfare  
Swasthya Bhawan  
Tilak Marg, Jaipur (Raj.) 302605  
Phone: 0141-2221590 Fax: 0141-2225827

D.O. No. F21/NHM/Deworming/2015/626

Dated: 14-1-16

Dear Sh. Pawar,

Department of Health and Family Welfare, Government of Rajasthan is planning to implement 4<sup>th</sup> round of "Anganwari and School Based Mass Deworming Program" as "National Deworming Day" on February 10, 2016 followed by Mop-day on February 15, 2016 with support of Department of Education, ICDS, UNICEF and Evidence Action - Deworm the World Initiative. As per operational guidelines, we have to cover all children of age group of 1-19 years through Government schools, Private schools, Madarsa, Kendriya Vidyalayas, Navodaya Vidyalayas and Anganwadi centres.

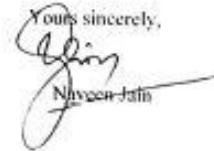
For successful implementation and better coverage of the deworming program in the district, there is a need of following intervention and activities:-

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- Directions to Government Schools, Private Schools, Madarsa, Kendriya Vidyalaya and Navodaya Vidyalaya to participate in District and Block trainings with integrated distribution of Drugs and IEC material.
- Video conferencing to monitor block level preparedness
- District level launch of the program

As there is involvement of multiple departments in implementation of "National Deworming Day" and for better coverage, there is need of inter-departmental convergence under your esteemed guidance. For more information feel free to contact Director RCH - 0141-2228707 and Dr. Prem Singh, NO-Deworming - 09460060445 of Department of Health.

Best wishes,

Yours sincerely,

  
Naveen Jain

Shri Sawrup Singh Pawar  
District Collector, Dausa



NAVEEN JAIN, IAS



Mission Director, NHM & Special Secretary  
Medical, Health & Family Welfare  
Swasthya Bhawan  
Tilak Marg, Jaipur (Raj) 302005  
Phone : 0141-2221590 Fax : 0141-2225827

D.O. No. F21/NHM/De-worming/2015 62  
Dated: 14-1-16

Dear Smt. Singh,

Department of Health and Family Welfare, Government of Rajasthan is planning to implement "National Anganwari and School Based Mass Deworming Program" as "National Deworming Day" on February 10, 2016 followed by Mop-day on February 15, 2016 with support of Department of Education, ICDS, UNICEF and Evidence Action - Deworm the World Initiative. As per operational guidelines, we have to cover all children of age group of 1-19 years through Government schools, Private schools, Madarsa, Kendriya Vidyalayas, Navodaya Vidyalayas and Anganwadi centres.

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- District level launch of the program

As there is involvement of multiple departments in implementation of "National Deworming Day" and for better coverage, there is need of inter-departmental convergence under your esteemed guidance. For more information feel free to contact Director RCH - 0141-2228707 and Dr. Prem Singh, NO-Deworming - 09460060445 of Department of Health.

Best wishes

Yours sincerely,

  
Naveen Jain

Smt. Archana Singh  
District Collector, Chittaurgarh



Mission Director, NHM & Special Secretary  
Medical, Health & Family Welfare  
Swasthya Bhawan  
Tilak Marg, Jaipur (Pin) 302005  
Phone : 0141-2221500 Fax : 0141-2225827

D.O. No. F21/NHM/Deworming 2015/228  
Dated : 14-1-16

Dear Sh. Ved Prakash,

Department of Health and Family Welfare, Government of Rajasthan is planning to implement 4<sup>th</sup> round of "Anganwari and School Based Mass Deworming Program" as "National Deworming Day" on February 10, 2016 followed by Mop-day on February 15, 2016 with support of Department of Education, ICDS, UNICEF and Evidence Action - Deworm the World Initiative. As per operational guidelines, we have to cover all children of age group of 1-19 years through Government schools, Private schools, Madarsa, Kendriya Vidhyalayas, Navodaya Vidhyalayas and Anganwadi centres.

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- District level launch of the program

As there is involvement of multiple departments in implementation of "National Deworming Day" and for better coverage, there is need of inter-departmental convergence under your esteemed guidance. For more information feel free to contact Director RCH - 0141-2228707 and Dr. Prem Singh, NO-Deworming - 09460060445 of Department of Health.

Best wishes,

Yours sincerely,

  
Naveen Jain

Shri Ved Prakash  
District Collector, Chittorgarh



NAVEEN JAIN, IAS



Mission Director, NHM & Special Secretary  
Medical, Health & Family Welfare  
Swasthya Bhawan  
Tilak Marg, Jaipur (Raj) 302005  
Phone : 0141-2221560 Fax : 0141-2225827

D.O. No. F21/NHM Deworming/2015/209  
Dated : 14-1-16

Dear Smt. Neha,

Department of Health and Family Welfare, Government of Rajasthan is planning to implement 4<sup>th</sup> round of "Anganwari and School Based Mass Deworming Program" as "National Deworming Day" on February 10, 2016 followed by Mop-day on February 15, 2016 with support of Department of Education, ICDS, UNICEF and Evidence Action - Deworm the World Initiative. As per operational guidelines, we have to cover all children of age group of 1-19 years through Government schools, Private schools, Madarsa, Kendriya Vidhyalayas, Navodaya Vidhyalayas and Anganwadi centres.

