Evidence
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Deworm the
World Initiative

National Deworming Day February, 2016

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A Report on Round-1 of Uttar Pradesh *Anganwadi* and School-Based Mass Deworming Program

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ACRONYMNS

AMD:	Additional Mission Director
MD:	Mission Director
NHM:	National Health Mission
ANM:	Auxiliary Nurse Midwife
AWC:	Anganwadi Centre
AWW :	Anganwadi Worker
CMHO:	Chief Medical Health Officer
DEO:	District Education Officer
DWCD:	Department of Women and Child Development
GoI:	Government of India
GoUP:	Government of Uttar Pradesh
ICDS:	Integrated Child Development Services
IEC:	Information, Education and Communication
NHM:	National Health Mission
NDD:	National Deworming Day
PIP:	Program Implementation Plan
RBSK:	Rashtriya Bal Swasthya Karyakarm
BSPM:	Bal Suraksha Poshan Maah
SBD:	School Based Deworming
SIFPSA:	State Innovations in Family Planning Services Project Agency
WHO:	World Health Organisation

Executive Summary

Under the ambit of National Deworming Day (NDD), Uttar Pradesh implemented the first round of *anganwadi* (preschool) and school-based mass deworming on February 10, followed by mop-up day on February 15, 2016. In this round 4,262,192 school-age children and 3,974,462 preschool age children were dewormed, including out-of-school children in the age group of 6-19 years, through the network of 36,967 government schools in rural areas and 41,435 *anganwadi* centre (AWC) across 24 districts in the state. The state's achievement is the outcome of exemplary leadership from the National Health Mission, State Innovations in Family Planning Services Project Agency (SIFPSA), Department of Health and Family Welfare and the joint efforts of the Department of Education, Women and Child Development (WCD), and Evidence Action. Children's Investment Fund Foundation (CIFF) provided funding for Evidence Action's technical assistance to the deworming round.

Key Achievements of National Deworming Day 2016 [1]

Indicator		Results	Coverage (%)
Total number of children targeted		93,56,894	
Number of enrolled children (classes 1-12) who were administered albendazole on NDD and MUD in (Only Rural area schools targeted in February 2016 NDD)	Government Schools	34,31,773	88
	Private school**	NA	
Number of registered children dewormed (1 to 5 years) at *anganwadi* centres (AWCs) on NDD and MUD		35,86,355	87
Number of unregistered children dewormed (1 to 5 years) at AWCs on NDD and MUD		3,88,107	82
Number of out-of-school children (6-19 years) dewormed on NDD and MUD		8,30,419	94
Total number of children dewormed (1-19 years)		82,40,046	88

*Out of total 75 districts in the state, 33 districts administer albendazole under Lymphatic Filariasis (LF)-MDA and 18 districts were under Transmission Assessment Survey (TAS). As per the national guidelines, districts implementing LF treatment in December were excluded from NDD. Additionally, the state decided to exclude 18 districts under TAS as well

**3382 private school children were also dewormed

[1] Based on the NDD 2016 Coverage report submitted by Government of Uttar Pradesh to Ministry of Health and Family Welfare, Government of India April 4, 2016(**Annexure A)**

Building upon the successful first phase of NDD in February 2015 that covered 11 Indian states/Union Territories (UTs)[2], the Government of India scaled up NDD in 2016 to target 27 crore children across 30 states/UTs including Uttar Pradesh. Evidence Action closely supported the Government of India's Child Health Division in planning and implementing NDD 2016. National Health Mission (NHM), Department of Health, Uttar Pradesh and State Innovations in Family Planning Services Project Agency (SIFPSA) was recognized as nodal agency, taking ownership of program execution at the state level by steering initiatives in line with NDD operational guidelines **(Annexure B)**. Evidence Action provided technical assistance to the state by conducting quality assurance in trainings, contextualizing IEC materials, conducting program monitoring, and facilitating interdepartmental coordination at all levels. The state referred to NDD financial guidelines when allocating resources for various program components. The emphasis on adherence to timelines for coverage reporting resulted in completion of the same within two months of deworming day. Evidence Action's robust tracking through tele-calling and monitoring systems guided the state to undertake remedial measures for identified gaps. Experiences and findings from this deworming round in the state will be crucial for planning and implementation of future deworming rounds.

1. Program Background

In India, approximately 22 crore children between the ages of 1 and 14 are at risk of parasitic intestinal worms (known as soil-transmitted helminths or STH). The infected children represent approximately 68% of all 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 infections are easily transmitted among children through contact with contaminated soil, especially in areas with poor sanitation and hygiene conditions. Various studies have documented the widespread and debilitating consequences 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 economic productivity[3].

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

Evidence from across the globe shows that deworming leads to improved outcomes for 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. By leveraging the existing extensive infrastructures of school and health systems to treat millions of children at a time, and has significant impact on educational and economic outcomes, it is considered a "best buy"

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

[3] Helminth control in school-age children- A guide for managers of control programmes: WHO, 2011

in development.[4] 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.[5] The benefits of using school and *anganwadi* platforms for deworming are immediate. Regular treatment can reduce school absenteeism by 25%, with the greatest participation gains among the youngest pupils[6]. In some instances, young siblings of treated children and others who live nearby but were too young to be dewormed also showed significant gains in cognitive development following mass school-based deworming[7]. Teachers, with support from the local health system, can administer treatment with minimal training.

1.2 Deworming Children in India

Deworming children has been part of the Government of India's school and preschool health programs, such as the Weekly Iron-Folic Acid Supplementation (WIFS) program, which provides biannual deworming for adolescents (10-19 years).[8] National Iron Plus Initiative (NIPI) offers deworming for a wider age group of 1-45 years, including preschool-age. Until recently, only a few states ran effective school and *anganwadi*-based deworming programs with good coverage. Many programs had sporadic deworming efforts and low coverage, while in some states no deworming programs existed. Considering this complex environment and the clear need to accelerate treatment for India's children, the Government of India renewed its focus on deworming by streamlining efforts through the school and *anganwadi*-based National Deworming Day launched in February, 2015.

1.3 State Program History

The deworming program in Uttar Pradesh is broadly aligned within two pan-state programs. *Rashtriya Bal Swasthya Karyakram* (RBSK) is an initiative aiming at early identification and early intervention for children from birth to 18 years to cover "4 Ds": Defects at birth, Deficiencies, Diseases, and Development delays including disability. The RBSK initiative was launched in 2013 in Uttar Pradesh. The program also includes deworming treatment for children ages 1- 19 years through the mobile health teams in sites near schools and *anganwadis*. *Bal Suraksha Poshan Maah* (BSPM) is the state's biannual month-long program to increase overall health status of children under the age of five. BSPM was launched in 2001 and offers comprehensive services such as immunization, micronutrient and iron supplementation, and deworming (beginning in 2008) at *anganwadi* centre to children under age of five.

In addition, the National Filaria Control Program, which co-administers albendazole (same drug used in school-based deworming) and diethylcarbamazine citrate annually to all people in

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[4] http://www.povertyactionlab.org/publication/deworming-best-buy-development

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

[6] 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.

[7] 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

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

the community older than two years (excluding pregnant women and the seriously ill), targets the state's 51 LF-endemic districts with mass drug administration (MDA). It has been implemented in the state since 2004, and the last LF MDA occurred in December 2015.

The state has previously administered deworming drugs through these existing programs, but efforts have been disjointed and sporadic, resulting in low coverage. In order to reach all at-risk preschool-age and school-age children, a fixed-day strategy was needed and is made possible through a comprehensive program like NDD, which has the potential to attain maximum coverage. This was facilitated through a Memorandum of Understanding (MoU) signed between the National Health Mission (NHM) UP, State Innovations in Family Planning Services Project Agency, and Evidence Action wherein Evidence Action will provide technical assistance to the state government's school and *anganwadi*-based deworming program from April 2015 through September 2018.

1.4 Prevalence Survey

To develop an appropriate STH treatment strategy, Evidence Action worked in partnership with the state government to complete an epidemiological survey to measure the prevalence and intensity of STH infections among school-age children in May and July-August 2015. Evidence Action partnered with several qualified organizations. The Post-Graduate Institute of Medical Education and Research, Chandigarh and National Institute of Cholera and Enteric Diseases – Indian Council of Medical Research served as technical partners; the National Institute of Epidemiology - Indian Council of Medical Research completed the survey design and epidemiological analysis, and conducted the survey among school-children in 130 government primary schools across 27 sampled districts in the state, covering all nine agro-climatic zones. To carry out the fieldwork, Evidence Action hired GfK Mode, which had a team of field surveyors in Uttar Pradesh with experience collecting stool samples from previous surveys. The survey was completed in August 2015 and in January 2016 a detailed report was submitted to the Government of Uttar Pradesh **(Annexure C).**

On the basis of analysed data, the overall weighted prevalence of any STH in Uttar Pradesh was calculated to be 76%. Roundworm had the highest prevalence at 70%, followed by hookworm and whipworm with a prevalence of 23% and 5%, respectively. The prevalence in different agro-climatic zones ranged from 17% to 93%. Prevalence in areas endemic to Lymphatic Filariasis (LF) was found to be in excess of 50%.

Based on the findings of the survey, NIE has recommended biannual deworming for preschool and school-age children in the state.

2. About National Deworming Day

In 2015 the deworming efforts in India reached a key milestone with the Government of India's launch of NDD on February 10, 2015. The first phase of NDD targeted all children aged 1-19

years in 11 states/union territories[9] through the network of government and government-aided schools and AWCs, and achieved a national coverage of 8.9 crore children. After this unprecedented coverage, in November 2015 the Ministry of Health and Family Welfare (MoHFW) scaled up the effort to observe NDD across all 36 states and union territories from February 2016. **(Annexure D)**

To prepare for NDD 2016, on October 27, 2015, Child Health Division with support from Evidence Action held national technical review meeting to discuss the learnings from NDD 2015 with 11 states and UTs. The outcomes of the meeting resulted in standardized target population figures and increased incentives for ASHAs. The GoI took a significant step towards expanding the program by deciding to target private school children in at least 10% of the districts in each step . With a high enrolment of children in private schools at the national level (29% as per Annual Status of Education Report 2014 data) the NDD is committed to reaching these children to ensure they too have access to deworming drugs and receive benefits for improved health and education outcomes.

Keeping in view the learning from NDD 2015, and scaling up the program across the country, the MoHFW organized a national level orientation meeting with support from Evidence Action on December 1, 2015, with participation from all states and union territories. The platform was used for sharing objectives, strategies, and plans under the NDD 2016. The Ministry of Health also held a coordination meeting with joint secretaries of key stakeholder departments including Ministry of Education, Women and Child Development and others[10], focused on facilitating national-level convergence for effective implementation of NDD. Efforts at the national level further cascaded to states through issuance of joint directives from the secretaries of the Ministry of Health, Education, and Women and Child Development to the chief secretaries of all states and union territories emphasizing coordination between stakeholder departments to achieve NDD goals.

As technical assistance partner, Evidence Action supported the Child Health Division to update the content and messaging for training and IEC; NDD 2016 operational guidelines; monitoring and reporting forms (available at on the NHM website link http://upnrhm.gov.in/); and other materials intended to ease program implementation and facilitate standardized messaging. The financial guidelines issued to the states built clarity on budgetary allocations for program implementation **(Annexure E).**
On February 9, 2016, the Union Minister of Health launched the program 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.

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

[10] Panchayati Raj, and Drinking Water and Sanitation departments

3. NDD in Uttar Pradesh

3.1 Target Beneficiaries

In Uttar Pradesh, the total target for NDD 2016 was 93,56,894 children between 1-19 years of age. This included preschool-age children, whether registered in *anganwadis* or unregistered, and school-age children, whether enrolled in government schools or out-of-school. The program dewormed out-of-school children through AWCs.[11] In NDD 2016, private school children were not explicitly targeted; however, during the round 344 private schools conducted deworming as per the coverage reported to MoHFW.

3.2 Key Stakeholders

Department of Health and Family Welfare, represented by National Health Mission (NHM-UP) and SIFPSA, led the overall planning and implementation of the program along with stakeholders. Their roles included organizing Steering Committee meetings, ensuring drug procurement, overseeing logistics and supply chain, training, disseminating adverse event management protocols, leading the IEC campaign through a media mix including radio broadcast, printing all IEC (poster, banner, hoardings) resources for school and *anganwadis*, coordinating wall writings for district headquarters, and incentivizing ASHAs to mobilize out-of-school children. The department also provided guidelines and budgetary allocations to districts to support efficient and effective program implementation and timely coverage reporting.

Department of Education represented by the *Basic* and *Madhyamik* Education and ***Department of Women and Child Development*** were responsible for facilitating the program implementation through platform of schools and *anganwadis*. The departments were responsible for ensuring that trainings on drug administration and adverse event management were attended by their respective functionaries, including headmasters, teachers, AWWs, and lady supervisors. Further, these functionaries were oriented on timely submission of coverage reports to the Health Department in standardized formats.

Evidence Action-Deworm the World Initiative coordinated with the stakeholder departments to facilitate overall planning for the deworming round. Technical inputs included adapting resources for training and IEC; printing training resources (flipchart and handout for teachers, *AWW, ASHAs*); monitoring and conducting quality assurance at selected district and block trainings; providing overall program support by tracking with a tele-calling unit and field-based teams of regional coordinators and district coordinators; and independent monitoring and coverage validation. All of these inputs aimed to facilitate greater coordination between stakeholders for effective program implementation.

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[11] The state did not define target figure for out-of-school as the data for this population segment is currently undetermined.

4. Program Implementation

4.1 Policy and Advocacy

With the participation of the state at the NDD 2016 orientation meeting held on December 1, 2015 in New Delhi, the state geared up its preparation for implementation. A subsequent state-level coordination meeting was held on January 16, 2016 chaired by the Mission Director, NHM with representatives from the Departments of Health, SIFPSA, Education, Evidence Action, and other government stakeholders. With program's advancing timeline, the meeting was instrumental for all stakeholders at state and district level to reach consensus on the implementation dates and align planning for coordination efforts. Supplementing this, letters issued from the Principal Secretary of Health to Education and WCD also envisaged for greater collaboration among stakeholders (Annexure Fa,Fb,Fc). The state level coordination meeting and state level training of trainers (TOT) were aligned to occur on the same day in a single venue (Annexure G). The second State Coordination meeting was held on February 1, 2016; it was chaired by the Additional Mission Director NHM and attended by representatives from state *Madhyamik* Education department, other senior NHM officials, and Evidence Action state team. During the meeting, the Addl. MD emphasized the ownership of District Magistrate in coordinating the program at district level.

As part of NDD preparations, Evidence Action worked with the state to adapt operational guidelines, define timelines, and clarify roles of concerned stakeholders for program implementation, which were disseminated to all stakeholders. Financial guidelines were issued to the districts to strengthen the program implementation. Evidence Action advocated with the Department of Health to leverage existing resources for the deworming program in order to maximize impact. As a result, the Department of Health supported initiatives such as uploading deworming-related information to the department's website and sending bulk SMS to frontline workers using existing portals.

Facilitating preparedness across 24 districts, the Additional Mission Director, NHM-UP convened a video conference call on February 3 with district nodal officials of the Department of Health and District Coordinators from Evidence Action (Annexure H). During the call, a timely key decision was taken on drug procurement to mitigate delays experienced in few districts and undertake corrective action. Amongst other things during these coordination calls focused on review of overall preparations, including response systems for adverse event management and adherence to timelines for coverage reporting.

Increased engagement and ownership by district administration in the planning and implementation of the deworming program was demonstrated across 24 as they organized District Coordination Committee Meetings, adhering to a directive from Departments of Health issued to districts, all 24 districts conducted meetings to establish coordination framework among the stakeholders, of which 23 districts[12] issued formal minutes in the month

[12] In Saharanpur although the meeting was conducted however the minutes were not circulated

from January-February. Out of 24 districts, nine meetings were chaired by District Magistrates, while the remaining were chaired by Chief Development Officer (CDO). Evidence Action's field-based staff facilitated and shared critical program updates and relayed information in all of these meetings.

To pace the preparation for the program, in accordance with NDD guidelines, the Department of Health directed districts to shoulder greater responsibility of key program activities including printing and disseminating IEC, and organizing inaugural events. This resulted in greater ownership at district level.

4.2 Program Management

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

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

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

District Coordinators: 24 district coordinators were hired to facilitate on the ground support around deworming round for a period of approximately three months. They were instrumental in ensuring timely delivery of training materials such as flipcharts, and distribution of NDD kits at the trainings for all functionaries. They participated in trainings at district and block levels and escalated any observed gaps to regional coordinators and the state team for appropriate follow-up at the state level. Their role was integral in ensuring high quality of the trainings where pre and post-tests were administered to participants. After the deworming round, they provided rigorous follow-up with block and district-level officials to support timely compilation of coverage reports.

Tele-callers: Three tele-callers were hired to support the deworming round. Each tele-caller was assigned to work closely with one regional coordinator, as well as the district coordinators within their region. Calls were made at districts, blocks, and schools to obtain updates on drug and IEC availability, training schedules, and status of reports after the deworming round. This dynamic flow of information allowed tele-callers to generate detailed, real-time program updates which were continuously shared with state level officials and enabled any necessary corrective measures to be taken (Figure 1).
With support and inputs provided by short-term hires, Evidence Action's state team held debriefing sessions with officials at the state health department to share updates and information from deworming day monitoring visits to schools and *anganwadis*. These updates resulted in corrective actions around issues such as drug and IEC availability, ensuring adherence to program guidelines and ultimately supporting increased coverage

Figure 1: Snapshot of the Daily Tracker

Uttar Pradesh-NDD 2016
Status on District Training, District Coordination Meeting & Minutes, Drug Procurement

S. No.	NDD District	District Coordination Meeting	District Training Status	Block Level Training Date Received	Drug Procurement Status	DCM meeting minutes issued	IEC Material Printing Expected Date By Govt.
1	Muzaffar Nagar	25 th jan,2016	2nd feb	District ToT Not done	31st Jan	No	1st, Feb
2	Saharanpur	25th Jan, 2016	1st feb	District ToT Not done	Order received	No	No information
3	Shamli		3rd feb	District ToT Not done	29th Jan	No	No information
4	Baghpat	21th jan, 2016	25th jan	Yes	50000 tab procured, Remaining on 30th Jan	Yes	30th, Jan
5	Bulandshahar	22nd Jan, 2016	22nd jan	Yes	31st Jan	Yes	4th, Feb

4.3 Drug Procurement, Storage, and Transportation

Drug Procurement*:* All school and preschool-age children were treated with albendazole tablet (400 mg) in National Deworming Day 2016. Evidence Action supported the state government in estimating drugs needed for the deworming round and in assessing availability of drugs within all participating 24 districts. Based on this analysis, districts procured 1.10 crore albendazole tablets. The districts were directed to place requisition and procure remaining deficit within stipulated time. In 13 districts,[13] timely drug procurement was a challenge, resulting in the decision at the video conference to ensure supply using drugs stocked under the Lymphatic Filariasis program. Before administration, a sample of drugs was tested in a government accredited laboratory to assure quality and safety.

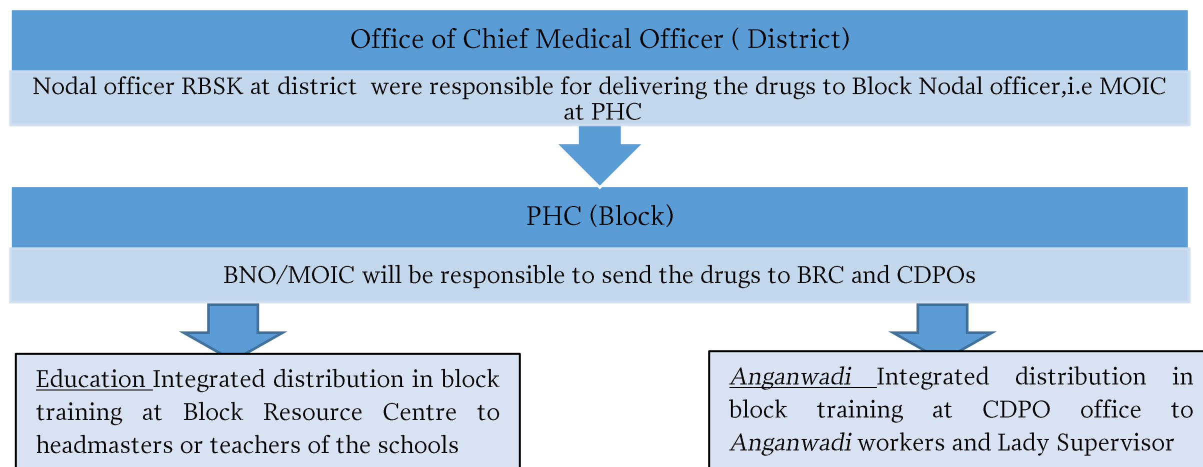
Drug Logistics and Supply: With the objective of aligning drug distribution with block-level trainings, Evidence Action worked closely with NHM-UP, which managed all aspects of drugs logistics and supply in this round. Prior to the distribution, drugs were bundled for each block based on the requirement[14] agreed in consultation with NHM, while factoring in a buffer of

[13] Kasganj, G B Nagar, Badaun, Bijnor, Baghpat, Etah, Moradabad, Bulandshahar, Shamli, Muzaffarnagar, Mainpuri, Hathras, Ghaziabad

[14] In agreement with NHM-UP based on 1500 tablet per school and *Anganwadi*

10% to cater to out-of-school children. As per NDD operational guidelines, and established best practice, drug distribution was integrated with the training cascade (as detailed in the training section below), whereby NDD kits were provided to health functionaries at the district level trainings for onward distribution to Education and WCD before the block level training. The kits included drugs, IEC and handouts with attached reporting forms. The district level procurement and distribution cascade is depicted in Figure 2

Figure 2: Drug transportation flow chart for school and *anganwadi* center



Given the scale of the program and the tight timelines, it was a systemic challenge to ensure these objectives were fully achieved. To the extent possible, Evidence Action's regional and district coordinators played a crucial role by coordinating with respective departments for integrated distribution.

Adverse Event Management: To provide guidance on functionaries' roles and responsibilities in minimizing adverse events, and to handle and report adverse events that did occur, Evidence Action assisted the NHM-UP to adapt and circulate a detailed adverse event protocol, adapted in *Hindi* as part of program guideline. The protocol reached all district and block-level medical officers, with directives to establish block-level emergency response teams in coordination with the RBSK team.

Block-level emergency response teams were established, comprised of a doctor, a male nurse, and an Auxiliary Nurse Midwife (ANM) who responded to and managed any severe adverse events reported on deworming and mop-up days. To enable all emergency units and personnel to respond quickly in cases of adverse events, mobile ambulances under RBSK,[15] and 108 ambulances were on alert in all districts. Additionally, functionaries were trained on adverse event management. 4831 mild adverse events were reported in this round which were handled by schools and *anganwadi* with support from the health teams. To emphasize the aspects of safe and supervised drug administration along with timely response to any serious case,

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Evidence Action sent out approximately 6,72,145 text messages (SMS) in the period between February 11 until February 15, reaching key frontline functionaries of Health, Education and ICDS.

4.4 Public Awareness and Community Sensitization

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

Table 1: Detail of Mix-Medial community awareness activities

Activity	Timeline	Frequency (times a week/day was this activity repeated?)	Channel/Station/Paper/location
Radio spot	February, 6-15	2 times for 10 days	AIR & Private FM channels (Radio City, Radio Mirchi, Red FM, Big FM, Radio Mantra)
Radio jingle (30 sec)	February, 6-15	2 times for 10 days	AIR & Private FM channels (Radio City, Radio Mirchi, Red FM, Big FM, Radio Mantra)
Newspaper advertisement (NDD and MUD	February, 10 & 15 Feb	1 advertisement per district	Amar Ujala, Dainik Jagran, Hindustan
Wall writing	February, 3-9	2254 wall paintings across all 24 districts Size: 5' X 8'	CMO office, DM office, Court premises, PHC, CHC, schools, bus stand, tehsil, block premises
Hoarding	February, 3-9	48 Hoarding (2 per district) Size: 16' X 20'	At district hospitals

For additional visibility of the program at the community level, the NHM-UP issued guidelines for the district and block level for printing of posters and banners to be displayed in schools, *anganwadis* and public areas, prototypes of which were uploaded on NHM portal (http://upnrhm.gov.in/site-files/updates/For_NHM_WEb_Site_23-01-2016). In all, 2,19,455 posters (2

versions each for school and *anganwadis*) were printed, and 22413 banners were printed for display in schools, *anganwadis,* health facilities, and public areas.

The state also printed 17,32,281 community handbills for community mobilization through ASHAs to ensure greater outreach of program and uniformity in information. NHM-UP set up provisions for ASHA incentives[16] who are a critical link to mobilize out-of-school children for deworming at *anganwadi* centers.

State level Press Conference: Evidence Action supported the state level conference, chaired by the Principal Secretary of Health and MD NHM convened a state level press conference that was attended by various senior dignitaries from other stakeholder departments and reflected the stakeholders' commitment towards the program. NHM UP briefed the media about the program's aims and benefits of deworming resulting in extensive media coverage.

NDD Press Conference on February 9, 2016

In addition, 24 districts NDD launch events were organised with support from Evidence Action's district coordinators in the presence of district and block level officials from Departments of Health, ICDS and Education. These events were covered by the local media. **(Annexure I)**

4.5 Training

Training Cascade: As per NDD Operational Guidelines and the state specific operational plan developed in collaboration between Evidence Action and the NHM-UP a training cascade was implemented at all districts and blocks between Jan 16 to Feb 9, 2016. All preparations for organizing trainings at block and district were ensured by National Health Mission-UP for schools and *anganwadis*. To effectively orient the officials on the program's modalities and goals, Department of Health designated nodal officers in each participating district who were called for a state level Training of Trainers on January 16, jointly led by the Department of Health and Evidence Action. The printing of IEC material delayed at some districts, hence in order to carry out integrated distribution at blocks, block-level trainings were arranged as close to February 10 as possible to ensure that material was available in time.

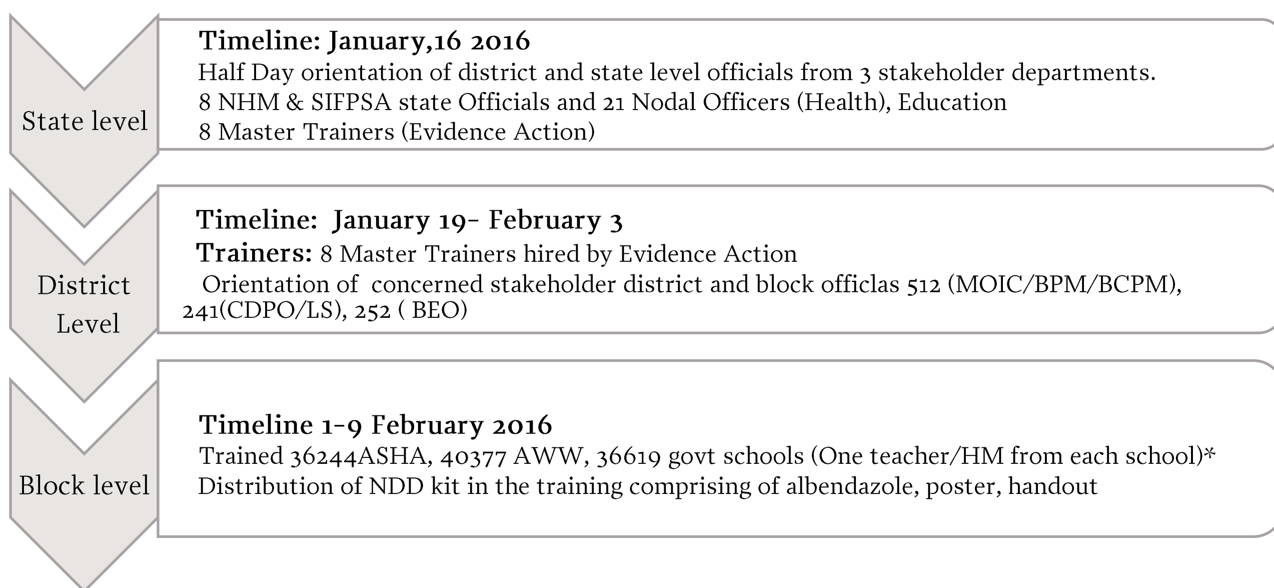
[16] As per GOI recommendations, ASHA would be incentivized with ₹100, in UP the amount was revised to ₹50

The cascade trained 36,244 government and government-aided schools, 375 private school teachers, 40,377 AWWs, and 31,114 ASHAs.[17] District and block level officials from all nodal departments implementing the program were also trained.

Details of participants trained at all levels of cascade are below in Figure 3

Figure 3: Training Cascade and Participation

NDD training of anganwadi workers in block Dangkor, district GB nagar



*Participation of 375 private school as reported under coverage reporting by NHM-UP

Training Resources: To assure high-quality and standardized messages, Evidence Action provided 850 flipcharts (4 flipchart for each block) as training aids for use at the district and block-level trainings. These flipcharts were developed and designed with approvals from the concerned government departments and printed by Evidence Action. Other training resources printed and distributed by Evidence Action included 1,19,553 handouts for teachers, *anganwadi* workers, and ASHAs. To align distribution of resources during trainings, Evidence Action

[17] NDD coverage report submitted by state to GOI.

prepared the bundling plan of materials required for each block, which were then transported to all districts before the trainings commenced. District coordinators played a vital role in ensuring the timely completion of tasks in order to distribute these kits at block-level trainings.

Training Support and Monitoring: Along with the master trainers who led the district trainings, Evidence Action's district coordinators provided supportive supervision to all 24 district trainings. Additionally, the team monitored trainings across all 24 districts, and conducted pre- and post-tests to assess knowledge gained by participants in 8 selected districts[18] and 11 blocks[19]. District coordinators also monitored 47 block-level trainings to ensure correct information dissemination. (**Annexure J)**

Training Reinforcement: As per a strategically designed plan by Evidence Action using the NDD 2016 toolkit, NHM-UP sent text messages (SMS) on key program components to its frontline workers while Evidence Action sent text messages to Education and WCD functionaries. Approximately, 18,24,360 SMSs were sent jointly by Health and Evidence Action. The Department of Health sent 3 lakhs reinforcement messages to the frontline workers (ASHA). Evidence Action supported the government in sending 15,24,360 SMSs to officials of Education and WCD and frontline workers including teachers and *anganwadi* workers. Additionally, Evidence Action sent customized voice messages reinforcing dates of NDD & MUD, also sent as an Interactive Voice Response SMS one day prior to NDD to 35,000 ASHAs to facilitate mobilization of out-of-school children to the nearest AWC (**Annexure K).**

5. Highlights of Deworming and Mop-Up Days

National Deworming Day was observed on February 10 in 23 districts[20] followed by a mop-up day on February 15 to reach out to children who did not receive treatment on deworming day due to ill health or absenteeism.

- ✓ The district level launch was held on February 10, 2016 in all 24 districts with political commitment and bureaucratic leadership. These contributed to the larger awareness about the program through media coverage.
- ✓ Consultants from MoHFW, Government of India, state health department, and development partners including Evidence Action conducted monitoring visits on NDD. Evidence Action shared findings from the field with the MD, NHM on the same day.
- ✓ The mild adverse events reported were managed well on the ground. No severe adverse events were reported.

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[18] Which were selected based on geographical dispersion across 24 NDD district

[19] Blocks identified for pre-post based on training schedule feasibility and district level training monitoring findings

[20] Ghaziabad observed NDD on February 12 due to scheduled Municipal Elections on February 10. Thus makes it total 24 districts under February round of NDD.

- ✓ Before mop-up day, the state issued direction to all district to call for a deworming review meeting (District Tasks Force) with participation from all stakeholders, to assess gaps observed or reported from the field on NDD. The ownership exhibited by the districts helped to coordinate for corrective action before mop up day.
- ✓ Evidence Action field (DCs) and regional teams (RCs) conducted 339 visits to schools and *anganwadis* on NDD and mop-up day

6. Monitoring and Evaluation

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

6.1 Process Monitoring

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

Field Monitoring Visits: A total of 305 monitoring visits (145 visits by state government officials and 160 visits by Evidence Action's state and field team) were conducted in randomly selected schools and *anganwadis*. The gaps identified from field monitoring visits were communicated to district and state officials on a daily basis leading up to National Deworming Day.

Telephone Monitoring: Evidence Action's tele-callers tracked the status of training sessions, as well as availability of drugs and IEC materials at the district, block, and school/*anganwadi* levels through approximately 7546 successful calls.[21] Tele-callers made 4025 calls to the Department of Health and 733 calls to Education and ICDS at district, project, and sector level. Additionally, 1010 calls were made to schools and *anganwadis* to assess preparations for deworming and to track the status of coverage report submission to next level. Tele-callers created tracking sheets to outline issues identified during calls and monitoring visits. Issues at the districts, blocks, and schools/*anganwadi* levels were shared with the state government

[21] Successful calls were those calls where the information was collected by tele-caller as per the requirement of the program.

to ensure that the government was able to take corrective action to address the gaps in real time as necessary.

6.2 Coverage Reporting

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

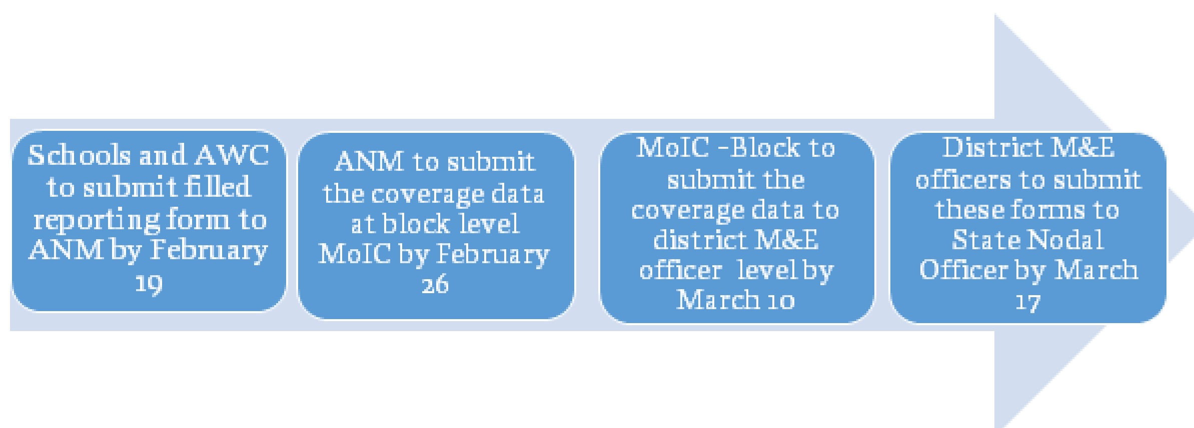

Figure 4: The reporting cascade for NDD

6.3 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 *anganwadi*s using their respective attendance registers and reporting forms. In each school, one teacher and three students were interviewed. In *anganwadis*, only *anganwadi* workers were interviewed.

Sampling and Sample Size

Two-stage probability sampling was used to select schools and *anganwadis* for coverage validation on deworming day and mop-up day. First, 125 blocks were selected from all 38 districts by probability proportional to size sampling[22], followed by random sampling of schools to provide state-wide estimates of indicators. A total of 249 schools and 247 nearby *anganwadis* were visited on NDD and mop up day. For coverage validation, a total of 376 randomly selected schools and 379 randomly *anganwadis* were visited.

Figure 5: Target and Coverage of Schools and *Anganwadis* during NDD, 2016

Indicators	Process monitoring		Coverage validation	
	Target	Achieved	Target	Achieved
Total number of districts	24	24	24	24
Total number of blocks	125	125	125	125
Total number of schools	250	249	375	376
Total Number of children interviewed in schools	250	187	1125	924
Total number of *Anganwadis*	250	247	375	379

Independent Monitoring Formats

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

Training of Trainers and Independent Monitors

Through a competitive selection process, Evidence Action hired Academy of Management Studies (AMS) to implement independent monitoring in Uttar Pradesh. Evidence Action provided a one-day comprehensive training to three master trainers of AMS in Delhi on February 3, 2016. These master trainers organized a detailed training of 157 monitors and 25 supervisors on February 5-6, 2016 in Moradabad to ensure that monitors were equipped with

[22] 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.

the necessary knowledge on the deworming program. A post training test was administered to all participants to assess their comprehension and ability to work in the field.

Field Implementation

After the completing training, the selected monitors were sent to their allotted districts. Each monitor was allotted two schools and two *anganwadis* for process monitoring. Subsequently, the monitors 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 schools to visit were shared with them one day before fieldwork commenced to ensure that monitors did not inform local educational authorities ahead of the actual deworming process, 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 to visit, 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. Approximately 20% of the schools and *anganwadis* were contacted on phone next day by the agency 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 monitoring processes. Further, schools and anganwadis were also contacted through tele-callers to verify monitoring visits.

7. Key Findings

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

Training

Participation at trainings: Independent monitoring data demonstrated that teachers/headmasters from 64% of schools and 78% of *anganwadis* workers had received training for the recent round of deworming. Amongst those who did not attend training, the majority of school teachers (59%) and *anganwadi* workers(64%) cited unawareness about the

date or timing of training. Monitoring suggested that only 21% of headmasters and 22% of *anganwadi* workers had received any SMS related to the deworming program.

Key recommendations:

- Regular updates and strengthening of the database of block level functionaries and teachers/schools and *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 the block

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

Key Recommendations:

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

Integrated Distribution of Deworming Materials including Drugs

Finding from Independent Monitoring data revealed that only 29% of schools and 36% of *Anganwadis respectively* completed integrated distribution[23] 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: Distribution of NDD kits material

Items in NDD kit	School			*Anganwadi*		
	Received%*	Verified %*	Received in training %	Received%	Verified %	Received in training%
Drugs	88.3	94.5	79.5	95.9	92.0	81.9
Poster/Banner	55.8	96.4	82	72.4	90.5	83.2

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

Handout-reporting form	48.5	95.0	81.8	55.0	89.7	81.6

*The data shows NDD kit content received by the teachers and anganwadis, as reported by them (first column) before NDD. 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 under integrated distribution.

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

Key Recommendations:

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

Drug Sufficiency

During coverage validation 92% of schools and *anganwadis* reported to have sufficient drugs [24] for deworming. Moreover, 43% of the schools and 46% of the *anganwadis* had surplus drugs after deworming.

Key recommendation:

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

Source of Information about Recent Round of Deworming

In order to sensitise the teachers and *anganwadis*, various channels of communication was used in the programme, including departmental communication, posters, banners etc. Data revealed that departmental communication was the major source of information for the schools (50%) and *anganwadis* (76%) followed by training for the teachers (20%) and *anganwadi* workers (78%). School teachers (95%) were the major source of information to students for deworming; however, 24% of students interviewed were not aware that the medicine given to them was for deworming.

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

Implementation of Deworming

Out of total 76% of schools and 83% of *anganwadis* that reported to conduct deworming on the day of visit, independent monitors observed ongoing deworming activity in 59% of schools and 92% of *anganwadis*. Coverage validation demonstrated that 82% of the schools and 84% of *anganwadis* had observed deworming during NDD or mop-up day. Out of all enrolled children interviewed on NDD and mop-up day, around 89% reported to have received a deworming tablet on one of these days. Altogether, these data suggest a high coverage rate for NDD 2016.

Adverse Events- Knowledge and Management

Interviews with teachers and *anganwadi* workers during process monitoring demonstrated a lack of awareness regarding possible adverse events. Only 41% of teachers and 33% of *anganwadi* workers acknowledged the possibility of adverse events after ingesting albendazole. However, the majority of teachers and *anganwadi* workers were aware of how to manage adverse events, indicating the proper procedure of managing mild adverse events at the schools/ *anganwadis* and referring children to the nearest PHC in case of a more severe or continuing adverse event.

During class observations, only 72% of teachers and 78% of *anganwadi* workers asked children whether they were sick before administering the drugs. However, more than 95% of teachers and 96% of *anganwadi* workers ensured that drug administration was properly supervised.

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.

Recording protocol

Coverage validation demonstrated that 45% of schools and 84% of *anganwadis* followed correct recording protocols, whereas around 54% percent of schools did not adhere to the protocols. Of these non-adhering schools, 36% did not follow any recording protocol.

During training, school teachers, headmasters, and *anganwadi* workers were instructed to retain a copy of their relevant reporting form at the school/*anganwadi*. However, 27% of headmasters and 58% of anganwadi workers interviewed during process monitoring were not aware of the need to retain a copy of the form. As per the NDD guidelines, ASHAs were required to prepare and submit a list of unregistered children to *anganwadis* to promote greater coverage of this demographic; however, findings suggest only 31% of *anganwadis* were equipped with a list of out-of-school children (aged 6-19 years).