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- District level launch of the program

As there is involvement of multiple departments in implementation of "National Deworming Day" and for better coverage, there is need of inter-departmental convergence under your esteemed guidance. For more information feel free to contact Director RCH - 0141-2228707 and Dr. Prem Singh, NO-Deworming - 09460060445 of Department of Health.

Best wishes,

Yours sincerely,

  
Naveen Jain

Smt. Neha Giri  
District Collector, Bundi



Mission Director, NHM & Special Secretary  
Medical, Health & Family Welfare  
Swasthya Bhawan  
Tarak Marg, Jaipur (Raj.) 302005  
Phone: 0141-2221590 Fax: 0141-2225827

D.O. No. 121/NHM/Deworming/2015<sup>1</sup>

Dated: 14-1-16 623

Dear Mukta,

Department of Health and Family Welfare, Government of Rajasthan is planning to implement 1<sup>st</sup> round of "Anganwari and School Based Mass Deworming Program" as "National Deworming Day" on February 10, 2016 followed by Mop-day on February 15, 2016 with support of Department of Education, ICDS, UNICEF and Evidence Action - Deworm the World Initiative. As per operational guidelines, we have to cover all children of age group of 1-19 years through Government schools, Private schools, Madarsa, Kendriya Vidyalayas, Navodaya Vidyalayas and Anganwadi centres.

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As there is involvement of multiple departments in implementation of "National Deworming Day" and for better coverage, there is need of inter-departmental convergence under your esteemed guidance. For more information feel free to contact Director RCH - 0141-2228707 and Dr. Prem Singh, NO-Deworming - 09460060445 of Department of Health.

Best wishes,

Yours sincerely,  
Naveen Jain

Shri Mukteshwar Agrawal  
District Collector, Alwar





Mission Director, NHM & Special Secretary  
Medical, Health & Family Welfare  
Swasthya Bhawan  
Tilak Marg, Jaipur (Raj) 302005  
Phone: 0141-2221590 Fax: 0141-2225827

D.O. No. F21/NHM/Deworming/2015

Date: 17-1-16

6240

Dear Arushi,

Department of Health and Family Welfare, Government of Rajasthan is planning to implement 4<sup>th</sup> round of "Anganwari and School Based Mass Deworming Program" as "National Deworming Day" on February 10, 2016 followed by Mop-day on February 15, 2016 with support of Department of Education, ICDS, UNICEF and Evidence Action - Deworm the World Initiative. As per operational guidelines, we have to cover all children of age group of 1-19 years through Government schools, Private schools, Madarsa, Kendriya Vidyalayas, Navodaya Vidyalayas and Anganwadi centres.

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- Directions to Government Schools, Private Schools, Madarsa, Kendriya Vidyalaya and Navodaya Vidyalaya to participate in District and Block trainings with integrated distribution of Drugs and IEC material.
- Video conferencing to monitor block level preparedness
- District level launch of the program

As there is involvement of multiple departments in implementation of "National Deworming Day" and for better coverage, there is need of inter-departmental convergence under your esteemed guidance. For more information feel free to contact Director RCH - 0141-2228707 and Dr. Prem Singh. NO-Deworming - 09460060445 of Department of Health.

Best wishes

Yours sincerely,

  
Naveen Jain

Dr. Arushi Ajey Malik  
District Collector, Ajmer



NAVEEN JAIN, IAS



Mission Director, NHM & Special Secretary  
Medical, Health & Family Welfare  
Swasthya Bhawan  
Tilak Marg, Jaipur (Raj.) 302005  
Phone: 0141-2221590 Fax: 0141-2225827

D.O. No. F21/NHM/Deworming/2015/

Dated 14-1-16

Gay

Dear Sh. Rajprakash,

Department of Health and Family Welfare, Government of Rajasthan is planning to implement a series of Community and School Based Mass Deworming Program as "National Deworming Day" on 15th January, 2016 followed by Mop-up on February 15, 2016 with support of Department of Education, ICDS, UNICEF and Evidence Action - Deworm the World Initiative. As per operational guidelines, we have to cover all children of age group of 1-19 years through Government schools, Private schools, Madarsa, Kendriya Vidhyalayas, Navodaya Vidhyalayas and Anganwadi centres.

For successful implementation and better coverage of the deworming program in the district, there is a need of following intervention and activities:-

- Coordination Meeting of Stake Holders for National Deworming Day 2016 in January 2016 and follow up meeting in 1<sup>st</sup> week of February 2016, involving representatives from implementing departments i.e. Health, Education, ICDS, and from other stakeholders i.e. Madarsa, Zila Parishad, Public Health Engineering Department (P.H.E.D.), Representative from Private school union, UNICEF, Evidence Action - Deworm the World Initiative, Nehru Yuva-Kendra Sangathan (NYKS), Rajasthan State Bharat Scouts & Guides and National Cadet Corps (NCC).
- Directions to Government Schools, Private Schools, Madarsa, Kendriya Vidhyalaya and Navodaya Vidhyalaya to participate in District and Block trainings with integrated distribution of Drugs and IEC material.
- Video conferencing to monitor block level preparedness
- District level launch of the program

As there is involvement of multiple departments in implementation of "National Deworming Day" and for better coverage, there is need of inter-departmental convergence under your esteemed guidance. For more information feel free to contact Director RCH - 0141-2228707 and Dr. Prem Singh, NO-Deworming - 09460060445 of Department of Health.

Best wishes,

Yours sincerely,

  
Naveen Jain

Sri Prakash Rajprakash  
District Collector, Banswara



NAVEEN JAIN, IAS



Mission Director, NHM & Special Secretary  
Medical, Health & Family Welfare  
Swasthya Bhawan  
Tilak Marg, Jaipur (Raj.) 302005  
Phone : 0141-2221590 Fax : 0141-2225827

D.O. No. F21/NHM/Deworming/2015/

Dated: 14-1-16 624

Dear Sh. Gupta ji,

Department of Health and Family Welfare, Government of Rajasthan is planning to implement 4<sup>th</sup> round of "Anganwari and School Based Mass Deworming Program" as "National Deworming Day" on February 10, 2016 followed by Mop-day on February 15, 2016 with support of Department of Health, USA, UNICEF and Evidence Action - Deworm the World Initiative. As per operational guidelines, we have to cover all children of age group of 1-19 years through Government schools, Private schools, Madarsa, Kendriya Vidyalayas, Navodaya Vidyalayas and Anganwadi centres.

For successful implementation and better coverage of the deworming program in the district, there is a need of following intervention and activities:-

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- Directions to Government Schools, Private Schools, Madarsa, Kendriya Vidyalaya and Navodaya Vidyalaya to participate in District and Block trainings with integrated distribution of Drugs and IFC material.
- Video conferencing to monitor block level preparedness
- District level launch of the program

As there is involvement of multiple departments in implementation of "National Deworming Day" and for better coverage, there is need of inter-departmental convergence under your esteemed guidance. For more information feel free to contact Director RCH - 0141-2228707 and Dr. Prem Singh, NG-Deworming - 09460060445 of Department of Health.

Best wishes,

Yours sincerely,

  
Naveen Jain

Shri Lalit Kumar Gupta  
District Collector, Baran



Mission Director, NHM & Special Secretary  
Medical, Health & Family Welfare  
Swasthya Bhawan  
Tilak Marg, Jaipur (Raj.) 302005  
Phone : 0141-2221590 Fax : 0141-2225827

D.O. No. F21/NHM/Deworming/2015/

Dated 14/1/16

6243

Dear Sh Jain,

Department of Health and Family Welfare, Government of Rajasthan is planning to implement 4<sup>th</sup> round of "Anganwari and School Based Mass Deworming Program" as "National Deworming Day" on February 10, 2016 followed by Mop-day on February 15, 2016 with support of Department of Education, ICDS, UNICEF and Evidence Action - Deworm the World Initiative. As per operational guidelines, we have to cover all children of age group of 1-19 years through Government schools, Private schools, Madarsa, Kendriya Vidhyalayas, Navodaya Vidhyalayas and Anganwadi centres.

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- Directions to Government Schools, Private Schools, Madarsa, Kendriya Vidhyalaya and Navodaya Vidhyalaya to participate in District and Block trainings with integrated distribution of Drugs and IEC material.
- Video conferencing to monitor block level preparedness
- District level launch of the program

As there is involvement of multiple departments in implementation of "National Deworming Day" and for better coverage, there is need of inter-departmental convergence under your esteemed guidance. For more information feel free to contact Director RCH - 0141-2228707 and Dr. Prem Singh, NO-Deworming - 09460060445 of Department of Health.

Best wishes,

Yours sincerely,

  
Naveen Jain

Shri Ravi Jain  
District Collector, Bharatpur



Mission Director, NHM & Special Secretary  
Medical, Health & Family Welfare  
Swasthya Bhawan  
Titak Marg, Jaipur (Raj.) 302005  
Phone : 0141-2221590 Fax : 0141-2225827

D.O. No. F21/NHM/Deworming/2015/25  
Dated : 14-1-16 6241

Dear Shri. Sharma,

Department of Health and Family Welfare, Government of Rajasthan is planning to implement 4<sup>th</sup> round of "Anganwari and School Based Mass Deworming Program" as "National Deworming Day" on February 10, 2016 followed by Mop-day on February 15, 2016 with support of Department of Education, ICDS, UNICEF and Evidence Action - Deworm the World Initiative. As per operational guidelines, we have to cover all children of age group of 1-19 years through Government schools, Private schools, Madarsa, Kendriya Vidhyalayas, Navodaya Vidhyalayas and Anganwadi centres.

For successful implementation and better coverage of the deworming program in the district, there is a need of following intervention and activities:-

- Coordination Meeting of Stake Holders for National Deworming Day 2016 in January 2016 and follow up meeting in 1<sup>st</sup> week of February 2016, involving representatives from implementing departments i.e. Health, Education, ICDS, and from other stakeholders i.e. Madarsa, Zila Parishad, Public Health Engineering Department (P.H.E.D.), Representative from Private school union, UNICEF, Evidence Action - Deworm the World Initiative, Nehru Yuva Kendra Sangathan (NYKS), Rajasthan State Bharat Scouts & Guides and National Cadet Corps (NCC).
- Directions to Government Schools, Private Schools, Madarsa, Kendriya Vidhyalaya and Navodaya Vidhyalaya to participate in District and Block trainings with integrated distribution of Drugs and IEC material.
- Video conferencing to monitor block level preparedness
- District level launch of the program

As there is involvement of multiple departments in implementation of "National Deworming Day" and for better coverage, there is need of inter-departmental convergence under your esteemed guidance. For more information feel free to contact Director RCH - 0141-2228707 and Dr. Prem Singh, NO-Deworming - 09460060445 of Department of Health.