Key recommendation:

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

7.1 Program Coverage

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

Indicator		Results	Coverage (%)
Total number of children targeted		9356894	
Number of enrolled children (classes 1-12) who were administered albendazole on NDD and MUD in (Only Rural area schools targeted in February 2016 NDD)	Government Schools	3431773	88%
	Private school**	NA	
Number of registered children dewormed (1 to 5 years) at *anganwadi* centres (AWCs) on NDD and MUD		3586355	87 %
Number of unregistered children dewormed (1 to 5 years) at AWCs on NDD and MUD		388107	82%
Number of out-of-school children (6-19 years) dewormed on NDD and MUD		830419	94%
Total number of children dewormed (1-19 years)		8240046	88%

Substantial district wise variation was observed in NDD coverage reporting. 16 out of total 24 districts reported coverage below the state level with Firozabad (78%), having the lowest coverage followed by GB Nagar (80%) and Hathras (81%). Further, districts of Hapur, Sahranpur, and Ghaziabad reported coverage of more than 95% in the state.

Evidence Action also advised the state government in finalising program target figures, allowing for accurate performance measurement across the state. The target groups include 2 categories: government school and anganwadis enrolled children. To establish the targets, health department referred to the data from state Education department (District Information System for Education) for school-age children. Evidence Action referred to credible data sources including 2011 census data for estimation of preschool-age children. The following section explores the extent to which the reported coverage figures are likely to be an accurate reflection of the number of children dewormed

7.2 Coverage Validation

In the schools and *anganwadis* sampled for coverage validation, we calculated state-level verification factors, which are commonly calculated for Neglected Tropical Disease control programs around the world. The verification factor compares the number of ticks in school/*anganwadi* registers (where teachers/*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 reporting forms at schools and *anganwadis*. In Uttar Pradesh, only 49% of schools and 53% of *anganwadis* had a copy of the reporting form available after deworming and mop-up day. The state level verification factor for school enrolled children was found to be 0.64, indicating that for every 64 enrolled children recorded as dewormed in the schools, the school reported that 100 enrolled children had been dewormed. This corresponds to an overall 55% inflation of reporting in the state, meaning that reported numbers appear to be approximately 55% higher than the numbers recorded in attendance registers. Similarly, the state level verification factor for *anganwadi* registered children, non-registered children (1-5 years), and out-of-school children (6-19 years) were 0.84, 0.92 and 0.76, with corresponding inflation rates of 19%, 8% and 31% respectively for these categories. Training was found to increase the accuracy of reporting: trained schools had a 49% inflation in reporting, while untrained schools had an 85% inflation in reporting.

Further attempts were made to understand the maximum number of enrolled children that could have been dewormed according to attendance on deworming and mop-up day. Findings showed that in Uttar Pradesh around 71% of all enrolled children could have been present during deworming and mop up day. Moreover, 97% of children interviewed during coverage validation reported to have received a deworming tablet and 92% of them consumed the tablet under supervised administration in the school.

Key recommendations:

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

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 maintianing correct and complete documentation form for verification purposes
- 4) Knowldege on adverse events that can happen on mass scale program and more importantly, on being equipped to properly manage the adverse events as per the protocols

Integrated distribution of NDD kits at trainings

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

Community mobilisation

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

Private school engagement

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

8. Way Forward

Uttar Pradesh observed deworming for the first time and covered only rural areas in 24 districts. The first year of implementation provided useful insights for future program rounds with wider scale and coverage. Aligned to the National Deworming Day operational guidelines and drawing from experiences in the first round, future efforts will focus on supporting stakeholders more intensively in the initial planning phases. As the program has achieved significant coverage for enrolled children in schools, moving forward the strategies will focus on scaling up to reach schools in urban areas, out-of-school children, private schools. With the high burden of STH, sustaining the pace of program will require continued advocacy efforts to ensure that resources are committed for deworming under the state's Annual Program Implementation Plan.

9. Annexures

Annexure 1	Details of Independent Monitoring findings
Annexure A	State coverage report
Annexure B	State program operational guidelines to district
Annexure C	UP prevalence survey brief
Annexure D	GoI letter to state to observe NDD 2016
Annexure E	State NDD financial guidelines to CMHOs
Annexure F a	letter from PS Health to PS DWCD (ICDS) for NDD support
Annexure F b	letter from PS Health to Secretary Basic Shiksha for NDD 2016 Support
Annexure F c	Letter from PS Health to PS Secondary Education for NDD 2016
Annexure G	Letter from MD NHM to Director Education and DWCD(ICDS) for participation in state MToT
Annexure H	Letter for Video Conferencing of District with State NHM
Annexure I	Community sensitization and public awareness
Annexure J	Training Quality Assessment
Annexure K	Snap shot of training reinforcement SMS

Annexure 1

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

Indicators	School (n=249)		*Anganwadi* (n=247)	
	%	N	%	N
Type of School (School N= 249)				
Govt./Govt. Aided schools	100.0%	249	NA	NA
Private Schools	0.0%	0	NA	NA
Respondent of the section (School N= 249)				
Headmaster/Principal	76.7%	191	NA	NA
Vice principal	6.0%	15	NA	NA
Nodal Teacher	10.8%	27	NA	NA
Any other teacher	6.4%	16	NA	NA
Category of school (School N= 249)				
Primary(1 to 5)	71.1%	177	NA	NA
Primary with upper primary(1 to 8)	3.2%	8	NA	NA
Primary with upper primary and secondary(1 to 10)	1.2%	3	NA	NA
Primary with upper primary secondary and higher secondary(1 to 12)	19.7%	49	NA	NA
Upper primary only(6 to 8)	0.8%	2	NA	NA
Upper primary with secondary and higher secondary(6 to 12)	1.6%	4	NA	NA
upper primary with secondary(6 to 10)	0.0%	0	NA	NA
Secondary only (9 to 10)	0.4%	1	NA	NA
Secondary with higher secondary(9 to 12)	0.4%	1	NA	NA
Higher Secondary only or Jr. college(11 to 12)	1.6%	4	NA	NA
Did teacher/ *anganwadi* worker attended training in last 2 months	63.5%	158	77.7%	192

Indicators	School (n=249)		*Anganwadi* (n=247)	
	%	N	%	N
Did trained teacher provide training to other teachers (School N= 158)				
Yes, trained all other teachers	48.7%	77	NA	NA
Yes, trained some other teachers	28.5%	45	NA	NA
No, did not train other teachers	22.2%	35	NA	NA
Don't know /don't remember	0.6%	1	NA	NA
Reason for not attending official training (School N= 83; *Anganwadi* N= 53)				
Location was too far away	7.2%	6	9.4%	5
Did not know the date/timings	59.0%	49	47.2%	25
Busy in other official work	4.8%	4	9.4%	5
Attended Deworming training in the past	3.6%	3	47.2%	25
Not Necessary	0.0%	0	5.7%	3
Others	31.3%	26	30.2%	16
Source of information about recent round of Deworming **program (School N= 249; *Anganwadi* N= 247)**				
Departmental communication	50.2%	125	76.1%	188
Television	4.0%	10	0.4%	1
Radio	1.2%	3	0.0%	0
Newspaper	14.9%	37	0.0%	0
Banner	5.2%	13	0.0%	0
SMS	5.6%	14	0.0%	0
Training	20.5%	51	77.7%	192
Other school/teacher / Lady supervisor	4.0%	10	2.0%	5

Indicators	School (n=249)		*Anganwadi* (n=247)	
	%	N	%	N
Others	24.5%	61	19.4%	48
Any source of information about Deworming	100.0%	249	100.0%	247
All the sources of information	0.0%	0	0.0%	0
Awareness about the ways a child can get worm infection (School N= 249)	82.7%	206	NA	NA
Sources of information about deworming tablets distribution (*Anganwadi* N= 247)				
Departmental communication	NA	NA	74.1%	183
Other *Anganwadis*	NA	NA	7.7%	19
No information	NA	NA	3.6%	9
Others	NA	NA	14.6%	36
Different ways that children can get worm infected (School N = 206; Anganwadi N= 247)				
Having foods without washing hands	85.4%	176	83.0%	205
Not washing hands after using toilets	72.3%	149	68.8%	170
Not using sanitary latrine	42.2%	87	41.3%	102
Moving in bare feet	63.6%	131	56.3%	139
Consume vegetables and fruits without washing	49.0%	101	34.4%	85
Having long and dirty nails	51.0%	105	43.3%	107
Others	5.3%	11	11.7%	29
Any way a child can get worm infection	100.0%	206	100.0%	247
Awareness about all the ways a child can get worm infection	21.8%	45	14.6%	36
Receive SMS about the Deworming program	90.0%	224	23.5%	58

Indicators	School (n=249)		*Anganwadi* (n=247)	
	%	N	%	N
Preference to receive the SMS (School N= 249;*Anganwadi* N= 247)				
Morning	20.5%	51	20.6%	51
Afternoon	18.5%	46	12.1%	30
Evening	14.9%	37	18.2%	45
Any time	40.2%	100	40.5%	100
Do not prefer the SMS	6.0%	15	8.5%	21
Having received Poster/Banner, handouts/reporting, adverse event reporting form in training (School N= 249; *Anganwadi* N= 247)	28.5%	71	35.6%	88
Visibility of the Deworming Day Poster/Banner is posted (School N=139; Anganwadi N= 179)				
Clearly posted/ visible to all	67.6%	94	73.7%	132
Hidden in a room/partially visible.	5.0%	7	9.5%	17
Not posted/ not visible	27.3%	38	16.8%	30
Awareness about to whom to submit the completed School/*anganwadi* Reporting	39.0%	97	65.6%	162
Retain a copy of the School/*anganwadi* Reporting Form at the school after submitting one copy	72.7%	181	31.6%	78
Teachers/*anganwadi* who think any adverse event can occur after taking the Deworming **tablets**	40.6%	101	32.8%	81
Possible adverse events could be reported by children after taking the tablets (School N=101; Anganwadi N= 81)				
Mild abdominal pain	67.3%	68	60.5%	49
Nausea	56.4%	57	59.3%	48
Vomiting	69.3%	70	79.0%	64

Indicators	School (n=249)		*Anganwadi* (n=247)	
	%	N	%	N
Diarrhea	13.9%	14	16.0%	13
Fatigue	16.8%	17	19.8%	16
Other, specify	5.0%	5	6.2%	5
Any possible adverse event	97.0%	98	96.3%	78
All possible adverse event	6.9%	7	9.9%	8
Response in case a child complains of mild stomach ache, nausea, vomiting, and diarrhea after taking the tablets (School N =249;Anganwadi N= 247)				
Make the child lie down in open and shady place	60.2%	150	58.7%	145
Give ORS/ water	18.5%	46	24.7%	61
Observe the child at least for 2 hours in the school	8.8%	22	24.3%	60
Response in case the child continues to report sy mptoms of stomach ache, vomiting, diarrhea, etc. even after a few hours (School N= 249; Anganwadi N= 225)				
Call PHC or emergency number	48.2%	120	52.9%	119
Take the child to the hospital /call doctor to school	55.4%	138	63.1%	142
Don't know / don't remember	11.6%	29	1.8%	4
Other, specify	4.0%	10	5.3%	12
Deworming activity going in your school/*anganw adi* today (School N= 249;				
Yes, getting now	55.8%	139	83.0%	205
Yes, after few hours	20.1%	50	NA	NA
No, will not administer today	24.1%	60	17.0%	42

Table: 2 Integrated Distribution of Drugs and IEC material

Items in NDD kit	Schools			*Anganwadi*		
	Received	Verified*	Received in training	Received	Verified*	Received in training
Drugs	88.3	94.5	79.5	95.9	92.0	81.9
Poster/Banner	55.8	96.4	82	72.4	90.5	83.2
Handout-reporting form	48.5	95.0	81.8	55.0	89.7	81.6

Table3: 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= 235; Anganwadi N= 205)***	58.7%	138	91.7%	188
Teachers/*anganwadi* worker giving any health education related to Deworming ***(School N= 138; Anganwadi N= 188)***				
Yes	71.0%	98	60.6%	114
Could not observe as I reached late	1.4%	2	1.6%	3
What are being included by the teacher/ *anganwadi* worker as a part of health education to children*(School N= 98 Anganwadi N= 114)*				
Harmful effects of worms	64.3%	63	60.5%	69
How worms get transmitted	66.3%	65	63.2%	72
Benefits of Deworming	40.8%	40	38.6%	44

Indicators	Schools		*Anganwadi*	
	Percentage	Number	Percentage	Number
Methods of worm infection prevention	28.6%	28	32.5%	37
Comprehensive health education to children	NA	NA	NA	NA
Availability of Clean drinking water and Glasses (*Anganwadi N= 188)*	NA	NA	85.1%	160
Teacher/ *anganwadi* worker were asking the children if they are sick/under medication before giving the tablet*(School N= 138; Anganwadi N= 188)*	72.5%	100	78.2%	147
Half of crushed albendazole being given to children of 1 to 2 years age group *(Anganwadi N= 188)*	NA	NA	89.9%	169
What teacher/ *anganwadi* worker did ,If there was any sick child in the class room(*School N= 100; Anganwadi N= 147)*				
Gave Albendazole tablet to the child	5.0%	5	3.4%	5
Did not give the Albendazole tablet to the child	95.0%	95	96.6%	142
Students/children are told to chew the tablet before swallowing it *(School N= 138*	91.3%	126	92.0%	173
Deworming tablets were distributed by*(School N=138; Anganwadi N= 188)*				
Teacher/headmaster	95.7%	132	NA	NA
anganwadi worker	NA	NA	91.5%	172
Asha/ANM	1.4%	2	6.4%	12
Students	0.7%	1	NA	NA
Others	2.2%	3	2.1%	4
Teacher/ *anganwadi* worker asking students to take Albendazole tablets in the class	97.1%	134	96.3%	181

Indicators	**Schools**		***Anganwadi***	
	Percentage	**Number**	**Percentage**	**Number**
/ ***anganwadi*** **only*(School N=138; Anganwadi N= 188)***				
Teachers/ *anganwadi* worker following the protocol of putting single tick ✓(Deworming **day) or double tick ✓✓ (mop-up day) on each child's name/roll no. in the attendance register after giving them the** Deworming **tablet*(School N=138; Anganwadi N= 188)***	69.6%	96	64.9%	122
Practice followed by teacher, if the ticking/double ticking **Protocol did not followed*(School N=42; Anganwadi N= 66)***				
Prepare the separate list for dewormed child	42.9%	18	66.7%	44
Put different symbols	7.1%	3	7.6%	5
Nothing was done	50.0%	21	25.8%	17
Others specify	0.0%	0	0.0%	0
Any child not given the prescribed dose of Albendazole tablet*(School N=138; Anganwadi N= 188)*				
Yes, less than the prescribed doze	11.6%	16	11.7%	22
Yes ,more than the prescribed doze	8.7%	12	5.3%	10
No, the prescribed doze is being given	79.7%	110	83.0%	156
Any adverse event observed (nausea, vomiting, stomach-pain **diarrhoea, etc.) after taking the tablet*(School N= 138; Anganwadi N= 188)***	14.5%	20	10.6%	20

Table: 4 Interview with school teacher

Indicators	Percentage	Number
Attended any official training for Deworming program in the past 2 months (N=249)	50.2%	125
Received training for Deworming**(N=125)**		
At official level training	51.2%	64
By Headmaster/ teacher	36.0%	45
Others (specify)'	12.8%	16
Awareness about the ways a child can get worm infection (N=249)	79.1%	197
Different ways that children can get worm infected (N=197)		
Having foods without washing hands	92.9%	183
Not washing hands after using toilets	67.0%	132
Not using sanitary latrine	41.1%	81
Moving in bare feet	59.4%	117
Consume vegetables and fruits without washing	47.7%	94
Having long and dirty nails	54.3%	107
Others	4.1%	8
Any way a child can get worm infection	98.5%	194
Awareness about all the ways a child can get worm infection	17.3%	34
If child is unwell, albendazole cannot be given to him/her (N=249)	78.7%	196
Awareness about prescribed dose of albendazole(N=249)		
One	88.8%	221
More than one	5.6%	14
Less than one	5.6%	14
Teachers who think any adverse event can occur after taking the Deworming tablets(N=249)	41.8%	104
Possible adverse events could be reported by children after taking the tablets(N=104)		

Indicators	Percentage	Number
Mild abdominal pain	76.9%	80
Nausea	61.5%	64
Vomiting	80.8%	84
Diarrhea	20.2%	21
Fatigue	20.2%	21
Other, specify	3.8%	4
Any adverse event	100.0%	104
All possible adverse event	10.6%	11
In case a child complains of mild stomach ache ,nausea, vomiting, and diarrhea after taking the tablets, Your response should be (N=249)		
Make the child lie down in open and shady place	65.1%	162
Give ORS/ water	22.1%	55
Observe the child at least for 2 hours in the school	27.3%	68
If the child continues to report symptoms of stomach ache, vomitin g, diarrhea, etc. even after a few hours, Your response should be(N= 249)		
Call PHC or emergency number	50.2%	125
Take the child to the hospital /call doctor to school	69.9%	174
Don't know / don't remember	2.0%	5
Other, specify	6.8%	17

Table: 5 Interview with school child

Indicators	Percentage	Number
Single tick ✓ in front of the name of children present on Dewormin g **day (n=97)**		
Yes to every children	50.5%	49

Indicators	Percentage	Number
Yes, but in few children	18.6%	18
No	27.8%	27
Other (specify)	3.1%	3
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 (n= 92)	40.2%	37
Reason to not putting single tick ✓on Deworming **day or double tic k ✓✓ on mop-up day in front of the name of all/some children (n=8 6)**		
They did not get Deworming drugs as they were feeling unwell	33.7%	29
Teacher did not follow the recording protocol correctly	36.0%	31
The parents of those children have refused to get their children dewormed	5.8%	5
Children refused to take the drug	11.6%	10
Other	17.4%	15
Child got a white tablet in school today	88.8%	166
Child was feeling sick before taking the tablet in the school today	9.0%	15
Child got tablet (N=166)		
By Teacher / headmaster	96.4%	160
By ASHA/ANM	1.2%	2
By Other student	0.6%	1
Other	1.2%	2
Don't know/ don't remember	0.6%	1
Child consumed tablet (N=166)	97.6%	162
Reason to not consume tablet (N=4)		
Was feeling sick	25.0%	1

Indicators	Percentage	Number
Other, specify	50.0%	2
Don't know/ don't remember	25.0%	1
Awareness of child that, how to consume the tablet (N=166)		
Chewed tablet before swallowing	98.2%	163
Swallowed tablet directly	0.0%	0
Others	1.8%	3
Awareness of child that, why tablet is provided (N=166)		
Deworming	74.1%	123
Any other answer(unrelated to Deworming)	1.8%	3
Don't know /don't remember	24.1%	40
Child was aware about Deworming **activity (n=43)**	16.3%	7
Source of information about Deworming **activity (N=129)**		
Teacher / school	94.6%	122
Television	1.6%	2
Radio	0.0%	0
Newspaper	2.3%	3
Poster/Banner	8.5%	11
Parents/siblings	0.8%	1
Any source of information	100.0%	129
All source of information	0.0%	0

ANNEXURE 2

Table 1: Findings from School/*Anganwadi* Coverage Validation data

Table:1 Coverage Validation Indicators	School Number=376		*Anganwadi* Number=379	
Indicators	**%**	**N**	**%**	**N**
Attended training for deworming program*	63.8	240	78.4	297
For schools/*Anganwadi* that didn't attend training, reasons were:				
Location of training was far away	0.00	0	16.20	12
Was not aware of the date/ timing of training	63.60	77	58.10	43
Busy in other official work	3.30	4	2.70	2
Attended deworming training in the past	5.80	7	55.40	41
Not necessary	5.00	6	4.10	3
Other reasons	28.9	35	24.3	18
Received SMS about Deworming program			22.40	85
Received the followings				
Tablets	91.20	343	91.80	348
Poster	63.80	240	76.50	290
Hand-outs/Reporting form	72.60	273	76.80	291
Deworming activity took place on NDD and mop-up day	81.90	308	88.40	335
Had sufficient drugs for Deworming	91.60	282	92.50	310
Surplus storage of drugs after Deworming	43.30	122	45.80	142
Where copy of reporting form was available after Deworming Day and Mop-Up Day	49.40	152	52.80	177
Reasons for not having a copy of the reporting form				
Did not receive	35.30	55	25.90	41
Submitted to ANM	35.90	56	64.60	102
Unable to locate	7.70	12	9.50	15
Had complete eporting form	82.90	126	80.80	143
Reported severe adverse event after taking the medicine	3.60	11	1.80	7
Average number of adverse events reported	1.73	19	2.8	20

Table: 2 School Coverage Validation Indicators

Indicators
Schools where all the classes followed the correct recording protocol = 45%
Schools where one or more of the classes followed the correct recording protocol = 46%

Schools where none of the classes followed the correct reporting protocol = 54%
Schools where one or more of the classes followed other recording protocol[25] = 19%
Schools where no reporting protocol was followed = 36%
State level verification factor = 0.64
State inflation rate **(which measures the extent to which the recording in school reporting forms exceeds records at schools)** =55%
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)** =49%
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)** = 84%
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).** =12%
Attendance on Deworming Day=63%
Attendance on Mop-up day=56%
Children who attended on both Deworming Day and Mop-up day=48%
Maximum attendance of children on Deworming Day and Mop-Up Day **according to the CV data=71%**

Table: 3 Interview of children during Coverage validation

Indicators
Children received Deworming tablets = 97%
Children aware about the Deworming tablets =89%
Children who consumed tablets in front of teacher/headmaster = 92%
Children consumed tablet 99%
Supervised Administration of Deworming tablets = 95%
Way children consumed the tablet = 85%

[25] Total schools where any of the class had '2' or '3' in D9 were counted. Total number of such schools is 58. This number was divided by 308 (schools where Deworming was observed). Consequently, the figure of 19% was arrived at.