Best wishes,

Yours sincerely,

  
Naveen Jain

Shri Sudhir Kumar Sharma  
District Collector, Barmer



Mission Director, NHM & Special Secretary  
Medical, Health & Family Welfare  
Swasthya Bhawan  
Tilak Marg, Jaipur (Raj.) 302005  
Phone : 0141-2221590 Fax : 0141-2225827

D.O. No. F21/NHM/Deworming/2015/

Dated: 14.1.16

6245

Dear Dr. Tina,

Department of Health and Family Welfare, Government of Rajasthan is planning to implement 4<sup>th</sup> round of "Anganwari and School Based Mass Deworming Program" as "National Deworming Day" on February 10, 2016 followed by Mop-day on February 15, 2016 with support of Department of Education, ICDS, UNICEF and Evidence Action - Deworm the World Initiative. As per operational guidelines, we have to cover all children of age group of 1-19 years through Government schools, Private schools, Madarsa, Kendriya Vidhyalayas, Navodaya Vidhyalayas and Anganwadi centres.

For successful implementation and better coverage of the deworming program in the district, there is a need of following intervention and activities:-

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- Directions to Government Schools, Private Schools, Madarsa, Kendriya Vidhyalaya and Navodaya Vidhyalaya to participate in District and Block trainings with integrated distribution of Drugs and IEC material.
- Video conferencing to monitor block level preparedness
- District level launch of the program

As there is involvement of multiple departments in implementation of "National Deworming Day" and for better coverage, there is need of inter-departmental convergence under your esteemed guidance. For more information feel free to contact Director RCH - 0141-2228707 and Dr. Prem Singh, NO-Deworming - 09460060445 of Department of Health.

Best wishes,

Yours sincerely,

  
Naveen Jain

Dr. Tina Kumar  
District Collector, Bhilwara



Mission Director, NHM & Special Secretary  
Medical, Health & Family Welfare  
Swasthya Bhawan  
Tilak Marg, Jaipur (Raj) 302005  
Phone : 0141-2221590 Fax : 0141-2225827

D.O. No. F21/NHM/Deworming/2015  
Dated : 14-1-16 6246

Dear Smt Punam,

Department of Health and Family Welfare, Government of Rajasthan is planning to implement 4<sup>th</sup> round of "Anganwadi and School Based Mass Deworming Program" as "National Deworming Day" on February 10, 2016 followed by Mop-day on February 15, 2016 with support of Department of Education, ICDS, UNICEF and Evidence Action - Deworm the World Initiative. As per operational guidelines, we have to cover all children of age group of 1-19 years through Government schools, Private schools, Madarsa, Kendriya Vidyalayas, Navodaya Vidyalayas and Anganwadi centres.

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- Directions to Government Schools, Private Schools, Madarsa, Kendriya Vidyalaya and Navodaya Vidyalaya to participate in District and Block trainings with integrated distribution of Drugs and IEC material.
- Video conferencing to monitor block level preparedness
- District level launch of the program

As there is involvement of multiple departments in implementation of "National Deworming Day" and for better coverage, there is need of inter-departmental convergence under your esteemed guidance. For more information feel free to contact Director RCH - 0141-222870 and Dr. Prem Singh, NO-Deworming - 09460050415 of Department of Health.

Best wishes

Yours sincerely,

  
Naveen Jain

Smt Punam  
District Collector, Bikaner



NAVJEN JAIN, IAS



Mission Director, NHM & Special Secretary  
Medical, Health & Family Welfare  
Sawasthya Bhawan  
Tilak Marg, Jaipur (Raj.) 302005  
PHONE : 0141-2221580 Fax : 0141-2225827

D.O. No. F21/NHM/Deworming/2015

Dated: 14-1-16 62.47

Dear Mrs Gupta,

Department of Health and Family Welfare, Government of Rajasthan is planning to implement 4<sup>th</sup> round of "Anganwari and School Based Mass Deworming Program" as "National Deworming Day" on February 10, 2016 followed by Mop-day on February 15, 2016 with support of Department of Education, ICDS, UNICEF and Evidence Action - Deworm the World Initiative. As per operational guidelines, we have to cover all children of age group of 1-19 years through Government schools, Private schools, Madarsa, Kendriya Vidyalayas, Navodaya Vidyalayas and Anganwadi centres.

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- Video conferencing to monitor block level preparedness
- District level launch of the program

As there is involvement of multiple departments in implementation of "National Deworming Day" and for better coverage, there is need of inter-departmental convergence under your esteemed guidance. For more information feel free to contact Director RCH - 0141-2228707 and Dr. Prem Singh, NO-Deworming - 09460060445 of Department of Health.

Yours sincerely,

Ms. Rekha Gupta  
District Collector, Tonk





NAVEEN JAIN, IAS



Mission Director, NHM & Special Secretary  
Medical, Health & Family Welfare  
Sanskhya Bhawan  
Tank Marg, Jaipur (Raj) 302005  
Phone : 0141-2221590 Fax : 0141-2225827

D.O. No. F21/NHM/Deworming/2015/

Dated: 16-1-16 6248

*Dear Sir,*

Department of Health and Family Welfare, Government of Rajasthan is planning to implement 4<sup>th</sup> round of "Anganwari and School Based Mass Deworming Program" as "National Deworming Day" on February 10, 2016 followed by Mop-day on February 15, 2016 with support of Department of Education, ICDS, UNICEF and Evidence Action - Deworm the World Initiative. As per operational guidelines, we have to cover all children of age group of 1-19 years through Government schools, Private schools, Madarsa, Kendriya Vidyalayas, Navodaya Vidyalayas and Anganwadi centres.