Table: 4 *Anganwadi* Coverage Validation Indicators

Indicators
Anganwadi where all followed the correct recording protocol[26]=84.2%
State level verification factor for Registered children(1-5 years)=0.84
State level verification factor for non- registered children(1-5 years) = 0.92
State level verification factor for out of school children(6-19 years) =0.76
State inflation rate (1-5 years) = 19.1% (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) = 8.7%
State inflation rate out of school children(6-19 years) = 31.3%

[26] All the Anganwadis were counted which had either C24 or C25 greater than or equal to 1. Total number was 282. This number was divided with 335 (total number of Anganwadis where NDD and mop-up day were celebrated). Thus 84.2% figure was arrived at.

Amit Kumar Ghosh
I.A.S
Mission Director

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E-mail : mdupnrhm@gmail.com

Letter No. SPMU/RKSK-/09/2015-16/76
Date: 4.4.2016

Dear Sir,

This is in reference to the implementation of National Deworming Day 2016 (NDD).In compliance with the GoI directives the National Deworming Day 2016 (NDD) was conducted on 10th February 2016 followed by Mop-Up day on 15th February 2016 in 24 districts of Uttar Pradesh. A formal press conference chaired by Principal Secretary, Health & Family Welfare GoUP, was organised in lieu of the launch of the first round of the NDD in the state on 9th February 2016. Similarly, inaugural events in the respective 24 NDD districts were conducted in presence of District Magistrates, Chief Development Officers, officials from department of Health, Education and WCD and other prominent public representatives.

The following activities were undertaken in the target districts of the State for ensuring maximum coverage in NDD 2016:

1. Ensured availability of Albendazole chewable tablets for children aged between 1 – 19 years in all 24 NDD districts (Hapur, Mainpuri, Shamli, Etah, Baghpat, Aligarh, Saharanpur, Moradabad, Kasganj, Lalitpur, Jhansi, G B Nagar, Badaun, Bijnor, Sambhal, Etah, Bulandshahar, Muzaffarnagar, Hathras, Firozabad, Ghaziabad, Agra, Mathura, Amroha).
2. State level Press conference has been done before the round, broadcasting of radio jingles/ radio spots, banner, posters, and handoutsgiven in all government schools and AWCs to all school teachers, AWWs and frontline health functionaries were ascertained.
3. DO letters from Mission Director, NHM were issued to all Collectors for reviewing preparedness and actual implementation of the program.
4. To ensure that proper interdepartmental coordination for a successful NDD, a Whatsapp group was formed of DMs and senior officials at state called *'Krimimukt Uttar Pradesh'*.
5. Video conference with officials of health departments was held on 3rdFebruary 2016 to review the preparedness of the event.
6. Directives has been signed by Secretaries Health, Education and ICDS and circulated to the districts.
7. NDD directives and IEC materials have been uploaded on website of Health.
8. Similarly, District Coordination Committee meeting (DCCM) was done in 24 districts in chairmanship of district collectors and CDOs for effective program planning and implementation.
9. From the state level, to ensure the effective implementation of NDD, supportive supervision through field visits has been done by officials in their assigned districts.
10. Review/follow-up meetings were organised pre, during and post deworming NDD for ensuring the smooth and successful implementation in the state.
11. Stringent monitoring and correctives were ensured through technical assistance partner Evidence Action through tele calling. Additionally 125 monitors were appointed by Evidence Action for independent monitoring which covered anganwadis and government schools.
12. Due to vigilant management no major adverse events reported from schools and AWCs has been ensured by the emergency response system of the state.

Websites : www.upnrhm.gov.in & www.jsyup.org   Toll Free Number : 1800-180-1900

The state could reach out and render deworming services to approximately 82.40 Lakh children during NDD 2016 thus, achieving and implementation coverage of about 88 percent in 24 districts of the state.

The detailed report of the same is enclosed herewith in desired format. May also, please like to peruse dossier of photographs & media coverage documenting the successful implementation of NDD activities in the State.

Encl: As above

Yours sincerely,

(Amit Kumar Ghosh)

Dr. Rakesh Kumar, IAS
Joint Secretary, RCH
Ministry of Health and Family Welfare,
Govt. of India, Nirman Bhawan, New Delhi.

Copy to:-

1. Dr. Ajay Khera, DC- Child Health & Immunization, MOHFW, Nirman Bhawan, New Delhi.
2. Dr.Sila Deb, DC-CH, MOHFW, Nirman Bhawan, New Delhi.
3. Principal Secretary, Dept. of Health and Family Welfare, GoUP.
4. Principal Secretary, ICDS UP
5. Principal Secretary, Education UP
6. Addl. Excutive Director,SIFPSA UP.
7. Addl. Mission Director,NHM UP.
8. GM, Child Health, National Programme, NHM UP
9. State Program Manager, Evidence Action, UP

NATIONAL DEWORMING DAY FEBRUARY 2016

COMMON REPORTING FORMAT (For Block, District and State)

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

State : Uttar Pradesh	District: 24 districts covered		Block : 210
No. of Govt/Govt. Aided schools	38904	No. of Govt/Govt aided schools reporting coverage	36967
No. of targeted private schools	206	No. of private Schools reporting coverage	344
No. of Anganwadi Center (AWCs):	43267	No. of AWCs reporting coverage	41435

No. of ASHAs oriented/trained on NDD (National Deworming Day)	31114
No. of Govt/Govt aided schools who attended training on NDD	36244
No. of private schools who attended training on NDD	375
No. of Anganwadi workers oriented/trained on NDD	40377

Coverage Details

		Girls	Boys	Total
Total children out of school		486184	397382	**(A) 883566**
Total children unregistered in AWCs		231108	241595	**(B) 472703**
Total children registered in AWCs		1968412	2125506	**(C) 4093918**
Total children enrolled in the schools	Govt. school	1963635	1939720	**(D) 3903355**
	Pvt. school	1415	1937	**(E) 3352**
Total number of children targeted				**(Z)=9356894**
No. of enrolled children (class 1-5) who were administered Albendazole on NDD and MUD (Mop Up Day)	Govt.school	1150530	1113633	1(a) 2264163
	Pvt.school	660	1052	1(b) 1712
No. of enrolled children (class 6-12) who were administered Albendazole on NDD and MUD	Govt.school	585625	581985	2(a) 1167610
	Pvt.school	790	880	2(b) 1670
No. of registered children in AWCs (1-5 years) who were administered Albendazole on NDD and MUD		1718760	1867595	(3) 3586355
No. of unregistered children (1-5 years) who were administered Albendazole on NDD and MUD		181033	207074	(4) 388107
No. of out of school children (6-10 years) who were administered Albendazole on NDD and MUD		143111	145568	(5) 288679
No. of out of school adolescent (10-19 years)who were administered Albendazole on NDD and MUD		319535	222205	(6) 541740
GRAND TOTAL of number of children who were administered Albendazole (T=1a+1b+2a+2b+3+4+5+6)				(T) 8240036
Percent coverage		**(T) X 100 / (Z)= 88.06%**		
No. of severe adverse events reported from schools and AWCs		4831 (minor adverse event has happened on NDD & MUD)		

Logistic Details: Block/District/State(tick as applicable)	**Govt. schools**	**Private schools**	**AWCs**
Total no of Albendazole tablets given	4136127	3800	5058510
Total no of Albendazole tablets administered	3510346	3292	4503358
Stock of Albendazole tablets left	581495	508	533150

Feedback(if any)

Name, signature and designation of the official preparing the document:
Dr Swapna Das, GM-RBSK & Dr. Uttam Kumar, Consultant, RBSK and Dr. Reshma Masood,AGM-RBSK

Name, signature and designation of the official reviewing the document:

Mr Amit Kumar Ghosh, Mission Director, NHM.

प्रेषक

मिशन निदेशक,
राष्ट्रीय स्वास्थ्य मिशन,
राज्य कार्यक्रम प्रबन्धन इकाई
विशाल काम्पलैक्स 19–ए विधान सभा मार्ग, लखनऊ।

सेवा में,

1.जिला अधिकारी
2.मुख्य चिकित्सा अधिकारी,
जनपद–आगरा, अलीगढ़, अमरोहा, बागपत, बिजनौर, बदाँयू, बुलन्दशहर, एटा, फिरोजाबाद, गौतमबुद्धनगर, झाँसी, गाजियाबाद, हापुड़, हाथरस, कासगंज, ललितपुर, मैनपुरी, मथुरा, मुरादाबाद, मुजफ्फरनगर, सहारनपुर, मेरठ,सम्भल एवं शामली।

पत्रांकः–एस.पी.एम.यू./आर.के.एस.के./एन.डी.डी./09/2015–16-9928-2 दिनांक 28·01·2016

विषयः–"राष्ट्रीय कृमि मुक्ति दिवस (National Deworming Day -NDD) 10 फरवरी 2016 को आयोजित कर 1–19 वर्ष के बच्चों को टेबलेट एल्बेन्डाजॉल खिलाये जाने के सम्बन्ध में दिशा निर्देश।

महोदय/महोदया

अवगत कराना है कि विश्व स्वास्थ्य संगठन की रिर्पोट के अनुसार पेट के कीड़े होना विश्व व्यापी तथा बहुत बड़ी पब्लिक हैल्थ समस्या है। 1–19 वर्ष के बच्चों में, कृमि संक्रमण से जहाँ एक ओर बच्चों का शारीरिक एवं बौद्धिक विकास बाधित होता है वहीं दूसरी ओर उनके पोषण एवं हिमोग्लोबिन स्तर पर भी दुष्प्रभाव पड़ता है।

बच्चों को कृमि संक्रमण से बचाव हेतु संयुक्त सचिव, भारत सरकार द्वारा जारी निर्देशों के अनुपालन में प्रदेश में उपरोक्त जनपदों में 10 फरवरी 2016 को " राष्ट्रीय कृमिमुक्ति दिवस (National Deworming Day-NDD) आयोजित किया जाना है।

अध्ययन के अनुसार कीड़ो की गोली (एलबेन्डाजोल 400 मि.ग्रा.)खिलाने से निम्न लिखित लाभ होते हैं–

1. एनीमिया में कमी होना एवं पोषण के स्तर में वृद्धि होना।
2. बच्चों में शारीरिक वृद्धि एवं वजन बढ़ना।
3. मानसिक एवं शारीरिक विकास में बढ़ोत्तरी होना।
4. अन्य बीमारियों से बचने हेतु प्रतिरोधी क्षमता बढ़ना।
5. स्कूल में उपस्थिति के बढ़ने में सहायक होना।
6. बच्चों में याद करने की योग्यता में वृद्धि एवं स्कूल में सक्रिय रहना।

उपरोक्त से भविष्य में जी0डी0पी0 पर भी सकारात्मक प्रभाव पड़ेगा तथा प्रदेश में किशोर/किशोरियों के भविष्य को उज्जवल बनाने में सहायक होगा।

राष्ट्रीय कृमिमुक्ति दिवस (National Deworming Day -NDD)

1 से 19 वर्ष तक के आयु के बच्चों को कृमि संक्रमण से बचाने के लिये प्रदेश के उक्त जनपदों में दिनांक 10.02.2016 को राष्ट्रीय कृमिमुक्ति दिवस (National Deworming Day-NDD) मनाया जायेगा, जिसमें पेट के कीड़ो की गोली (**एलबेन्डाजोल 400 मि.ग्रा.**) खिलायी जाने की योजना है। कार्यक्रम के संचालन के संबंध में निम्नलिखित निर्देश दिये जा रहे है–

लक्षित आयुवर्ग–

- ग्रामीण क्षेत्र के सरकारी स्कूलों में पढ़ने वाले कक्षा 1 से कक्षा 12 (6 से 19 वर्ष) तक के सभी छात्र/छात्राएं– स्कूल के माध्यम से
- स्कूल न जाने वाले 6 से 19 वर्ष तक के सभी बालक/बालिकाएं एवं 1 से 6 वर्ष तक के सभी बच्चे–आंगनवाड़ी के माध्यम से

अ–आयोजन :–

राष्ट्रीय कृमिमुक्ति दिवस (National Deworming Day -NDD) का आयोजन 10 फरवरी 2016 को किया जाना है जिसका शुभारंभ विशिष्ट एवं गणमान्य व्यक्ति/जिला अधिकारी द्वारा सुनिश्चित किया जाये।

कार्यक्रम का क्रियान्वयन स्वास्थ्य, शिक्षा विभाग एवं समेकित बाल विकास सेवायें के समन्वय से किया जायेगा।

ब–दवा/औषधि :–

राष्ट्रीय कृमिमुक्ति दिवस पर ग्रामीण क्षेत्र के 1 से 19 आयुवर्ग के बच्चों को निम्नानुसार पेट के कीडे की दवा (**टेबलेट,एलबेन्डाजोल 400 मि.ग्रा.**) दी जाए–

आयु वर्ग	एलबेन्डाजोल की खुराक	सेवा प्रदाता	स्थान
1 से 2 वर्षीय बच्चे	आधी गोली (चूरा कर पानी के साथ)	आंगनवाडी कार्यकत्री	ऑगनवाडी केन्द्र पर
2 से 6 वर्षीय बच्चे	पूरी 1 गोली (2 से 6 वर्ष को चूरा करके एवं 3 से 6 वर्ष चबा कर पानी के साथ)	आंगनवाडी कार्यकत्री	ऑगनवाडी केन्द्र पर
6 से 19 वर्षीय स्कूल में पंजीकृत बच्चे	पूरी 1 गोली (चबाकर पानी के साथ)	शिक्षक	सरकारी प्राईमरी एवं माध्यमिक स्कूल
स्कूल नहीं जाने वाले 6 से 19 वर्षीय बच्चे	पूरी 1 गोली (चबाकर पानी के साथ)	आंगनवाडी कार्यकत्री	ऑगनवाडी केन्द्र पर

नोटः–ध्यान रहे जो बच्चे बीमार है अथवा पूर्व से कोई दवा ले रहे हैं उन्हें अभियान में दवा न खिलाई जाये।

सभी 1 से 6 वर्षीय बच्चों तथा स्कूल नहीं जाने वाले समस्त 6 से 19 वर्षीय बालक एवं बालिकाओं को आंगनवाडी केन्द्रों तथा 6 से 19 वर्षीय स्कूल जाने वाले बालक, बालिकाओं को सरकारी स्कूलों में शिक्षकों द्वारा एल्बेण्डजोल की गोली उपरोक्त तालिकानुसार अपने सामने खिलाया जाये।

स– प्रचार प्रसारः–

<u>राष्ट्रीय कृमिमुक्ति दिवस (National Deworming Day -NDD) हेतु आई0ई0सी0 प्लान :–</u>

राष्ट्रीय कृमिमुक्ति दिवस के विषय में जनमानस में जागरूकता बढ़ाने के सम्बन्ध में विभिन्न माध्यमों से प्रचार प्रसार किया जाना है जिससे समुदाय एवं कर्मचारियों को कार्यक्रम के सम्बन्ध में एवं कीड़े की दवा की आवश्यकता के बारे में पूरी जानकारी हो सके एवं उनका सहयोग प्राप्त हो सके इस हेतु निम्नलिखित गतिविधियाँ संचालित की जानी है।

<u>होर्डिंग, न्यूज पेपर, वाल पेन्टिंगः –</u>

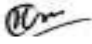
प्रत्येक जनपद स्तर पर सरकारी जिला अस्पताल (महिला एवं पुरुष) एक–एक **होर्डिंग** (साईज 16 X 20 फीट) लगाया जाना है इसके अतिरिक्त 2 प्रतिष्ठित हिन्दी **समाचार पत्रों** में डी.ए.वी.पी. दर पर राष्ट्रीय कृमिमुक्ति दिवस के विषय में विज्ञापन दिया जाना है। इसके अतिरिक्त जनपद स्तर पर मुख्य चिकित्सा अधिकारी कार्यालय, जिलाधिकारी कार्यालय, बस स्टैन्ड, कचहरी, विकास भवन तथा ब्लॉक स्तर पर सामुदायिक स्वास्थ्य केन्द, सभी प्राथमिक स्वास्थ्य केन्द्र, ब्लॉक परिसर , तहसील, बी.आर.सी., बस स्टैन्ड, अन्य मुख्य स्थानों पर एवं बडे स्कूलों में **वाल पेन्टिंग** (साइज 5 X 8 फीट) कराई जाये।

<u>बैनर, पोस्टर –</u>

सभी आंगनवाडी केन्द्रों, सरकारी प्राइमरी एवं माध्यमिक स्कूलों में दो–दो पोस्टर लगाये जाने हैं। इसके अतिरिक्त **मुख्य–मुख्य** स्कूलों एवं ऑगनवाडी केन्द्रों में एक फ्लेक्स बैनर (साइज 2 X 6 फीट) लगाये जाने है। साथ ही ब्लॉक की पी0एच0सी0 एवं सी0एच0सी0 एवं ब्लाक तहसील, सी0डी0पी0ओ0, बी0आर0सी0 कार्यालय बस स्टैण्ड में भी एक–एक बैनर लगाया जाना है। बैनर्स एवं पोस्टर्स के स्पेशिफिकेशन एवं प्रोटोटाइप वित्तीय दिशा निर्देशों के साथ दिये गये है।

<u>हैण्डआउट–</u>

प्रत्येक ऑगनवाडी एवं प्रत्येक स्कूल से एक नोडल अध्यापक हेतु हैण्ड आउट एवीडेन्स एक्शन संस्था द्वारा उपलब्ध कराये जा रहे है। जिनमें रिपोर्टिंग प्रपत्र भी संलगन है। आशाओं के लिये भी एवीडेन्स एक्शन संस्था द्वारा बिना रिपोर्टिंग प्रपत्र वाला हैण्डआउट उपलब्ध कराया जा रहा है। यह हैण्डआउट ऑगनवाडी नोडल



टीचर्स एवं आशाओं को प्रशिक्षण के दौरान उपलब्ध कराये जा रहे है। ए.सी.एम./नोडल अधिकारी यह सुनिश्चित करें कि उक्त हैण्डआउट सम्बन्धित को अवश्य प्राप्त हो जाँय।

हैण्डबिल–

ग्रामीण स्तर पर प्रत्येक आशा एवं ए0एन0एम0 को 25-25 हैण्डबिल (ब्रीफ वाला) तथा प्रत्येक प्राइमरी एवं माध्यमिक विद्यालयों के प्रशिक्षण में भाग लेने वाले अध्यापक को 50 हैण्डबिल (क्रिस्प वाला) दिये जाने है। हैण्डबिल का स्पेशिफिकेशन एवं प्रोटोटाइप वित्तीय दिशा निर्देशों के साथ दिये गये है।

द–राष्ट्रीय कृमिमुक्ति दिवस (National Deworming Day -NDD) पर स्कूल एवं आँगनवाड़ी में उपलब्ध रहने वाली सामग्री :–

स्कूल एवं आँगनवाड़ी

1- Albendazole Tablets
2- 2 Posters for school
3- 2 Posters for Anganwadi
4- 1 Handout with Reporting form for school
5- 1 Handout with Reporting form for Anganwadi
6- Drinking Water with Glass
7- Community Handbill - (आशा,ए.एन.एम. एवं टीचर्स द्वारा सामुदाय में वितरित किया जायेगा)
8- प्रत्येक आँगनवाड़ी केन्द्र पर 2 चम्मच दवा को पीसने के लिये।

क–स्वास्थ्य विभाग एवं अन्य सहयोगी विभागों की भूमिका :–

राष्ट्रीय कृमिमुक्ति कार्यक्रम के सफल संचालन हेतु जनपदीय नोडल अधिकारी नामित किये जा चुके हैं तथा प्रोक्योरमेन्ट एवं प्रशिक्षण के दिशानिर्देश भी पूर्व में प्रेषित किये गये है। कार्यक्रम के सम्बन्ध में वित्तीय निर्देश पत्र स0 एस.पी.एम.यू./आर.के.एस.के./एन.डी.डी./09/2015–16/9797–24 दिनांक 22.01.2016 को प्रेषित किये जा चुके है।