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As there is involvement of multiple departments in implementation of "National Deworming Day" and for better coverage, there is need of inter-departmental convergence under your esteemed guidance. For more information feel free to contact Director RCH - 0141-2228707 and Dr. Prem Singh, NO-Deworming - 09460060445 of Department of Health.

*Best wishes,*

Yours sincerely,

*Naveen Jain*  
Naveen Jain

Shri Rohit Gupta  
District Collector, Udaipur

NDD 2016 Rajasthan - Miking



Banswara district miking activity



Chittorgarh district miking activity launch

NDD 2016 Rajasthan Rally by school children



Bhilwara district school Rally



Tonk district School Rally

NDD 2016 Rajasthan Deworming activity by NYKS and Scout guide



Churu district NYKS Deworming activity



Bhilwara district scout guide Rally

NDD 2016 Rajasthan Deworming advertisement in news paper

**campus-community**

राजस्थान सरकार  
जनसम्वन्धन की और बढ़ो कदम...

# हर बच्चे को कृमि से मुक्ति है स्वस्थ समाज की शक्ति

क्या आप जानते हैं कि कृमि संक्रमण से :-  
बच्चों में कुपोषण और खून की कमी होती है, हमारे कठोर इच्छा: एकाग्रता बढ़ती है,  
संपूर्ण शारीरिक और मानसिक विकास में बाधा आ सकती है।



**राष्ट्रीय कृमि मुक्ति दिवस**  
**10 फरवरी 2016**

1 से 14 वर्ष के सभी बच्चों को मुक्ति मिलाने की दिनांक 10 फरवरी।  
तो सभी हट जाएं, उन्हें 15 फरवरी 2016 को खाई जल मिलाने।

आज हमारे सभी जिले/नगरों के सभी जिले/नगरों, एकाग्रता व अल्पकालिक विकास, समाज विकास, शारीरिक विकास, जो सभी बच्चों और बच्चों में नि:शुल्क हो जाये।  
अधिक जानकारी के लिये अपने क्षेत्र में जिला स्वास्थ्य अधिकारी, ए.एस.डी.ओ. जिले/नगरों के अधिकारी व अधिकारी से सम्पर्क करें।

विशेष ध्यान रखें कि कृमि मुक्ति का समय 10 फरवरी 2016 को है।



Annexure H: Letter to GoI On Monitoring Visits By State  
Officials And Evidence Action Team On NDD 2016 In  
Rajasthan



Government of Rajasthan  
Directorate of Medical, Health and Family Welfare  
Swasthya Bhawan, Tilak Marg, Jaipur

F.No. F-21/NRHM/Deworming/2015/ 702

Date: 5/5/16

Joint Secretary (RCH)  
Ministry of Health and Family Welfare  
Government of India

**Subject: Regarding provisional report of National Deworming Day 2016**

National Deworming Day was implemented on February 10, 2016 followed by Mop-up day on February 15, 2016 in all the districts of Rajasthan. In this round, children of 1 year to 19 years were targeted. To extend the coverage of the program, this year, we involved Private Schools, KVS, NVS, Maa Badi Kendra and Madarsa registered in DISE along with Anganwadi Centers and Government Schools. As per the provisional reports around 1.75 crore children were covered, which is 63.38 lakh more children as compared to the last round.

Provisional report of the program is enclosed hereby for your kind reference.

Enclosure: As above

  
(Naveen Jain)  
Special Secretary,  
Medical, Health & F.W. Services  
and MD NHM, Rajasthan

Copy to:

1. Dr. Sila Deb, DC CH, MoHFW, Government of India
2. Director, RCH
3. Co-IT, Centre Server Room for email
4. Guard file

  
Special Secretary,  
Medical, Health & F.W. Services  
and MD NHM, Rajasthan

**National Deworming Day 2016  
Common Reporting Form (State)**

*PROVISIONAL*

State: Rajasthan			
No. of government schools	68,833	No. of government schools reporting coverage	67,340
No. of private schools	33,867	No. of private schools reporting coverage	27,770
No. of anganwadi centers	54,964	No. of anganwadi centers reporting coverage	54,475
No. of ASHAs oriented/trained on NDD			43,090
No. of Govt. schools who attended training on NDD			67,241
No. of private schools who attended training on NDD			28,658
No. of anganwadi workers oriented/trained on NDD			50,001
<b>Coverage Details</b>			
	Girls	Boys	Total
Total children out of school	2,15,863	2,18,841	4,34,704
Total children unregistered in anganwadis	4,39,400	4,34,861	8,94,261
Total children registered in anganwadis	19,92,095	20,63,052	40,55,147
Total children enrolled in schools	Govt. School	37,72,926	37,85,510
	Private School	29,87,973	39,56,613
<b>Total number of children targeted</b>			<b>1,98,87,134</b>
No. of enrolled children (class 1-5) who were administered Albendazole on NDD and MUD	Govt. School	18,10,084	17,82,801
	Private School	13,97,875	17,07,039
No. of enrolled children (class 6-12) who were administered Albendazole on NDD and MUD	Govt. School	16,15,396	16,53,358
	Private School	10,98,710	15,41,928
No. of registered children in anganwadi (1-5 years) who were administered Albendazole on NDD and MUD		17,85,289	18,35,772
No. of unregistered children in anganwadi (1-5 years) who were administered Albendazole on NDD and MUD		4,06,676	4,10,390
No. of out of school children (6-10 years) who were administered Albendazole on NDD and MUD		1,12,376	1,21,301
No. of out of school children (10-19 years) who were administered Albendazole on NDD and MUD		1,13,523	1,24,418
<b>GRAND TOTAL pf number of children who were administered Albendazole (T=a+1b+2a+2b+3+4+5+6)</b>			<b>1,75,16,936</b>
Percent Coverage	88.08%		
Number of serious adverse events reported from schools and anganwadis	219		
<b>Logistic Details: State</b>			
Total no. of Albendazole tablets given	13215704	8828364	5136190
Total no. of Albendazole tablets administered	6945385	5360184	4342908
Stock of Albendazole tablets left	6270319	3468180	793282
Feedback (if any):			
Name, signature, and designation of the official preparing the document: <i>(Dr. Praveen Singh) SNO - NIAE/Deworming</i>			
Name, signature, and designation of the official reviewing the document: <i>(Dr. V.K. Malhotra) Director - RCH</i>			
Contact number of official submitting the report: <i>Dr. Praveen Singh - 9460060445</i>			

### **Snapshot of the findings from the monitoring checklist – NDD 2016**

A total of 598 monitoring visits were conducted on deworming and mop up day of which 489 visits were conducted by Evidence Action national, state and field team (comprising of Regional and District coordinators). The remaining 109 monitors were from the Department of Health and other development partners including Unicef and Save the Children.

Necessary steps on data cleaning and checks have been done to ensure high quality data. Additionally a preliminary analysis of the monitoring checklist has been done. The monitors visited anganwadis, government- government aided schools and private schools.

#### **Key findings**

- 1) 95.15% of school and anganwadi had sufficient drugs for National Deworming Day
- 2) 90.97% of school and anganwadi had school/ anagnwadi reporting forms
- 3) 94.82% of school and anganwadi were administering deworming drugs on deworming day and mop up day
- 4) Approximately 87.12% of the teachers/anganwadi workers were separating sick children from healthy children for the deworming activity.
- 5) 89.63% of the teachers/anagnwadi workers followed the ticking protocol during deworming
- 6) Approximately 72.24% of the AWWs and teachers prepared a list of out of school who received the drug
- 7) In approximately 74.92% of the schools and anganwadicenters out of school children received the deworming drug
- 8) 91.97% were given the appropriate dose of albendazole by teacher/AWW
- 9) Supervised administration was conducted in 91.64% schools/Anganwadi
- 10) Approximately 91.64% of the teachers/anganwadi instructed children to chew the tablet
- 11) 85.62% of teachers/anganwadi workers attended official training for deworming

The complete excel sheet will be shared over email.



Annexure I: Snapshot of compiled calls status in Rajasthan by Evidence Action team during NDD 2016

Pre Deworming											
	Drugs					Training					
Level of call	District Level		Block level			District Level			Block level		
Proposed timeline	NA		NA			NA			NA		
Actual timeline	01 December 2016		07 January 2016			09 January 2016			19 January 2016		
Rajasthan	Officials called	Total no of calls	Officials called	Department	Total no of calls	Officials called	Department	Total no of calls	Officials called	Department	Total no of calls
	1	250	1	Health	1738	1	Health	167	1	Health	302
				Education	167		Education	66		Education	66
				ICDS	116		ICDS	140		ICDS	66
										Education	66

Pre Deworming													
	Training		EC			ICDS trainings and integrated distribution of EC and Drugs (B)			Pre-deworming calls to schools (Anganwadi)				
Level of call	Block level	District Level	Block level			Block			School and Anganwadi				
Proposed timeline	NA		NA										
Actual timeline	19 January 2016		14 January 2016		21 January 2016			21 January 2016			January 19- Feb 8		
Rajasthan	Total no of calls	Officials called	Total no of calls	Officials called	Department	Total no of calls	Officials called	Department	Total no of calls	People called	Department	Total no of calls	
		1	302	1	Health	492	1	Health	407	AWW	ICDS	139	
					Education	175		Education	1700	Teacher/HM-govt	Education	424	
					ICDS	108		ICDS	2012	Teacher/HM-private	Education	1291	
					LS	15		ICDS	1071	LS		987	

During Deworming									
	Calls on MDD			Calls between MDD and MUD			Calls on MUD		
Level of call	School and Anganwadi			School and Anganwadi			School and Anganwadi		
Proposed timeline									
Actual timeline	10-Feb			10-Feb 14-Feb			15-Feb		
Rajasthan	People called	Department	Total no of calls	People called	Department	Total no of calls	People called	Department	Total no of calls
	1	ICDS	98	1	ICDS	251	1	ICDS	120
		Education	75		Education	162		Education	104
		Education	31		Education	113		Education	14

After Deworming									
Coverage Reporting									
Level of call	School/Anganwadi Level			Block level			District Level		
Proposed timeline	16 Feb - 19 Feb						08th March		
Actual timeline	17 Feb - 19 Feb			10th Feb					
Rajasthan	People called	Department	Total no of calls	Officials called	Department	Total no of calls	Officials called	Department	Total no of calls
	1	ICDS	471	1	Health	1366	1	Health	34
		Education	681		Education	1576		Education	53
		Education	225		Health	1118		ICDS	

Annexure J: Letter For Gaps Identified In Monitoring Of NDD 2016



Government of Rajasthan  
Directorate of Medical, Health and Family Welfare  
Swasthya Bhawan, Tilak Marg, Jaipur

क्रमांक / 6919

दिनांक 12/2/16

मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी  
समस्त जिला शिक्षा अधिकारी (प्रारंभिक एवं माध्यमिक)  
समस्त उपनिदेशक, महिला एवं बाल विकास विभाग  
दौसा, हनुमानगढ़, बीकानेर, भीलवाड़ा, बूंदी, प्रतापगढ़, अजमेर, बांस, चित्तौड़गढ़, धौलपुर, झुन्झुनू, कोटा,  
जयपुर

विषय :- राष्ट्रीय कृमि मुक्ति दिवस (दिनांक 10 फरवरी 2016) के संबंध में जिला एवं राज्य स्तरीय निरीक्षकों एवं स्वतंत्र मॉनिटर द्वारा प्राप्त रिपोर्ट में कमियों पर तत्काल सुधारात्मक कार्यवाही के बाबत।

विषयानुसार लेख है कि 10 फरवरी 2016 को प्रदेश भर में आप सभी के सहयोग से राष्ट्रीय कृमि मुक्ति दिवस आयोजित किया गया है। प्रदेश में कार्यक्रम की मॉनिटरिंग 125 स्वतंत्र मॉनिटर, राज्य एवं जिला स्तरीय निरीक्षकों के माध्यम से की जा रही है। दिनांक 10 फरवरी 2016 के आयोजन उपरान्त जिलेवार विहित कमियों निम्नानुसार हैं :-

क्रं	जिले का नाम	ब्लॉक का नाम	स्कूल / आंगनवाड़ी का नाम	नेशनल डीवर्मिंग डे (10 फरवरी) में देखी गयी कमियाँ
1	दौसा	दौसा सिटी	सेंट मेरी कन्वेंट प्राइवेट विद्यालय	नेशनल डीवर्मिंग डे मनाया नहीं गया
2	बीकानेर	बीकानेर सिटी	रोफिया स्कूल	नेशनल डीवर्मिंग डे मनाया नहीं गया क्योंकि यहां दवाई मौजूद नहीं थी, रिपोर्टिंग फार्म मौजूद नहीं थे
		दौसा सिटी	दयानंद पब्लिक स्कूल	नेशनल डीवर्मिंग डे मनाया नहीं गया क्योंकि यहां दवाई मौजूद नहीं थी, रिपोर्टिंग फार्म मौजूद नहीं थे
3	हनुमानगढ़	पीलीबंगा	आंगनवाड़ी सेन्टर वार्ड नं. 18	रिपोर्टिंग फार्म मौजूद नहीं थे
		पीलीबंगा	आंगनवाड़ी सेन्टर वार्ड नं. 17	रिपोर्टिंग फार्म मौजूद नहीं थे
		पीलीबंगा	आंगनवाड़ी सेन्टर वार्ड नं. 10	रिपोर्टिंग फार्म मौजूद नहीं थे
		पीलीबंगा	आंगनवाड़ी सेन्टर वार्ड नं. 14	रिपोर्टिंग फार्म मौजूद नहीं थे
		पीलीबंगा	आंगनवाड़ी सेन्टर वार्ड नं. 18	रिपोर्टिंग फार्म मौजूद नहीं थे

12/2/16



Government of Rajasthan  
Directorate of Medical, Health and Family Welfare  
Swasthya Bhawan, Tilak Marg, Jaipur

1	भीराबाजा	फोटडी	नंदराय आंगनवाडी सेन्टर	नेशनल डीवर्मिंग डे मनाया नहीं गया
5	बूरी	नैनवा	आंगनवाडी सेन्टर घडा का झोपडा	नेशनल डीवर्मिंग डे मनाया नहीं गया
6	प्रतापगढ़	धारियाबाद	आंगनवाडी सेन्टर हजारीगुडा	नेशनल डीवर्मिंग डे मनाया नहीं गया क्योंकि यहा दवाई मौजूद नहीं थी
7	अजमेर	अजमेर ग्रामीण	सेंट रामदास प्राइमरी स्कूल नरसिंहपुरा	नेशनल डीवर्मिंग डे मनाया नहीं गया
		अजमेर ग्रामीण	क्षुब्हा स्पेशल स्कूल	नेशनल डीवर्मिंग डे मनाया नहीं गया
		मसूदा	राजकीय प्राथमिक विद्यालय लडी मसूदा	रिपोर्टिंग फार्म मौजूद नहीं थे
8	बार	छबडा	एस के यु पी एस बागला जागीर	नेशनल डीवर्मिंग डे मनाया नहीं गया
		छबडा	आंगनवाडी सेन्टर बागला जागीर	नेशनल डीवर्मिंग डे मनाया नहीं गया
9	वित्तौडगढ़	भदरसर	आदर्श विद्या निकेतन मडफिया	नेशनल डीवर्मिंग डे मनाया नहीं गया
10	धीलपुर	बरोरी	राजकीय प्राथमिक विद्यालय जोरघडी	नेशनल डीवर्मिंग डे मनाया नहीं गया
11	शुन्शुनु	शुन्शुनु	इयूरो किडस एकेडमी बार्ड नं 12	नेशनल डीवर्मिंग डे मनाया नहीं गया
12	कोटा	कोटा	के जी एन श्रीपुरा	नेशनल डीवर्मिंग डे मनाया नहीं गया क्योंकि यहा दवाई मौजूद नहीं थी रिपोर्टिंग फार्म मौजूद नहीं थे
13	जयपुर	जयपुर पूर्व	गुलजार बस्ती बार्ड नं 48	रिपोर्टिंग फार्म मौजूद नहीं थे
		जयपुर पश्चिम	राधो का मोहल्ला	रिपोर्टिंग फार्म मौजूद नहीं थे
		कोटपुतली	राय करणपुरा प्रथम	नेशनल डीवर्मिंग डे मनाया नहीं गया, रिपोर्टिंग फार्म मौजूद नहीं थे
		सांगानेर शहर	माल की डाणी	रिपोर्टिंग फार्म मौजूद नहीं थे