कार्यक्रम क्रियान्वयन हेतु सम्बन्धित विभागों की भूमिका का विवरण निम्नवत है–

क्र. सं०	स्तर	विवरण	निर्धारित समय–सीमा	जिम्मेवार
1	जिला स्तर पर	अर्न्तविभागीय समन्वय बैठकः– यह बैठक जिलाधिकारी की अध्यक्षता में कराई जायें जिसमें स्वास्थ्य विभाग के साथ साथ आई.सी.डी.एस., शिक्षा एवं जनपद के सक्रिय स्वैच्छिक संस्थाओं के प्रतिनिधि आदि प्रतिभाग करेगें जिन्हें कार्यक्रम के सम्बन्ध में विस्तृत जानकारी देते हुये कार्यक्रम संचालन के सम्बन्ध में रणनीति तैयार की जाये। द्वितीय बैठक में अभियान की तैयारियों की समीक्षा एवं आवश्यकतानुसार कार्यवाही की जाये।	प्रथम बैठकः 31 जनवरी 16 तक द्वितीय बैठकः 6 फरवरी 16 तक	मुख्य चिकित्सा अधिकारी एवं नोडल अधिकारी
1.2	जिला स्तर पर	टेबलेट एल्बैन्डाजॉल का क्रय एवं ब्लॉक सी.एच.सी./पी.एच.सी. तक पहुँचाना	क्रय : 25 जनवरी 2016 तक ब्लाक तक पहुँचाना: 31 जनवरी 2016 तक	मुख्य चिकित्सा अधिकारी एवं नोडल अधिकारी
1.3	जिला स्तर पर	आई.ई.सी. सामग्री का प्रिन्टिंग एवं वितरण तथा दीवाल लेखन एवं होर्डिंग लगवाना	प्रिन्टिंग एवं वितरण : 3 फरवरी 2016– प्रथम ब्लॉक स्तरीय बैठक से पूर्व	मुख्य चिकित्सा अधिकारी एवं नोडल अधिकारी
1.4	जिला स्तर पर	जिला स्तरीय प्रशिक्षण : राज्य स्तर पर जनपदीय नोडल अधिकारियों एवं मास्टर ट्रेनर्स एवीडेन्स	3 फरवरी 2016 तक प्रशिक्षण पूर्ण किया	मुख्य चिकित्सा अधिकारी एवं

		एक्शन को प्रशिक्षण दिया जा चुका है। जनपद स्तर पर जनपद एवं ब्लॉक स्तर के सहयोगी विभाग के अधिकारियों को प्रशिक्षण दिया जाना है।	जाना।	नोडल अधिकारी
1.5	जिला स्तर पर	चेक लिस्ट कार्यक्रम संचालन हेतु प्रोटोटाइप भेजा गया है, नोडल अधिकारी का दायित्व होगा कि वह यह सुनिश्चित करे कि चेक लिस्ट के अनुसार गतिविधियाँ समय पर पूर्ण की जा रही हैं अथवा नहीं तदानुसार आवश्यक कार्यवाही सुनिश्चित करे।	चेक लिस्ट की समय सीमा के अनुसार	मुख्य चिकित्सा अधिकारी एवं नोडल अधिकारी
2	ब्लॉक स्तर	अर्न्तविभागीय समन्वय बैठक— यह बैठक अधीक्षक / प्रभारी चिकित्साअधिकारी द्वारा आई.सी.डी.एस., बेसिक शिक्षा, माध्यमिक शिक्षा, पंचायती राज एवं जनपद के सक्रिय स्वैच्छिक संस्थाओं के प्रतिनिधि आदि के साथ की जायेगी। बैठक में कार्यक्रम के सम्बन्ध में विस्तृत जानकारी देते हुये कार्यक्रम संचालन के सम्बन्ध में रणनीति एवं आपसी सहयोग पर चर्चा की जाये। उक्त बैठक में एस.डी.एम. का भी सहयोग लिया जाये। द्वितीय बैठक में अभियान की तैयारियों की समीक्षा एवं आवश्यकतानुसार कार्यवाही की जाये।	<u>प्रथम बैठक</u> 3 फरवरी 2016 तक <u>द्वितीय बैठक</u> 7 फरवरी 2016 तक	अधीक्षक / प्रभारी चिकित्साअधिकारी
2.2	ब्लॉक स्तर	टेबलेट एल्बेन्डाजॉल को स्कूल एवं आँगनवाड़ी तक ब्लॉक स्तरीय बैठकों के माध्यम से अथवा स्कूलों एवं आँगनवाड़ी तक सीधे पहुँचाना	<u>स्कूल एवं आँगनवाड़ी तक पहुँचाना:</u> 3 फरवरी 2016 तक	अधीक्षक / प्रभारी चिकित्साअधिकारी
2.3	ब्लॉक स्तर	आई.ई.सी. सामग्री का वितरण एवं पोस्टर बैनर्स लगवाना एवं दीवाल लेखन	3 फरवरी 2016— प्रथम ब्लॉक स्तरीय बैठक तक स्कूल, आँगनवाड़ी एवं पी.एच.सी.,उपकेन्द्र पर	अधीक्षक / प्रभारी चिकित्साअधिकारी
2.4	ब्लॉक स्तर	ब्लॉक स्तरीय प्रशिक्षण : जनपद स्तर पर प्रशिक्षित अधिकारियों द्वारा ब्लॉक स्तर पर आई.सी.डी.एस. विभाग की आँगनवाडियों कार्यकत्रियों एवं मुख्य सेविकाओं को सी.डी.पी.ओ. एवं चिकित्सा अधिकारी / एच.ई.आई.ओ. के द्वारा आधे दिन का प्रशिक्षण दिया जाना है। इसी प्रकार बेसिक एवं माध्यमिक स्कूलों के नोडल शिक्षकों का प्रशिक्षण बी.आर.सी पर प्रशिक्षित टीचर्स एवं चिकित्सा अधिकारी / एच.ई.आई.ओ. द्वारा दिया जायेगा। ब्लॉक स्तर पर प्रशिक्षण प्राप्त नोडल अध्यापक द्वारा अपने विद्यालय के अन्य अध्यापकों को कार्यक्रम की पूर्ण जानकारी दी जायेगी। आशा एवं ए.एन.एम. को चिकित्सा अधिकारी / एच.ई.आई.ओ. द्वारा प्रशिक्षित किया जायेगा।	जनपद स्तर के प्रशिक्षण के उपरान्त 6 फरवरी 2016 तक	अधीक्षक / प्रभारी चिकित्साअधिकारी ,सी.डी.पी.ओ., बी.ई.ओ.
2.5	ब्लॉक स्तर	चेक लिस्ट कार्यक्रम संचालन हेतु प्रोटोटाइप भेजा गया है, अधीक्षक / प्रभारी चिकित्सा अधिकारी सुनिश्चित करें कि चेक लिस्ट के	चेक लिस्ट की समय सीमा के अनुसार	अधीक्षक / प्रभारी चिकित्साअधिकारी

		अनुसार गतिविधियाँ समय पर पूर्ण की जा रही है अथवा नहीं तदानुसार आवश्यक कार्यवाही सुनिश्चित करे।		
3	ग्राम / उपकेन्द्र स्तर	ग्राम स्तर पर ए०एन०एम० अपने क्षेत्र की सभी आंगनवाड़ी एवं आशाओं के साथ मिलकर कार्यक्रम के विषय में चर्चा करेंगी तथा 1 से 19 वर्ष के ऑगनवाडी / स्कूल न जाने वाले बच्चों की सूची संलग्न प्रारुप पर आशा के सहयोग से तैयार कर ऑगनवाडी को उपलब्ध कराने हेतु बतायेंगी।आशा अभिभावकों को इस गोली को खिलाये जाने के सम्बन्ध में जानकारी देकर प्रेरित करते हुये 10 फरवरी को बच्चों को बुला कर ऑगनवाड़ी केन्द्र पर लायेंगी।	7 फरवरी 2016 तक	ए०एन०एम०

ख–दवा खिलाने की विधि : –

टेबलेट एलबेन्डाजोल (400 मि.ग्रा.) की गोली कक्षा 1 से 12 तक के सभी बच्चों को **अध्यापकों की निगरानी** में एक गोली **चबा कर** पानी के साथ खिलाई जायेगी इसके लिये पीने का साफ पानी व ग्लास की व्यवस्था स्कूल द्वारा की जानी है।

ऑगनवाड़ी केन्द्रों पर टेबलेट एलबेन्डाजोल (400 मि.ग्रा.) की **आधी गोली** 1 से 2 वर्ष के बच्चों को तथा 2 से 3 वर्ष के बच्चों को **एक गोली** 2 चम्मचों के बीच **पीस कर** पानी के साथ एवं पूरी 1 गोली 3 वर्ष से 19 वर्ष के बच्चों को ऑगनवाड़ी **कार्यकत्री की निगरानी** में चबा कर पानी के साथ खिलाई जायेगी। 3 वर्ष से 19 वर्ष के बच्चों को यह गोली **चबा कर** पानी के साथ खिलाई जायेगी । इसके लिये 2 चम्मच, पीने का साफ पानी व ग्लास की व्यवस्था ऑगनवाड़ी कार्यकत्री द्वारा की जानी है।

10 फरवरी 2016 (एन.डी.डी.) को जिन बच्चों को दवा खिलाई जायेगी रजिस्टर/सूची में उनके नाम के सम्मुख एक सही का निशान (✓) तथा जिन बच्चों को 15 फरवरी 2016 मप–अप डे दिन दवा खिलाई जायेगी रजिस्टर/सूची में उनके नाम के सम्मुख 2 सही का निशान (✓✓) लगाया जायेगा।

ग–मॉप अप डे (15 फरवरी 2016) :–

1–19 वर्ष के सभी बच्चों को एन०डी०डी० के दिन दवा खिलायी जानी है इसके पश्चात दिनाक 11 फरवरी को स्कूल, ऑगनवाड़ी, आशा, ए.एन.एम., ब्लॉक एवं जनपद प्रत्येक स्तर पर एन.डी.डी. 10 फरवरी 2016 के क्रियान्वयन की समीक्षा की जाये एवं यह देखा जाये कि जो बच्चे दवा खाने से किन्ही कारणों से वंचित रह गये है उन्हें **15 फरवरी 2016** को मॉप–अप डे के दिन स्कूलों एवं ऑगन वाडी केन्द्रों पर पुनः दवा खिलाये जाने की कार्यवाही की जाये।

घ आशाओं हेतु प्रतिपूर्ति:–

आशा द्वारा अपने क्षेत्र के 1–19 वर्ष के स्कूल/ऑगनवाडी न जाने वाले बच्चों की सूची तैयार कर ऑगनवाड़ी को उपलब्ध कराया जायेगा तथा उन बच्चों को एन.डी.डी./मॉप–डे के दिन दवा खिलाने के लिये बुलाया जायेगा। जिन आशाओं द्वारा उक्त सूची ऑगनवाडी कार्यकत्री को उपलब्ध करायी जायेगी तथा कार्यक्रम में एन.डी.डी. एवं मॉप–अप डे के दिन बच्चों को दवा खिलाने हेतु सहयोग दिया जायेगा उन्हें रू० 50/– मानदेय दिया जायेगा। इसके लिये आशा को ऑगनवाड़ी द्वारा सूची एवं दवा खिलाने में सहयोग दिये जाने का प्रमाण पत्र प्राप्त कर एम०ओ०आई०सी० को उपलब्ध कराया जाना आवश्यक होगा।

ङ–प्रतिकूल प्रभाव एवं प्रबन्धन:–

यद्यपि टेबलेट एल्बेन्डाजोल (400 मि.ग्रा.) की गोली के प्रतिकूल प्रभाव कम हैं फिर भी कुछ बच्चों में खासतौर पर उन बच्चों जिनमें कीड़ों की अधिकता है कुछ प्रतिकूल प्रभाव जैसे कि मिचली आना, उल्टी होना, पेट में दर्द आँत में अवरोध, एलर्जिक रियक्शन आदि हो सकती है जो अधिकांशतयः गंभीर नहीं होती है। **प्रतिकूल प्रभाव एवं प्रबन्धन की** जानकारी ई–मेल द्वारा भारत सरकार की एन.डी.डी. 2016 की गाईड लाईन भेजी जा रही है जिसमें **प्रतिकूल प्रभाव एवं प्रबन्धन** पृष्ठ सं0 38 से 48 पर उल्लिखित है (गाइड लाइन ई–मेल द्वारा प्रेषित की जा रही है), कृपया अपने स्तर से सभी ब्लॉक चिकित्सा अधिकरियों को गाइड लाइन उपलब्ध करा दें। प्रतिकूल प्रभाव होने पर गाइड लाइन के अनुसार कार्यवाही की जाये। जनपद एवं ब्लॉक स्तर एन.डी.

डी. 10 फरवरी 2016 एवं मॉप–अप डे 15 फरवरी, 2016 के लिये कन्ट्रोल रूम स्थापित किये जाँये । कन्ट्रोल रूम के नम्बर सभी आशाओं , आँगनवाड़ी, टीचर्स, स्वास्थ्स कर्मियों को उपलब्ध कराया जाये।

सुनिश्चित किया जाये कि प्रत्येक प्राथमिक स्वास्थ्य केन्द्र पर राष्ट्रीय कृमिमुक्ति दिवस एव मॉप–अप डे पर एल्बेंडाजोल गोली, ओ.आर.एस. पैकेट, डोमपेरिडॉन टेबलेट, डाईसाइक्लोमिन टेबलेट/सस्पेन्शन, पैरासिटामोल टेबलेट/सस्पेन्शन तथा सी.पी.एम. टेबलेट/सेट्रिजिन टेबलेट की व्यवस्था , प्रतिकूल घटना के प्रबंधन हेतु उपलब्ध रहे।

च–मॉनिटरिंग एवं समीक्षा–

एन.डी.डी. 10 फरवरी 2016 एवं मॉप–अप डे 15 फरवरी, 2016 के दिन राज्य, जनपद, ब्लॉक स्तरीय स्वास्थ्य, शिक्षा एवं आई0सी0डी0एस0 विभाग के अधिकारियों द्वारा कार्यक्रम संचालन के सम्बन्ध में पर्यवेक्षण किया जाना आवश्यक है। इसके लिये मॉनिटरिंग प्रपत्र का प्रोटोटाइप संलग्न कर प्रेषित किया जा रहा है। उक्त प्रपत्र वांछित मात्रा में छपवाकर तीनो विभाग के अधिकारियों को उपलब्ध कराया जाय। निरीक्षण के समय यदि कहीं पर गोली की आवश्यकता हो तो तत्काल ब्लॉक एम.ओ.आई.सी./कन्ट्रोल रूम को सूचित कर कार्यवाही करायें। जिले एवं ब्लॉक स्तर पर एल्बेन्डाजॉल (400 मि.ग्रा.) कम से कम 5000 टेबलेट का बफर स्टॉक भी रखा जाये, जिससे कि यदि किसी केन्द्र पर गोली की कमी हो तो तत्काल उपलब्ध कराया जा सके।

तीनों विभागों के सभी मॉनिटर्स को अपनी मॉनिटरिंग रिपोर्ट उसी दिन शाम को मॉनिटरिंग फीडबैक के साथ अधीक्षक/ब्लाक प्रभारी चिकित्सा अधिकारी को उपलब्ध कराने के निर्देश दिये जायें। एन.डी.डी. 10 फरवरी 2016 एवं मॉप–अप डे 15 फरवरी, 2016 के दिन ब्लाक पर सभी पर्यवेक्षक के साथ उसी दिन शाम को एक समीक्षा बैठक की जाये।

छ–रिपोर्टिंग–

अभियान में खिलाई गयी गोलियों के लिये रिपोर्टिंग प्रपत्र आँगनवाड़ी एवं टीचर्स को प्रशिक्षण के दौरान हैण्डआउट के साथ उपलब्ध कराये गये है। रजिस्टर/सूची के अनुसार डीवर्मिंग–डे (10 फरवरी) एवं मॉप–अप डे (15 फरवरी) को गोली के सेवन किये गये बच्चों की सूचना हैण्ड आउट में संलग्न प्रपत्र में भर कर प्रत्येक स्कूल/आँगनवाड़ी केन्द्र अपने क्षेत्र की ए0एन0एम0 को उपलब्ध करायेंगे। ए.एन.एम. द्वारा यह रिपोर्ट ब्लॉक अधीक्षक/प्रभारी चिकित्सा अधिकारी को उपलब्ध करायी जायेगी। ब्लॉक अधीक्षक/प्रभारी चिकित्सा अधिकारी अपने पूरे ब्लॉक की संकलित रिपोर्ट जनपद स्तर को उपलब्ध करायेगें जिसे वे पूरे जनपद की रिपोर्ट को संकलित कर राज्य स्तर को उपलबध करायेंगे। विभिन्न स्तरों पर प्रयोग किये जाने वाले रिपोर्टि प्रपत्र, समय सीमा एवं रिपोर्टिंग के लिये जिम्मेदार व्यक्ति का विवरण निम्नवत है।

क्रम सं0	स्तर	रिपोर्टिंग प्रपत्र	जिम्मेदार व्यक्ति	रिपोर्ट किसे स्तर पर जमा करनी है।	समय सीमा
1	आँगनवाडी केन्द्र/स्कूल	हैण्डआउट के साथ संलग्न प्रपत्र	आँगनवाड़ी एवं टीचर	ए.एन.एम. को	19 फरवरी 2016
2	ए0एन0एम0	उपकेन्द्र/ब्लॉक/जनपद प्रपत्र	ए0एन0एम0	अधीक्षक/प्रभारी चिकित्सा अधिकारी को	26 फरवरी 2016
3	ब्लॉक सी.एच.सी./पी.एच.सी.	उपकेन्द्र/ब्लॉक/जनपद प्रपत्र	अधीक्षक/प्रभारी चिकित्सा अधिकारी	जनपदीय नोडल अधिकारी को	10 मार्च 2016
4	जनपद	उपकेन्द्र/ब्लॉक/जनपद प्रपत्र	मुख्य चिकि0 अधिकारी/नोडल अधिकारी	महानिदेशक प.क./चिकि.स्वा./मिशन निदेशक	17 मार्च 2016

ज–कार्यक्रम में स्कूल शिक्षा विभाग की भूमिका :–

ब्लॉक स्तर पर यह सुनिश्चित किया जाय कि प्रशिक्षण में सभी सरकारी विद्यालयों के प्रधानाध्यापक/प्रभारी प्रधानाध्यापक या शिक्षक प्रतिनिधि उपस्थिति रहे । NDD सामग्री की उपलब्धता प्रशिक्षण के पूर्व सुनिश्चित की जाय एवं इसका वितरण प्रशिक्षण के ठीक बाद उसी दिन कर लिया जाय।

सरकारी स्कूलों में प्रधानाचार्य/शिक्षक द्वारा राष्ट्रीय कृमि मुक्ति दिवस के आयोजन हेतु निम्न तैयारियाँ सुनिश्चित की जाये :–

1. राष्ट्रीय कृमिमुक्ति दिवस के बैनर का उचित स्थान पर प्रदर्शन।
2. एलबेन्डाजॉल प्रदायगी हेतु स्कूलों में काउन्टर की स्थापना।
3. बच्चों के लिये स्वच्छ पेयजल की व्यवस्था।
4. कार्यक्रम के एक सप्ताह पूर्व शिक्षक समुदाय जागरूकता गतिविधियों जैसे–प्रभात फेरी, अभिभावक–शिक्षक बैठक (PTA meeting), विद्यालय प्रबंधक समिति की बैठक (SMC Meeting) में डिवार्मिंग के लाभ के बारे में चर्चा करेंगे ।
5. उपस्थिति रजिस्टर में गोली खिलाने के बाद एन.डी.डी. के दिन बच्चों के नाम के सम्मुख एक ✓ का निशान लगाना। मॉप–अप दिवस पर छूटे बच्चों को गोली खिलाना एवं उपस्थिति रजिस्टर में दो ✓✓ का निशान लगाना।
6. **जो बच्चे बीमार हैं या कोई दवा ले रहे हैं उन्हें एल्बेण्डाजोल गोली का सेवन नहीं कराया जाए।**
7. बच्चों में डीवर्मिंग की दवाई के साईड इफेक्ट बहुत कम होते हैं। कृमि संक्रमण की अधिकता के कारण कुछ मामूली दुष्प्रभाव जैसे–मिचली आना, उल्टी होना, पेट में दर्द ऑत में अवरोध, एलर्जिक रियक्शन आदि की संभावना हो सकती है। ये कुछ समय में अपने आप ठीक हो जाते हैं। किसी भी प्रकार के दुष्प्रभाव की स्थिति में बच्चे को खुले एवं छायादार स्थान पर लिटाया जाये तथा साफ स्वच्छ पेयजल दिया जाये।
8. यदि दवा खिलाने के उपरान्त कोई गंभीर प्रतिकूल लक्षण हों तो संपर्क सूची में दर्ज ग्राम की आशा/ए.एन.एम./RBSK चिकित्सक / प्रभारी चिकित्सा अधिकारी को सूचित किया जाये ऐसी स्थिति में परिजनों को सूचित करते हुए आकस्मिक परिवहन व्यवस्था 108 के माध्यम से पीड़ित बच्चों को नजदीकी स्वास्थ्य केन्द्र पर पंहुचाया जाये।
9. प्रतिकूल घटना की सूचना हेतु प्रत्येक स्कूल में प्रभारी चिकित्सा अधिकारी, ए.एन.एम., आशा, RBSK चिकित्सक, 108 एम्बुलेन्स एवं कन्ट्रोल रूम के संपर्क नम्बर की सूची की उपलब्धता सुनिश्चित करना।
10. दिनांक 15 फरवरी को समस्त शिक्षक/प्रधानाध्यापक द्वारा छूटे हुए बच्चों को मॉप–अप डे पर एल्बेण्डाजॉल गोली का सेवन कराया जाये।
11. 19 फरवरी 2016 तक शिक्षक अपनी रिपोर्ट ANM को उपलब्ध कराना सुनिश्चित करेंगे ।

ड़–समेकित बाल विकास सेवाऐं विभाग की भूमिका :–

ब्लॉक स्तर पर यह सुनिश्चित किया जाय कि प्रशिक्षण में शत–प्रतिशत मुख्य सेविका, ऑगनवाड़ी सेविकाओं की उपस्थिति रहे। NDD सामग्री की उपलब्धता प्रशिक्षण के पूर्व की जाये एवं इसका वितरण प्रशिक्षण के ठीक बाद उसी दिन कर लिया जाये।

ऑगनवाड़ी केन्द्रों में ऑगनवाड़ी कार्यकत्री द्वारा राष्ट्रीय कृमि मुक्ति दिवस के आयोजन पूर्व निम्न तैयारियाँ सुनिश्चित की जाये :–

1. राष्ट्रीय कृमिमुक्ति दिवस के बैनर का उचित स्थान पर प्रदर्शन।
2. कार्यक्रम के एक सप्ताह पूर्व आंगनवाड़ी सेविका समुदाय जागरूकता गतिविधियों जैसे–अभिभावक–आंगनवाड़ी बैठक, VHSNC की बैठक तथा पंचायत की बैठक में डिवार्मिंग के लाभ के बारे में चर्चा करेंगे ।
3. एलबेन्डाजॉल खिलाने हेतु ऑगनवाड़ी केन्द्र पर काउन्टर की स्थापना एवं गोली को चूराकर दिये जाने हेतु चम्मच की व्यवस्था । **यह भी सुनिश्चित किया जाए कि 1 से 3 वर्ष तक के बच्चे को गोली को चूराकर पानी के साथ तथा 4 से 6 वर्षीय बच्चे गोली को चबाकर पानी के साथ ही खायें।**
4. बच्चों के लिये स्वच्छ पेयजल की व्यवस्था।
5. 6 से 19 वर्षीय स्कूल नहीं जाने वाले बच्चे अथवा स्कूल से अनुपस्थित बच्चों की सूची ग्राम की आशा द्वारा ऑगनवाड़ी कार्यकत्री को देना ताकि उन्हें एल्बेण्डाजोल की 1 गोली का सेवन कराया जा सके।
6. ऑगनवाड़ी केन्द्र रजिस्टर/आशा द्वारा उपलब्ध करायी गयी सूची में एन.डी.डी. (10 फरवरी 2016)के दिन दवा खाये बच्चों के सम्मुख एक ✓ का निशान तथा मॉप–अप दिवस (15 फरवरी 2016)पर छूटे बच्चों को गोली खिलाकर दो ✓✓ का निशान लगाना।
7. **जो बच्चे बीमार हैं या कोई दवा ले रहे हैं उन्हें एल्बेण्डाजोल गोली का सेवन नहीं कराया जाए।**

8. बच्चों में डीवर्मिंग की दवाई के साईड इफेक्ट बहुत कम होते हैं। कृमि संक्रमण की अधिकता के कारण कुछ मामूली दुष्प्रभाव जैसे–मिचली आना, उल्टी होना, पेट में दर्द आँत में अवरोध, एलर्जिक रियक्शन आदि की संभावना हो सकती है। ये कुछ समय में अपने आप ठीक हो जाते हैं। किसी भी प्रकार के दुष्प्रभाव की स्थिति में बच्चे को खुले एवं छायादार स्थान पर लिटाया जाये तथा साफ स्वच्छ पेयजल दिया जाये।
9. आँगनवाड़ी राष्ट्रीय कृमिमुक्ति दिवस तथा मॉप–अप दिवस से पहले आशा/ए.एन.एम./RBSK चिकित्सक/प्रभारी चिकित्सा पदाधिकारी/सी.डी.पी.ओ. का दूरभाष नं आँगनवाड़ी केन्द्र पर रखेगी ताकि गंभीर प्रतिकूल लक्षण होने पर संपर्क सूची में दर्ज ग्राम की आशा/ए.एन.एम./ RBSK चिकित्सक/प्रभारी चिकित्सा पदाधिकारी/सी.डी.पी.ओ. को सूचित किया जा सके। ऐसी स्थिति में परिजनों को सूचित करते हुए आकस्मिक परिवहन व्यवस्था 108 एम्बुलेन्स के माध्यम से पीड़ित बच्चों को नजदीकी स्वास्थ्य केन्द्र पर पंहुचाया जाये।
10. दिनांक 15 फरवरी, 2016 को समस्त छूटे हुए बच्चों को मॉप अप डे पर एल्बेण्डाजोल गोली का सेवन कराया जाये।
11. 19 फरवरी 2016 तक आँगनवाड़ी अपनी रिपोर्ट ए.एन.एम. को उपलब्ध कराना सुनिश्चित करेंगी ।
12. आँगनवाड़ी द्वारा आशा को उसके द्वारा दवा खिलाने हेतु दिये गये सहयोग एवं सूची उपलब्ध कराने का प्रमाण पत्र आशा के मानदेय हेतु दिया जायेगा।

यह एक महत्वपूर्ण राष्ट्रीय कार्यक्रम है, इसमें विभिन्न विभागों की सक्रिय सहभागिता परम आवश्यक है अतः जिला अधिकारी अपने स्तर से इस कार्यक्रम हेतु नेतृत्व प्रदान कर स्थानीय स्थित के अनुसार जन समर्थन हेतु भी विशेष पहल करने का कष्ट करें।

संलग्नक : यथोक्त

भवदीय

(डा० [illegible])
अपर मिशन निदेशक

पत्रांकः–एस.पी.एम.यू./आर.के.एस.के./एन.डी.डी./09/2015–16 दिनांक
प्रतिलिपि निम्न लिखित को सूचनार्थ एवं आवश्यक कार्यवाही हेतु प्रेषित–

1. प्रमुख सचिव, चिकित्सा स्वास्थ्य एवं परिवार कल्याण, उ0प्र0शासन, लखनऊ।
2. महानिदेशक, चिकित्सा एवं स्वास्थ्य सेवायें,स्वास्थ्य भवन, उ0प्र0, लखनऊ।
3. महानिदेशक, परिवार कलयाण, परिवार कल्याण महानिदेशालय, लखनऊ।
4. मण्डलायुक्त, आगरा, अलीगढ़, बरेली, झाँसी, मेरठ, मुरादाबाद, सहारनपुर,।
5. निदेशक,बाल विकास एवं पुष्टाहार, इन्दिराभवन लखनऊ।
6. निदेशक, बेसिक शिक्षा, महानिदेशालय निशातगंज लखनऊ।
7. निदेशक, माध्यमिक शिक्षा, पार्क रोड, लखनऊ।
8. सम्बन्धित मण्डलीय, अपर निदेशक, कृपया आवश्यक व्यवस्था का अनुश्रवण करें।
9. मण्डलीय एवं जिला कार्यक्रम प्रबन्धक।
10. अपर निदेशक मलेरिया, चिकित्सा एवं स्वास्थ्य सेवायें, स्वास्थ्य भवन लखनऊ।
11. वित्त नियंत्रक, एस.पी.एम.यू. लखनऊ।
12. स्टेट प्रोग्राम मेनेजर, एवीडेन्स एक्शन, 3/232 विवेक खण्ड गोमती नगर लखनऊ।

(डा० [illegible])
अपर मिशन निदेशक

आँगनवाड़ी एव स्कूल न जाने वाले 1 से 19 वर्ष तक के बच्चों का विवरण

जनपद का नाम.............................. ब्लाक का नाम........................... ग्राम का नाम ....

आशा का नाम .... आंगनवाड़ी कार्यकत्री का नाम...............................

क्र0सं0	बच्चे का नाम	पिता / माता का नाम	उम्र	दवा पिलायी गई हाँ / नहीं

आशा का हस्ताक्षर...........

Evidence Action

Deworm the World Initiative

Prevalence and Intensity of Soil-Transmitted Helminths in Uttar Pradesh

In May and July-August 2015, Evidence Action conducted a field survey to measure the prevalence and intensity of soil-transmitted helminths (STH) infections across the state of Uttar Pradesh. The STH, roundworm, whipworm, and hookworm, are a public health concern in India, with over 220 million children at risk of infection. The survey was conducted to assess the prevalence and intensity of STH infections in Uttar Pradesh prior to the beginning of the school-based deworming program.

In 2015 a survey was conducted among school-children in 130 government primary schools across 27 districts in the state of Uttar Pradesh covering all nine agro-climatic zones.

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

Key Results and Findings

The overall average prevalence of any STH in Uttar Pradesh was calculated to be 76%. Roundworm had the highest prevalence, with prevalence of 70%, while hookworm and whipworm prevalence were found to be 23% and 5%, respectively. The prevalence in different agro-climatic zones ranged from 17% to 93%. Prevalence in areas endemic to lymphatic filariasis (LF) was found to be in excess of 50%. Moderate and high intensity roundworm infections were found in 4.8% of children, while 0.8% of children had moderate or high intensity hookworm infections.

Recommendations for the Government of Uttar Pradesh

Based on the findings of the prevalence survey and WHO guidelines, Evidence Action recommends biannual deworming for school and preschool-age children throughout Uttar Pradesh.The National Deworming Day provides the foundation for this treatment strategy. In districts endemic to LF,where albendazole administration occurs annually, the National Deworming Day will provide the second annual treatment. Evidence Action, in line with global best practices, recommends that the administration of school-based deworming program and the National Filaria Control Program be timed 6 months apart to maximize impact.

As evidenced by the current 76% prevalence, Uttar Pradesh has very high rates of STH infection, and needs to consider strategies to maximize deworming coverage. These strategies should include intensive community mobilization and awareness activities; the inclusion of children who are out-of-school and in private schools; and rigorous monitoring of the program in the weeks leading up to National Deworming Day. Given that LF endemic districts have high prevalence exceeding 50%, understanding and strengthening coverage in these areas, and monitoring STH control efforts through integration with planned transmission assessment surveys will also be key to reducing STH as a public health problem in Uttar Pradesh.

Mapping Prevalence for Treatment Strategies

The WHO estimates that over 870 million preschool and school-age children worldwide are at risk of STH infections and 220 million children are at risk in India. STH infections[2] interfere with nutrient uptake; can lead to anemia, malnourishment, and impaired mental and physical development; and pose a serious threat to children's health, education, and productivity. To mitigate the morbidity caused by STH infections, the WHO recommends treatment strategies based on STH prevalence in a region. To date, there has been limited state-wide worm prevalence data collection in India, making it difficult to develop appropriate treatment strategies that reflect actual worm loads.

Predicted prevalence map of STH in Uttar Pradesh

In 2015 Evidence Action signed a memorandum of understanding with the government of Uttar Pradesh to provide technical assistance for the state-wide school and anganwadi-based deworming program. Evidence Action carried out a survey to understand the prevalence and intensity of STH infections in Uttar Pradesh to help guide the National Deworming Day in the state. There was no state-wide data available on worm burdens in Uttar Pradesh, prior to this survey.

Annexure D: GoI Letter to State to Observe NDD 2016

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D.O. No. Z-28020/237/2013-CH-II
Dated: 21-08-2015

Dear Shri Kumar,

Soil-transmitted helminths (STH) are among the most common infections worldwide and severely affect the poorest and most deprived communities. Chronic STH infestations are a public health problem as they can cause anaemia, malnutrition, growth faltering, and impaired cognitive development. India bears a significantly high burden of STH infections as compared to any other country. WHO estimates that 241 million children, representing 68% of the children between the ages of 1 and 14, are at risk of parasitic intestinal worms in India. Unfortunately, few States in the country have consistently and effectively prioritized deworming interventions thereby leading to poor coverage across India.

Against this backdrop, Government of India adopted a fixed day strategy as National Deworming Day and the same was launched in February, 2015 across 11 States. The National Deworming Day (NDD) has resulted in administration of deworming drug to more than 89 million children across 11 States in the country. This has emerged as the world's largest public health campaign for treatment of intestinal parasitic worms. While the average national coverage was more than 85%, the coverage touched 95% in places such as Dadra and Nagar Haveli.

After the unprecedented success of National Deworming Day in February, 2015, Ministry of Health & Family Welfare is planning to observe a National Deworming Day in February, 2016 at a pan India level to provide Albendazole to all children of age 1-19 years through the network of schools and anganwadi centres on a single day across all States/UTs.

In this regard, it is requested that all States/UTs may align their deworming intervention activities with the National Deworming Day to bring about uniformity and enhance the coverage all over the country. The States/UTs are advised to initiate necessary steps in terms of procuring drugs, training health workers, taking up IEC activities etc., so as to make the NDD a success. National Deworming Day guidelines and other material will be soon forwarded to you.

Warm regards

Yours sincerely,

(Dr. Rakesh Kumar)

Shri Arvind Kumar
Principal Secretary (Health & FW),
Department of Health & Family Welfare,
Government of Uttar Pradesh, 5th floor, Room No. 516,
Vikas Bhawan, Janpath Market,
Vidhan Sabha Road, Hazrat Ganj, Lucknow – 226 001

प्रेषक

मिशन निदेशक,
राष्ट्रीय स्वास्थ्य मिशन,
19–ए विधान सभा मार्ग, लखनऊ।

सेवा में,

मुख्य चिकित्सा अधिकारी,
आगरा, अलीगढ, अमरोहा, बागपत, बिजनोर, बदाँयू, बुलन्दशहर, एटा, फिरोजाबाद, गौतमबुद्धनगर, झाँसी, गाजियाबाद, हापुड, हाथरस, कासगंज, ललितपुर, मैनपुरी, मथुरा, मुरादाबाद, मुजफ्फरनगर, सहारनपुर, मेरठ, सम्भल, शामली।

पत्रांकः–एस.पी.एम.यू./आर.के.एस.के./एन.डी.डी./09/2015–16/9797–24 दिनांक 22/1/16

विषयः– "राष्ट्रीय डी–वर्मिंग दिवस" दिनांक 10 फरवरी 2016 के आयोजित किये जाने हेतु वित्तीय दिशा निर्देश।

महोदय,

कृपया कार्यालय के पत्र संख्या एस.पी.एम.यू./आर.के.एस.के./एन.डी.डी./09/2015–16/8670–24 दिनांक 31.12.2015 का अवलोकन करना चाहें, जिसके माध्यम से जनपदों को एलबेण्डाजॉल की गोली की व्यवस्था करने हेतु निर्देश एवं धनराशि अवमुक्त की गई है।

प्रदेश के उक्त 24 जनपदों में "राष्ट्रीय डी–वर्मिंग दिवस" दिनांक 10 फरवरी 2016 को आयोजित किया जाना हैं, जिसकी तैयारी/संचालन, प्रशिक्षण/ओरियेन्टेशन बैठक, आई.ई.सी. मैटेरियल आदि के लिए निम्नलिखित मदों में धनराशियां अवमुक्त की जा रही हैं, जिनका उपयोग दिये गये मानकानुसार सुनिश्चित किया जाना है। कार्यक्रम के संचालन हेतु विस्तृत दिशा–निर्देश पृथक से भेजे जा रहें हैं।

1–जनपद/ब्लाक स्तर पर प्रशिक्षण/ओरियेन्टेशन बैठक (FMR A.9.11.3)–

जनपद स्तर पर–

राष्ट्रीय डी–वर्मिंग दिवस की तैयारी हेतु जनपद स्तर पर स्वास्थ्य विभाग, आई.सी.डी.एस. विभाग, शिक्षा विभाग के अधिकारियों को आधे दिन की प्रशिक्षण/ओरियेन्टेशन बैठक की जानी है, जिसमें कार्यक्रम के संचालन के विषय में जानकारी दी जायेगी। बैठक में प्रत्येक ब्लाक के प्रभारी चिकित्सा अधिकारी, एच.ई.ओ., आई.सी.डी.एस. विभाग से सी.डी.पी.ओ. एवं शिक्षा विभाग से ए.बी.एस.ए. एव बी.आर.सी. समन्वयक प्रतिभाग करेंगे। बैठक में उपस्थित प्रतिभागियों हेतु जलपान के लिये रू0 5000.00 प्रति जनपद की दर से धनराशि आर.सी.एच. फ्लैक्सीपूल में एफ.एम.आर. कोड–ए.9.11.3 पर अवमुक्त की जा रही है **(संलग्नक–1)**।

ब्लॉक स्तर पर–

राष्ट्रीय डी–वर्मिंग दिवस की तैयारी हेतु ब्लाक स्तर पर भी पर आधे दिन की प्रशिक्षण/ओरियेन्टेशन बैठक की जानी है, जिसमें कार्यक्रम के संचालन के विषय में जानकारी दी जायेगी।

बैठक में ब्लाक की समस्त ए.एन.एम., आशा, आंगनवाड़ी कार्यकर्त्री एवं प्रत्येक सरकारी प्राइमरी एवं माध्यमिक स्कूल के नोडल टीचर प्रतिभाग करेंगे। प्रशिक्षण में उपस्थित प्रतिभागियों के लिये जलपान हेतु रू0 7500.00 प्रति ब्लाक की दर से धनराशि आर.सी.एच. फ्लैक्सीपूल में एफ.एम.आर. कोड–ए.9.11.3 पर अवमुक्त की जा रही है **(संलग्नक–1)**।

2–आशाओं हेतु प्रोत्साहन (FMR B.1.1.3.5)–

राष्ट्रीय डी–वर्मिंग दिवस के, दिन आशा 6–19 वर्ष के स्कूल से अनुपस्थित एवं स्कूल न जाने वाले बच्चों एवं आँगनवाडी केन्द्र में 1–6 वर्ष के बच्चों को एल्बेन्डाजॉल की गोली खिलवाने में सहयोग करेगी, जिसके के लिये रु0 50.00 प्रति आशा की दर से धनराशि मिशन फ्लैक्सीपूल में एफ.एम.आर. कोड–बी.1.1.3.5 पर अवमुक्त की जा रही है **(संलग्नक–1)**।

3–जनपद/ब्लॉक स्तर पर मीडिया गतिविधि (FMR B.10.6)–

राष्ट्रीय डी–वर्मिंग दिवस के आयोजन के प्रचार–प्रसार हेतु प्रत्येक जनपद स्तर पर सरकारी जिला अस्पताल (महिला एवं पुरुष) एक–एक होर्डिंग (साईज– 16x20 फीट) लगाया जाना है। इसके अतिरिक्त 2 प्रतिष्ठित हिन्दी समाचार पत्रों में डी.ए.वी.पी. दर पर राष्ट्रीय डी–वर्मिंग दिवस के विषय में विज्ञापन दिया जाना है।

जनपद स्तर पर मुख्य चिकित्सा अधिकारी कार्यालय, जिलाधिकारी कार्यालय, बस स्टैन्ड, कचहरी, विकास भवन तथा ब्लॉक स्तर पर सामुदायिक स्वास्थ्य केन्द्र, सभी प्राथमिक स्वास्थ्य केन्द्र, ब्लॉक परिसर, तहसील, बी.आर.सी. बस स्टैन्ड, अन्य मुख्य स्थानो पर एवं बड़े स्कूलों में दीवर लेखन भी (5X8 फिट) करायी जाये। उक्त गतिविधियों हेतु रू0 1,00,000.00 प्रति जनपद की दर से धनराशि मिशन फ्लैक्सीपूल में एफ.एम.आर. कोड–बी.10.6 पर अवमुक्त की जा रही है **(संलग्नक–1)**।