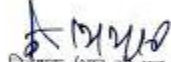
अमर सिंह



Government of Rajasthan  
Directorate of Medical, Health and Family Welfare  
Swasthya Bhawan, Tilak Marg, Jaipur

शाहपुरा	आंगनवाडी केन्द्र धररा, द्वितीय	रिपोर्टिंग फार्म मौजूद नहीं थे
जयपुर परिवार	वॉरेन एकेडमी सी स्कूल	नेशनल डीबर्निंग डे मनाया नहीं गया

अतः आपको निर्देशित किया जाता है कि उपरोक्त तालिका में दर्शाये अनुसार कमियों में तत्काल सुधार सुनिश्चित की जाये। आप द्वारा निरीक्षण किये गये स्कूल एवं आंगनवाडी केन्द्र में पायी गयी कमियों को भी तत्काल दूर किया जाये। किसी भी प्रतिकूल घटना की जानकारी राज्य नोडल अधिकारी डॉ. प्रेम सिंह (मो 9460060445) को तत्काल कॉल कर दी जाये।

  
निदेशक (आर.सी.एच.)

चिकित्सा, स्वास्थ्य एवं परिवार कल्याण सेवायें  
राजस्थान, जयपुर

प्रतिलिपि निम्न को सूचनाार्थ प्रेषित है :

1. मिशन निदेशक, राष्ट्रीय स्वास्थ्य मिशन, जयपुर
2. निदेशक, आई.सी.डी.एस., जयपुर
3. आयुक्त, राजस्थान प्राथमिक शिक्षा परिषद्, जयपुर
4. निदेशक, राजस्थान माध्यमिक शिक्षा परिषद्, जयपुर
5. निदेशक, प्राथमिक शिक्षा विभाग, बीकानेर
6. निदेशक, माध्यमिक शिक्षा विभाग, बीकानेर
7. सुमस्त जिला कलेक्टर झुंझर-बीकानेर
8. राज्य कार्यक्रम प्रबन्धक, एपिडेमियोलॉजी-डिवीजन-डिपार्टमेंट ऑफ़ इनीशियेटिव
9. पोषण अधिकारी, युनिसेफ

  
निदेशक (आर.सी.एच.)

चिकित्सा, स्वास्थ्य एवं परिवार कल्याण सेवायें  
राजस्थान, जयपुर

## Annexure K: Training Quality Assessment

### Quality Assurance for Training

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

1. Around 47% participants were not aware about the correct way to administer Albendazole to 1-2 years of children.
2. There was relatively low level of awareness among the participant on the role of ASHA in National deworming program. Around 29 % were not aware that ASHA were supposed to make a list of out of school children before National Deworming Day. Further, 30 % were not aware that ASHA were supposed to encourage the children to get Deworming tablet on Mop up day who could not have it on National Deworming day. Moreover, 40 % were not aware of the fact that ASHA were supposed to assist the AWW in submitting the reporting to ANM.
3. Approximately 33 % of the participants were NOT aware correct way of reporting the information in the School/Anaganwadi reporting form
4. Approximately 39 % of the participants were NOT aware about the date when ANM would submit the Reporting form to BMO
5. Approximately 45 % of the participants were NOT aware about the date when BMO would submit the Reporting form to District nodal
6. Approximately 53 % of the participants were NOT aware about the date when District Nodal officer would the Reporting form to State Nodal officer.

## Annexure L: District Wise Coverage for NDD 2016

<i>District</i>	<b>District Coverage</b>
Ajmer	88.49
Alwar	90.95
Banswara	91.38
Baran	95.35
Barmer	93.31
Bhartpur	82.54
Bhilwara	89.23
Bikaner	78.06
Bundi	87.50
Chittaurgarh	93.71
Churu	82.84
Dausa	89.27
Dhaulpur	94.30
Dungarpur	93.06
Hanumangarh	94.55
Jaipur	85.69
Jaisalmer	90.71
Jalore	86.00
Jhalawar	92.16
Jhunjhunu	90.22
Jodhpur	84.84
Karauli	92.71
Kota	91.13
Nagaur	92.17
Pali	89.16
Pratapgarh	68.02
Rajsamand	87.45
Sawai Madhopur	80.03
Sikar	71.57
Sirohi	94.05
Sri Ganganagar	95.57
Tonk	88.76
Udaipur	85.97
<b>Total Rajasthan</b>	<b>87.76</b>