4–स्कूलों हेतु आई.ई.सी. गतिविधि (FMR B.10.7)–

राष्ट्रीय डी–वर्मिंग दिवस के दिन जनपद के ग्रामीण क्षेत्र के सभी आंगनवाड़ी केन्द्र, सरकारी प्राइमरी एवं माध्यमिक स्कूलों में दो–दो पोस्टर लगाये जाने हैं। इसके अतिरिक्त मुख्य–मुख्य स्कूलों एवं ऑगनवाड़ी केन्द्रों में एक फ्लेक्स बैनर लगाये जाने है। साथ ही ब्लॉक की पी0एच0सी0, सी0एच0सी0, ब्लाक तहसील, सी0डी0पी0ओ0, बी0आर0सी0 कार्यालय बस स्टैण्ड आदि स्थानों पर एक–एक बैनर लगाया जाना है। उक्त गतिविधियों हेतु रू0 1,50,000.00 प्रति जनपद की दर से धनराशि अवमुक्त की जा रही है।

हैण्डबिल्स/ पैम्पलेट एवं चैक लिस्ट– ग्रामीण स्तर पर प्रत्येक आशा एवं ए0एन0एम0 को एक हैण्डबिल तथा 25 पम्पलेट तथा प्रत्येक प्राइमरी एवं माध्यमिक विद्यालयों के प्रशिक्षण में भाग लेने वाले अध्यापक को 50 पैम्पलेट दिये जाने है। उक्त गतिविधियों हेतु रू0 1,50,000.00 प्रति जनपद की दर से धनराशि अवमुक्त की जा रही है।

इस प्रकार इस मद में कुल रु0 3.00 लाख प्रति जनपद की दर से धनराशि मिशन फ्लैक्सीपूल में एफ.एम.आर. कोड–बी.10.7 पर अवमुक्त की जा रही है **(संलग्नक–1)**।

आई.ई.सी. मैटेरियल के स्पेसिफिकेशन्स का विवरण निम्नवत है—

क्र0	विवरण	क्वालिटी / पेपर	स्पेसिफिकेशन	साइज
1	होर्डिंग	CMYK-Flex	200 gsm, Four colour, landscape	16 x 20 feet
2	पोस्टर	CMYK	60 gsm, uncoated, Four colour, one sided printing, Portrait	16.54" x 23.39" (A2 Size)
3	बैनर	CMYK-Flex	250 gsm, Four colour, one sided printing, landscape	2 X 6 feet
4	पैम्पलेट / हैण्डबिल्स	CMYK	60 gsm, uncoated, Four colour, Both sided printing, Portrait	8.27" x 11.69" (A4 Size)
5	चेकलिस्ट	Maplitho/DO Paper, CMYK	70 gsm, Four colour, Both sided printing, Portrait	8.27" x 11.69" (A4 Size)
6	दीवार लेखन			5 x 8 feet

वित्तीय व्यवस्था हेतु विशेष निर्देश:—

भारत सरकार द्वारा दिये गये फाइनेन्शियल मैनेजमेन्ट मैनुअल में निहित वित्तीय नियमों, शासनादेशों, अन्य प्रभावी नियमों / निर्देशों एवं सक्षम स्तर से स्वीकृति के उपरान्त ही समस्त व्यय नियमानुसार सुनिश्चित किया जाए। जिस कार्यक्रम / मद में धनराशि आवंटित की गई है उसी सीमा तक नियमानुसार व्यय किया जाए। साथ ही आपको यह भी निर्देशित किया जाता है कि जनपद में समस्त भुगतान पत्र संख्या एस.पी.एम.यू. / एन.आर.एच.एम / 2012—13 / लेखा / पी.एफ.एम.एस. / 187 / 5067—2 दिनांक 04.02.2015 के अनुसार पी.एफ.एम.एस. वेब पोर्टल से तैयार ई—पेमेण्ट प्रिन्ट एडवाइज के द्वारा ही कराया जाना सुनिश्चित करें।

संलग्नक— जनपदवार बजट की फॉट, रिसोर्स किट एवं प्रोटोटाइप्स की सॉफ्ट कॉपी।

भवदीय

21/1/16

(अमित कुमार घोष)
मिशन निदेशक

पत्रांक:—एस.पी.एम.यू. / आर.के.एस.के. / एन.डी.डी. / 09 / 2015—16 / तद्दिनांक

प्रतिलिपि निम्न लिखित को सूचनार्थ एवं आवश्यक कार्यवाही हेतु प्रेषित—

1. प्रमुख सचिव, चिकित्सा स्वास्थ्य एवं परिवार कल्याण, उ0प्र0शासन, लखनऊ।
2. महानिदेशक, चिकित्सा एवं स्वास्थ्य सेवायें,स्वास्थ्य भवन, उ0प्र0, लखनऊ।
3. महानिदेशक, परिवार कलयाण, परिवार कल्याण महानिदेशालय, लखनऊ।
4. मण्डलायुक्त, आगरा, अलीगढ़, बरेली, झाँसी, मेरठ, मुरादाबाद, सहारनपुर.।
5. अपर निदेशक मलेरिया, चिकित्सा एवं स्वास्थ्य सेवायें, स्वास्थ्य भवन लखनऊ।
6. सम्बन्धित मण्डलीय अपर निदेशक, चिकित्सा स्वास्थ्य एवं परिवार कल्याण।
7. वित्त नियंत्रक, एस.पी.एम.यू. लखनऊ।
8. संबंधित मण्डलीय एवं जिला कार्यक्रम प्रबन्धक।

(अमित कुमार घोष)
मिशन निदेशक

Annexure-1

Districts allocation for Funds released for National Deworming Day (NDD) 2016 under NIPI

Sl No	Name of Districts	No Of Blocks	No ASHA	No Of AWW	No of Primary School	No of Children enrolled	No of Madhyamaic School	No of Children enrolled	Orientation Meeting at District @ Rs.5000 / Distt	Orientation meeting at Block Level (ASHA, AWW, Teachers, MS, ANMS LHV) @ Rs7500 per Block	Total funds (RCH Flexipool)	ASHA Incentive @ Rs. 50 per ASHA	Mass Media & Wall Painting @ Rs.1.00 Lack per Distt	IEC Material Poster, Banners	Teaching and Community Hand Bills / Pamphlets and Check List	Total funds (Mission Flexipool)	Total Funds to be release to DHS (RCH +Mission Flexipool) (Col. 12+19)
									A.9.11.3			B.1.1.3.5	B.10.6	B.10.7			
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
1	Agra	15	2100	2158	1790	181812	853	94526	5000	112500	117500	105000	100000	150000	150000	505000	622500
2	Aligarh	12	2200	2615	1568	167823	765	63518	5000	90000	95000	110000	100000	150000	150000	510000	605000
3	Amroha	6	1300	1430	1011	107931	567	71371	5000	45000	50000	65000	100000	150000	150000	465000	515000
4	Baghpat	6	883	1388	534	67128	242	86814	5000	45000	50000	44150	100000	150000	150000	444150	494150
5	Bijnor	11	2100	3209	1918	163592	695	251406	5000	82500	87500	105000	100000	150000	150000	505000	592500
6	Budaun	15	2000	2937	1743	260444	1047	87338	5000	112500	117500	100000	100000	150000	150000	500000	617500
7	Buland Shahar	16	2100	3932	1633	161439	939	174364	5000	120000	125000	105000	100000	150000	150000	505000	630000
8	Etah	8	1450	1864	1154	236402	621	157509	5000	60000	65000	72500	100000	150000	150000	472500	537500
9	Ferozabad	9	1450	1736	1100	35538	1257	19784	5000	67500	72500	72500	100000	150000	150000	472500	545000
10	G. B Nagar	4	728	1007	471	54440	280	56608	5000	30000	35000	36400	100000	150000	150000	436400	471400
11	Ghaziabad	4	563	566	356	61482	234	29326	5000	30000	35000	27650	100000	150000	150000	427650	462650
12	Hapur	4	746	873	408	42412	237	61663	5000	30000	35000	37300	100000	150000	150000	437300	472300
13	Hathras	7	1000	1712	957	102148	787	55652	5000	52500	57500	50000	100000	150000	150000	450000	507500
14	Jhansi	8	1100	1176	1077	78143	592	57256	5000	60000	65000	55000	100000	150000	150000	455000	520000
15	Kasganj	7	990	2448	957	121182	524	43486	5000	52500	57500	49500	100000	150000	150000	449500	507000
16	Lalitpur	6	960	982	1022	163020	521	113136	5000	45000	50000	48000	100000	150000	150000	448000	498000
17	Mainpuri	9	1500	1685	1602	117716	940	234285	5000	67500	72500	75000	100000	150000	150000	475000	547500
18	Mathura	10	1500	2363	1209	104712	623	60028	5000	75000	80000	75000	100000	150000	150000	475000	555000
19	Meerut	12	1200	1743	780	83917	459	75542	5000	90000	95000	60000	100000	150000	150000	460000	555000
20	Moradabad	8	2000	2091	1072	233220	695	91663	5000	60000	65000	100000	100000	150000	150000	500000	565000
21	Muzaffarnagar	9	1600	2248	901	123958	727	218872	5000	67500	72500	80000	100000	150000	150000	480000	552500
22	Saharanpur	11	2100	3408	1317	123868	613	117182	5000	82500	87500	105000	100000	150000	150000	505000	592500
23	Sambhal	8	1400	1800	1053	178702	591	51324	5000	60000	65000	70000	100000	150000	150000	470000	535000
24	Shamli	5	960	884	435	45591	202	18229	5000	37500	42500	48000	100000	150000	150000	448000	490500
	Total	210	33920	46254	26068	3007320	15011	2285882	120000	1575000	1695000	1696000	2400000	3600000	3600000	11296000	12991000
	Rs. In lakh								16.95		16.95	16.96	24.00	36.00	36.00	112.96	129.91

National Deworming Day 2016 Resource Kit – Uttar Pradesh

The following document is a set of guidelines that should follow for the printing/reproduction of all material.

For any assistance please contact National Health Mission, Government of Uttar Pradesh.

- Outline on the training/ IEC prototypes:

A-Handouts: (Printing is supported by Evidence Action)

- A2-pager,tri-folded,double-sideddocumentwhichenablesteachers and *Anganwadi* workers to administer the de-worming tablet to children as per NDD 2016 Guidelines. The handout, reporting form, and Frequently Asked Questions (FAQs) are included in the same handout to make sure all three essential documents are received together.
- Target audience: 2 variations 1) for teachers 2) for *Anganwadi* workers
- Distribution/use: To be distributed to participants during the training
- Each printed handout MUST have aperforated reporting form placed with it. (Guidelines attached)
- Each teacher/headmaster attending the training shall get at least 1 hand out. The trained teacher or head master are encouraged make to copy of the handouts at schools and share copies with all teachers in their respective schools

2. **Flipcharts**: (Printing is supported by Evidence Action)

- A wall calendar style flipchart with big, bold pictures, is an effective tool to train a big group of teachers or *Anganwadi* workers especially, where a projector might not be available to show the training presentation
- Target audience: 2 variations 1) for teachers 2) for *Anganwadi* workers
- Distribution/use: These flipcharts will be used by trainers for teachers and *Anganwadis*, across the training cascade.
- Flipcharts have to be printed in a calendar style, as per the guidelines mentioned in visual Print Guide NDD2016
- Handouts must be distributed at all trainings as a knowledge reinforcement tool

3. **ASHA Leaflet: (Printing is supported by Evidence Action)**

- A one-pager leaflet informing ASHAs on basic information on NDD and highlighting her key role of community mobilization
- Target audience :ASHAs
- Distribution/ use: at the trainings/ orientations of ASHAs. Other than the ASHA handouts, the ASHAs must be given ASHA reporting form, at the time of trainings

B- (Printing is to be done at District Level)

1- **Posters/Banners: District to Print the Material**

- Target audience: 2 variations each 1) for teachers 2) for *Anganwadi* workers, to be placed at the schools and *Anganwadis* respectively. One poster has key messages on NDD and the date. The other poster has messages on positive behaviors that can prevent worm infestation
- Distribution/use: 1 poster of each type per school and *Anganwadi*

- For maximum impact, it is crucial that posters are placed where they are most visible. Place posters at eye-level, on walls where that are no or few other competing posters/bills placed. Choose walls that are visible to maximum people such as the outside of a School/*Anganwadi*.
- *Banners are to be placed at CHC and PHC*

- **Specification Posters :**

Job type: Colour, one-sided, CMYK (4 colour) Print process: Offset Printing
Paper type- 60 GSM, uncoated
Final print size: 16.54" x 23.39" (A2) – portrait

Specification Banner:
Job type: Colour, one-sided, CMYK (4 colour)
Print process: OffsetPrinting
Material – Flex – 250GSM
Final print size: 2 x 6 ft– landscape orientation

2- **Handbill: District to print the Material**

a. 2 variations

1) Crisp version giving critical information on the program: NDD date and key messages on de-worming including prevention of worm infection-to mobilize community on the de-worming days during Training to each AWW and Teachers

2) Brief version contains additional details like symptoms of worm infection, long term benefits of de-worming etc.

b. Target Audience: general public, Student, rest of the teaches

c. Distribution/use: through schools/Anganwadis

Specification Handbill (2Variations) :

Job type: Colour, front + back, CMYK (4 colour) Print process: Offset Printing
Paper type- 60GSM, uncoated
Final print size: 8.27" x 11.69" (A4) – portrait

3- **Hoardings: District to print the Material**

a. Target audience: General public

b. Distribution/ use: Near bus stands, railways stations, near district hospitals etc. To be planned by the state

Specification Hoarding

Job type: Colour, one-sided, CMYK (4colour) Print process: Offset Printing Material – Flex - 200 GSM Final print size: 16 ft x 20ft – landscape orientation

4- Mini Checklist: District to print the Material

a. Target audience: District-level officials of all stakeholder departments

Specifications MiniChecklist
Job type: Colour, front + back, CMYK (4 colour) Print process: OffsetPrinting
Paper type- 70GSM, Maplitho/DO paper Final print size: 8.27" x 11.69" (A4) – portrait Postprocesses:

b. None

5- Wall Writing

Specifications
Job type: 2 Colour paint
Size: 5 x 8 Ft
At District level: CMO office, DM office, Bus Stand, District Court, Vikas Bhawan
At Block level: CHC,PHC,Tehsil, BRC, Bus stand, Main schools and other public places

Annexure Fa: Letter from PS Health to PS DWCD (ICDS) for NDD Support

प्रेषक

प्रमुख सचिव,
चिकित्सा स्वास्थ्य एवं परिवार कल्याण,
उत्तर प्रदेश शासन, लखनऊ।

सेवा में,

प्रमुख सचिव,
बाल विकास एवं पुष्टाहार विभाग,
उत्तर प्रदेश शासन, लखनऊ।

पत्रांक:–एस.पी.एम.यू./आर.के.एस.के./एन.डी.डी./09/2015–16/8750 दिनांक 5/1/16

विषय:–माह 10 फरवरी 2016 को प्रस्तावित "राष्ट्रीय डी–वर्मिंग दिवस" मनाये जाने में सहयोग प्रदान करने के सम्बन्ध में।

महोदय,

अवगत कराना है कि विश्व स्वास्थ्य संगठन की रिर्पोट के अनुसार हमारे देश में पेट के कीड़े होना विश्व व्यापी तथा पब्लिक हैल्थ के लिये बहुत ही बड़ी समस्या है। विशेषकर 1–19 वर्ष के बच्चों में, जिसके कारण बच्चों में व्यापक रूप से एनीमिया (रक्त अल्पता) होता है। बच्चों में एनीमिया (रक्त अल्पता) होने पर बच्चे कुपोषण का शिकार भी हो जाते हैं।

अध्ययन के माध्यम से जानकारी प्राप्त हुयी है कि स्कूल जाने वाले बच्चों को यदि पेट के कीड़ों के लिये दवा दी जाये तो निम्न लिखित लाभ होते हैं–

1. एनीमिया में कमी होना एवं पोषण के स्तर में वृद्धि होना।
2. बच्चों में शारीरिक वृद्धि एवं बजन बढ़ना।
3. मानसिक एवं शारीरिक विकास में बढ़ोत्तरी होना।
4. अन्य बीमारियों से बचने हेतु प्रतिरोधी क्षमता बढ़ना।
5. स्कूल में उपस्थिति के बढ़ने में सहायक होना।
6. बच्चों में याद करने की योग्यता में वृद्धि एवं स्कूल में सक्रिय रहना।

उपरोक्त से भविष्य में जी0डी0पी0 पर भी इसका प्रभाव पड़ेगा तथा प्रदेश में किशोरों के भविष्य को उज्जवल बनाने में सहायक होगा।

संयुक्त सचिव,स्वास्थ्य एवं परिवार कल्याण भारत सरकार द्वारा 10 फरवरी 2016 में "नेशनल डिवर्मिंग डे" NDD को आयोजित करने का निर्देश दियें गये है। इस कार्यक्रम में 1 वर्ष से 19 वर्ष के बच्चों को पेट के कीड़ों की दवा, टेबलेट–एल्बैन्डाजोल खिलाये जाने की योजना है। इस योजना में 1 से 5 वर्ष के बच्चों को आशा एवं ऑंगनवाड़ी के सहयोग से तथा 6 वर्ष से 19 वर्ष के स्कूल जाने वाले बच्चों को स्कूलों के माध्यम से तथा स्कूल न जाने वाले बच्चों को आशा के माध्यम से दवा खिलाई जायेगी।

इस वर्ष 24 जनपदों में (सूची संलग्न) 10 फरवरी 2016 को यह कार्यक्रम आयोजित किया जायेगा तथा जो बच्चे किसी कारण से छूट जाते हैं तो उनको मॉप–अप राउन्ड में दिनांक 15 फरवरी 2016 को दवा खिलाये जाने की योजना है।

List of Districts for National Deworming Day 10th February 2016

Sl. NO.	District Name
1	Agra 9415758334
2	Aligarh 9415957636
3	Amroha 9456237666
4	Baghpat 9968307557
5	Bijnor 9897598054
6	Budaun 8954667768
7	Bulandshahar 9450075133
8	Etah 9412344320
9	Firozabad 9235479456
10	G.B. Nagar 9868882356
11	Ghaziabad 94[illegible]53319699
12	Hapur 9451373976
13	Hathras 8868948415
14	Jhansi 9450346712
15	Kashganj 9410889923
16	Lalitpur 9458070530
17	Mainpuri 9415451232
18	Mathura 9415763585
19	Meerut 8273787915
20	Moradabad 9837081078
21	Muzaffarnagar 9837284790
22	Saharanpur 9971386306
23	Sambhal 9452535287
24	Shamli 941085[illegible]138

इस कार्यक्रम को सफल बनाने के लिये अध्यापकों, आँगनवाडी कार्यकत्रियों, आशाओं एवं स्वास्थ्य कर्मियों को प्रशिक्षण भी दिया जायेगा तथा कार्यकम का व्यापक प्रचार प्रसार भी किया जायेगा।

अनुरोध है कि अपने स्तर से जनपद के अधिकारियों को उक्त कार्यक्रम में सहयोग प्रदान करने के लिये निर्देश दिये जाने हैं। इस सम्बन्ध में पत्र के साथ चयनित जनपदों के अधिकारियों को भेजे जाने वाले पत्र का ड्राफ्ट संलग्न किया जा रहा है पत्र में आवश्यक संशोधन करते हुये जनपदों को पत्र भिजवाने का कष्ट करें।

संलग्न– उपरोक्तानुसार

भवदीय

(अरविन्द कुमार)
प्रमुख सचिव

इस वर्ष उपरोक्त 24 जनपदों में 10 फरवरी 2016 को यह कार्यक्रम आयोजित किया जायेगा तथा जो बच्चे किसी कारण से छूट जाते हैं तो उनको मॉप–अप राउन्ड में दिनांक 15 फरवरी 2016 को दवा खिलाये जाने की योजना है।

इस कार्यक्रम को सफल बनाने के लिये अध्यापकों, आँगनवाड़ी कार्यकत्रियों, आशाओं एवं स्वास्थ्य कर्मियों को प्रशिक्षण भी दिया जायेगा तथा कार्यक्रम का व्यापक प्रचार प्रसार भी किया जायेगा।

आपको निर्देशित किया जाता है कि जनपद एवं ब्लॉक स्तर पर "नेशनल डिवर्मिंग डे" NDD के सम्बन्ध में होने वाली गतिविधियों में अपने जनपद के मुख्य चिकित्साअधिकारी से समन्वय स्थापित कर सक्रिय सहयोग प्रदान करें। कार्यक्रम की विस्तृत कार्ययोजना की जानकारी मुख्य चिकित्सा अधिकारियों के माध्यम से प्रदान की जायेगी।

भवदीय

(.........................)

प्रमुख सचिव, बाल विकास एवं पुष्टाहार

पत्रांक

दिनांक

प्रतिलिपि निम्न लिखित को सूचनार्थ एवं आवश्यक कार्यवाही हेतु प्रेषित–

1. निदेशक, बाल विकास एवं पुष्टाहार, तृतीय तल इन्दिरा भवन लखनऊ को इस निर्देश के साथ कि 10 फरवरी 2016 को आयोजित होने वाले "नेशनल डिवर्मिंग डे" NDD अभियान में सक्रिय सहयोग प्रदान करें। जनपद एवं ब्लॉक स्तर के डी.पी.ओ. एवं सी.डी.पी.ओ.को अपने स्तर से भी निर्देशित करें कि मुख्य चिकित्सा अधिकारी एवं सामुदायकि/प्राथमिक स्वास्थ्य केन्द्र के प्रभारी अधिकारियों से समन्वय स्थापित कर अभियान को शतप्रतिशत सफल बनाने में सहयोग प्रदान करें।
2. प्रमुख सचिव चिकित्सा स्वास्थ्य एवं परिवार कल्याण उ0प्र0शासन लखनऊ।
3. मिशन निदेशक,एन.एच.एम. राज्य कार्यक्रम प्रबन्धन इकाई, 19–ए विधान सभा मार्ग लखनऊ।

भवदीय

(.........................)

प्रमुख सचिव, बाल विकास एवं पुष्टाहार

Annexure Fb: Letter from PS Health to Secretary Basic Shiksha for NDD 2016 Support

प्रेषक

प्रमुख सचिव
चिकित्सा स्वास्थ्य एवं परिवार कल्याण,
उत्तर प्रदेश शासन, लखनऊ।

सेवा में,

प्रमुख सचिव,
माध्यमिक शिक्षा विभाग
उत्तर प्रदेश शासन, लखनऊ।

पत्रांक:–एस.पी.एम.यू. / आर.के.एस.के. / एन.डी.डी. / 09 / 2015–16 / 8762 दिनांक 5/1/16

विषय:–माह 10 फरवरी 2016 को प्रस्तावित "राष्ट्रीय डी–वर्मिंग दिवस" मनाये जाने में सहयोग प्रदान करने के सम्बन्ध में।

महोदय,

अवगत कराना है कि विश्व स्वास्थ्य संगठन की रिर्पोट के अनुसार हमारे देश में पेट के कीड़े होना विश्व व्यापी तथा पब्लिक हैल्थ के लिये बहुत ही बड़ी समस्या है। विशेषकर 1–19 वर्ष के बच्चों में, जिसके कारण बच्चों में व्यापक रूप से एनीमिया (रक्त अल्पता) होता है। बच्चों में एनीमिया (रक्त अल्पता) होने पर बच्चे कुपोषण का शिकार भी हो जाते हैं।

अध्ययन के माध्यम से जानकारी प्राप्त हुयी है कि स्कूल जाने वाले बच्चों को यदि पेट के कीड़ों के लिये दवा दी जाये तो निम्न लिखित लाभ होते हैं–

1. एनीमिया में कमी होना एवं पोषण के स्तर में वृद्धि होना।
2. बच्चों में शारीरिक वृद्धि एवं बजन बढ़ना।
3. मानसिक एवं शारीरिक विकास में बढ़ोत्तरी होना।
4. अन्य बीमारियों से बचने हेतु प्रतिरोधी क्षमता बढ़ना।
5. स्कूल में उपस्थिति के बढ़ने में सहायक होना।
6. बच्चों में याद करने की योग्यता में वृद्धि एवं स्कूल में सक्रिय रहना।

उपरोक्त से भविष्य में जी0डी0पी0 पर भी इसका प्रभाव पड़ेगा तथा प्रदेश में किशोरों के भविष्य को उज्जवल बनाने में सहायक होगा।

संयुक्त सचिव, स्वास्थ्य एवं परिवार कल्याण भारत सरकार द्वारा 10 फरवरी 2016 में "नेशनल डिवर्मिंग डे" NDD को आयोजित करने का निर्देश दिये गये है। इस कार्यक्रम मे 1 वर्ष से 19 वर्ष के बच्चों को पेट के कीड़ों की दवा, टेबलेट–एल्बैन्डाजोल खिलाये जाने की योजना है। इस योजना में 1 से 5 वर्ष के बच्चों को आशा एवं ऑगनवाड़ी के सहयोग से तथा 6 वर्ष से 19 वर्ष के स्कूल जाने वाले बच्चों को स्कूलों के माध्यम से तथा स्कूल न जाने वाले बच्चों को आशा के माध्यम से दवा खिलाई जायेगी।

इस वर्ष 24 जनपदों में (सूची संलग्न) 10 फरवरी 2016 को यह कार्यक्रम आयोजित किया जायेगा तथा जो बच्चे किसी कारण से छूट जाते हैं तो उनको मॉप–अप राउन्ड में दिनांक 15 फरवरी 2016 को दवा खिलाये जाने की योजना है।

इस कार्यक्रम को सफल बनाने के लिये अध्यापकों, आँगनवाड़ी कार्यकत्रियों, आशाओं एवं स्वास्थ्य कर्मियों को प्रशिक्षण भी दिया जायेगा तथा कार्यक्रम का व्यापक प्रचार प्रसार भी किया जायेगा।

अनुरोध है कि अपने स्तर से जनपद के अधिकारियों को उक्त कार्यक्रम में सहयोग प्रदान करने के लिये निर्देश दिये जाने हैं। इस सम्बन्ध में पत्र के साथ चयनित जनपदों के अधिकारियों को भेजे जाने वाले पत्र का ड्राफ्ट संलग्न किया जा रहा है पत्र में आवश्यक संशोधन करते हुये जनपदों को पत्र भिजवाने का कष्ट करें।

संलग्न– उपरोक्तानुसार

भवदीय

(अरविन्द कुमार)
प्रमुख सचिव

O/C

प्रेषक

प्रमुख सचिव ,
चिकित्सा स्वास्थ्य एवं परिवार कल्याण,
उत्तर प्रदेश शासन, लखनऊ।

सेवा में,

सचिव,
बेसिक शिक्षा,
उत्तर प्रदेश शासन लखनऊ।

पत्रांक:–एस.पी.एम.यू./आर.के.एस.के./एन.डी.डी./09/2015–16/8761 दिनांक 5/1/16

विषय:–माह 10 फरवरी 2016 को प्रस्तावित "राष्ट्रीय डी–वर्मिंग दिवस" मनाये जाने में सहयोग प्रदान करने के सम्बन्ध में।

महोदय,

अवगत कराना है कि विश्व स्वास्थ्य संगठन की रिपोंट के अनुसार हमारे देश में पेट के कीड़े होना विश्व व्यापी तथा पब्लिक हैल्थ के लिये बहुत ही बड़ी समस्या है। विशेषकर 1–19 वर्ष के बच्चों में, जिसके कारण बच्चों में व्यापक रूप से एनीमिया (रक्त अल्पता) होता है। बच्चों में एनीमिया (रक्त अल्पता) होने पर बच्चे कुपोषण का शिकार भी हो जाते हैं।

अध्ययन के माध्यम से जानकारी प्राप्त हुयी है कि स्कूल जाने वाले बच्चों को यदि पेट के कीड़ों के लिये दवा दी जाये तो निम्न लिखित लाभ होते हैं–

1. एनीमिया में कमी होना एवं पोषण के स्तर में वृद्धि होना।
2. बच्चों में शारीरिक वृद्धि एवं वजन बढ़ना।
3. मानसिक एवं शारीरिक विकास में बढ़ोत्तरी होना।
4. अन्य बीमारियों से बचने हेतु प्रतिरोधी क्षमता बढ़ना।
5. स्कूल में उपस्थिति के बढ़ने में सहायक होना।
6. बच्चों में याद करने की योग्यता में वृद्धि एवं स्कूल में सक्रिय रहना।

उपरोक्त से भविष्य में जी0डी0पी0 पर भी इसका प्रभाव पड़ेगा तथा प्रदेश में किशोरों के भविष्य को उज्जवल बनाने में सहायक होगा।

संयुक्त सचिव, स्वास्थ्य एवं परिवार कल्याण भारत सरकार द्वारा 10 फरवरी 2016 में "नेशनल डिवर्मिंग डे" NDD को आयोजित करने का निर्देश दिये गये है। इस कार्यक्रम में 1 वर्ष से 19 वर्ष के बच्चों को पेट के कीड़ों की दवा, टेबलेट–एल्बेन्डाजोल खिलाये जाने की योजना है। इस योजना में 1 से 5 वर्ष के बच्चों को आशा एवं आँगनवाड़ी के सहयोग से तथा 6 वर्ष से 19 वर्ष के स्कूल जाने वाले बच्चों को स्कूलों के माध्यम से तथा स्कूल न जाने वाले बच्चों को आशा के माध्यम से दवा खिलाई जायेगी।

इस वर्ष 24 जनपदों में (सूची संलग्न) 10 फरवरी 2016 को यह कार्यक्रम आयोजित किया जायेगा तथा जो बच्चे किसी कारण से छूट जाते हैं तो उनको मॉप–अप राउन्ड में दिनांक 15 फरवरी 2016 को दवा खिलाये जाने की योजना है।

इस कार्यक्रम को सफल बनाने के लिये अध्यापकों, आँगनवाडी कार्यकत्रियों, आशाओं एवं स्वास्थ्य कर्मियों को प्रशिक्षण भी दिया जायेगा तथा कार्यकम का व्यापक प्रचार प्रसार भी किया जायेगा।

अनुरोध है कि अपने स्तर से जनपद के अधिकारियों को उक्त कार्यक्रम में सहयोग प्रदान करने के लिये निर्देश दिये जाने हैं। इस सम्बन्ध में पत्र के साथ चयनित जनपदों के अधिकारियों को भेजे जाने वाले पत्र का ड्राफ्ट संलग्न किया जा रहा है पत्र में आवश्यक संशोधन करते हुये जनपदों को पत्र भिजवाने का कष्ट करें।

संलग्न– उपरोक्तानुसार

भवदीय

(अरविन्द कुमार)
प्रमुख सचिव

List of Districts for National Deworming Day 10th February 2016

Sl. NO.	District Name
1	Agra
2	Aligarh
3	Amroha
4	Baghpat
5	Bijnor
6	Budaun
7	Bulandshahar
8	Etah
9	Firozabad
10	G.B. Nagar
11	Ghaziabad
12	Hapur
13	Hathras
14	Jhansi
15	Kashganj
16	Lalitpur
17	Mainpuri
18	Mathura
19	Meerut
20	Moradabad
21	Muzaffarnagar
22	Saharanpur
23	Sambhal
24	Shamli

प्रेषक

ड्राफ्ट

सचिव,
बेसिक शिक्षा विभाग
उत्तर प्रदेश शासन, लखनऊ।

सेवा में,

बेसिक शिक्षा अधिकारी
जनपद–आगरा,अलीगढ़,अमरोहा,बागपत,बिजनौर,बदॉयू,बुलन्दशहर,एटा,फिरोजाबाद,गौतमबुद्धनगरगाजियाबाद,हापुर,हाथरस,झाँसी,कासगंज,ललितपुर,मैनपुरी,मथुरा,मेरठ,मुरादाबाद,मुजफ्फरनगर,सहारनपुर,सम्भल,सामली।

पत्रांक

दिनांक

विषयः–माह 10 फरवरी 2016 को प्रस्तावित "राष्ट्रीय डी–वर्मिंग दिवस" मनाये जाने में सहयोग प्रदान करने के सम्बन्ध में।

महोदय,

अवगत कराना है कि विश्व स्वास्थ्य संगठन की रिर्पोट के अनुसार पेट के कीड़े होना विश्व व्यापी तथा पब्लिक हैल्थ के लिये बहुत ही बड़ी समस्या है। विशेषकर 1–19 वर्ष के बच्चों में, इसके कारण बच्चों में व्यापक रूप से एनीमिया (रक्त अल्पता) हो सकती है, जिससे बच्चों में कमजोरी, थकान, स्कूल न जाने एवं पढाई में मन न लगना आदि प्रभाव परलक्षित होते हैं। बच्चों में एनीमिया (रक्त अल्पता) होने पर बच्चे कुपोषण का शिकार भी हो जाते हैं।

अध्ययन के माध्यम से जानकारी प्राप्त हुयी है कि स्कूल जाने वाले बच्चों को यदि पेट के कीड़ों के लिये दवा दी जाये तो निम्न लिखित लाभ होते हैं–

1. एनीमिया में कमी होना एवं पोषण के स्तर में वृद्धि होना।
2. बच्चों में शारीरिक वृद्धि एवं बजन बढ़ना।
3. मानसिक एवं शारीरिक विकास में बढोत्तरी होना।
4. अन्य बीमारियों से बचने हेतु प्रतिरोधी क्षमता बढ़ना।
5. स्कूल में उपस्थिति के बढ़नें में सहायक होना।
6. बच्चों में याद करने की योग्यता में वृद्धि एवं स्कूल में सक्रिय रहना।

उपरोक्त से भविष्य में जी0डी0पी0 (सकल घरेलू उत्पाद)पर भी इसका प्रभाव पडेगा तथा प्रदेश में किशोरों के भविष्य को उज्जवल बनाने में सहयाक होगा।

संयुक्त सचिव, स्वास्थ्य एवं परिवार कल्याण भारत सरकार द्वारा 10 फरवरी 2016 में "नेशनल डिवर्मिंग डे" NDD को आयोजित कराने का निर्देश दिये गये है। इस कार्यक्रम में 1 वर्ष से 19 वर्ष के बच्चों को पेट के कीड़ों की दवा, टेबलेट–एल्बैन्डाजोल खिलाये जाने की योजना है। इस योजना में 1 से 5 वर्ष के बच्चों को आशा एवं ऑगनवाड़ी के सहयोग से तथा 6 वर्ष से 19 वर्ष के स्कूल जाने वाले बच्चों को स्कूलों के माध्यम से तथा स्कूल न जाने वाले बच्चों को आशा के माध्यम से दवा खिलाई जायेगी।

इस वर्ष उपरोक्त 24 जनपदों में 10 फरवरी 2016 को यह कार्यक्रम आयोजित किया जायेगा तथा जो बच्चे किसी कारण से छूट जाते हैं तो उनको मॉप–अप राउन्ड में दिनांक 15 फरवरी 2016 को दवा खिलाये जाने की योजना है।

इस कार्यक्रम को सफल बनाने के लिये अध्यापकों, ऑगनवाड़ी कार्यकत्रियों, आशाओं एवं स्वास्थ्य कर्मियों को प्रशिक्षण भी दिया जायेगा तथा कार्यकम का व्यापक प्रचार प्रसार भी किया जायेगा।

आपको निर्देशित किया जाता है कि जनपद एवं ब्लॉक स्तर पर "नेशनल डिवर्मिंग डे" NDD के सम्बन्ध में होने वाली गतिविधियों में अपने जनपद के मुख्य चिकित्साअधिकारी से समन्वय स्थापित कर सक्रिय सहयोग प्रदान करें। कार्यक्रम की विस्तृत कार्ययोजना की जानकारी मुख्य चिकित्सा अधिकारियों के माध्यम से प्रदान की जायेगी।

भवदीय

(........................)

सचिव बेसिक शिक्षा

पत्रांक

दिनांक

प्रतिलिपि निम्न लिखित को सूचनार्थ एवं आवश्यक कार्यवाही हेतु प्रेषित–

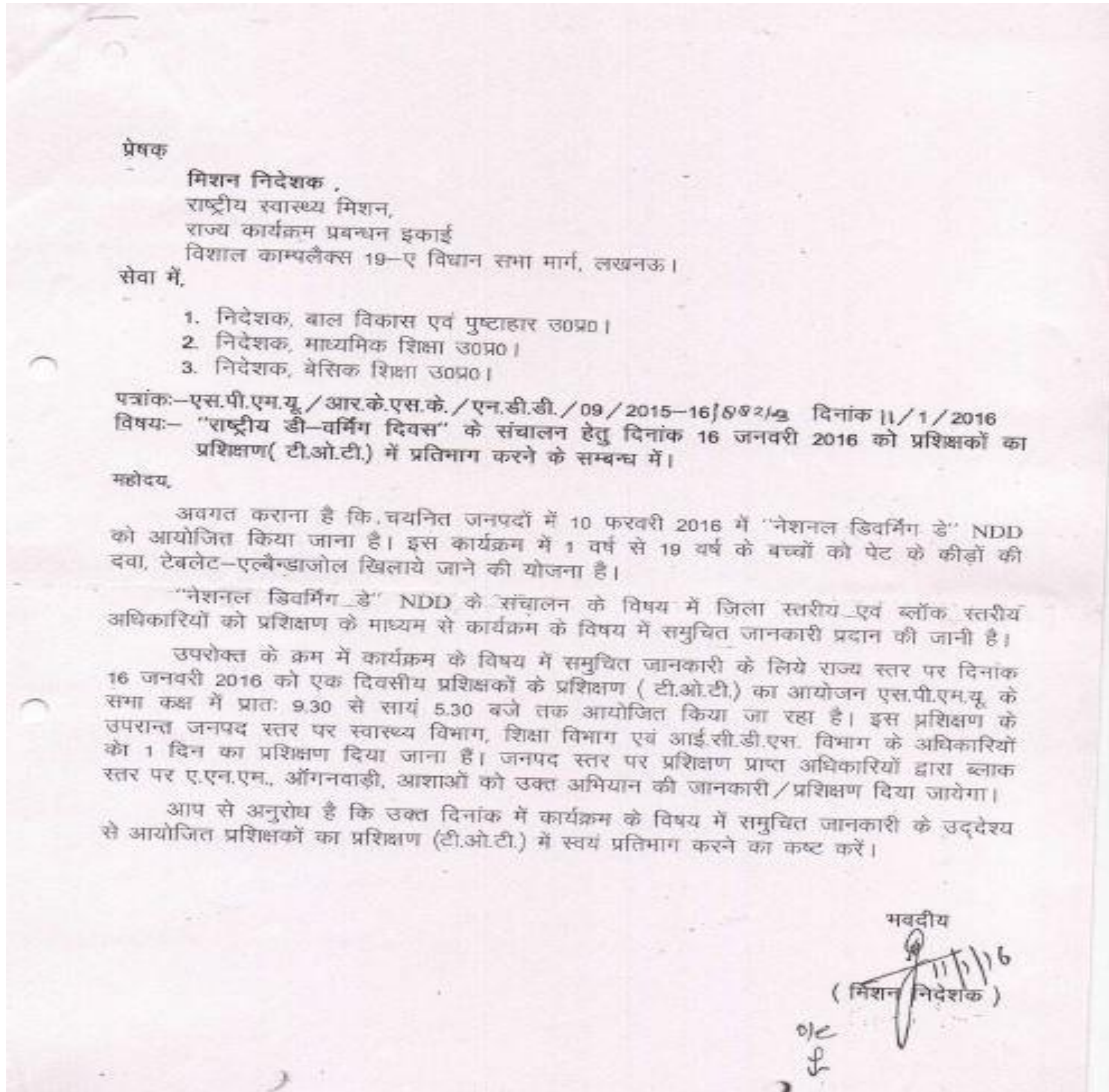
1. निदेशक, बेसिक शिक्षा निशातगंज लखनऊ को इस निर्देश के साथ कि 10 फरवरी 2016 को आयोजित होने वाले "नेशनल डिवर्मिंग डे" NDD अभियान में सक्रिय सहयोग प्रदान करें। जनपद एवं ब्लॉक स्तर के स्कूल के प्रधानाचार्यों को अपने स्तर से भी निर्देशित करें कि मुख्य चिकित्सा अधिकारी एवं सामुदायकि/प्राथमिक स्वास्थ्य केन्द्र के प्रभारी अधिकारियों से समन्वय स्थापित कर अभियान को शतप्रतिशत सफल बनाने में सहयोग प्रदान करें।
2. प्रमुख सचिव, चिकित्सा स्वास्थ्य एवं परिवार कल्याण उ0प्र0शासन लखनऊ।
3. मिशन निदेशक,एन.एच.एम. राज्य कार्यक्रम प्रबन्धन इकाई, 19–ए विधान सभा मार्ग लखनऊ।

भवदीय

(........................)

सचिव बेसिक शिक्षा

Annexure G: Letter from MD NHM to Director Education and DWCD (ICDS) for participation in state MToT



प्रेषक

मिशन निदेशक ,
राष्ट्रीय स्वास्थ्य मिशन,
राज्य कार्यक्रम प्रबन्धन इकाई
विशाल काम्पलैक्स 19–ए विधान सभा मार्ग, लखनऊ।

सेवा में,

1. निदेशक, बाल विकास एवं पुष्टाहार उ0प्र0।
2. निदेशक, माध्यमिक शिक्षा उ0प्र0।
3. निदेशक, बेसिक शिक्षा उ0प्र0।

पत्रांक:–एस.पी.एम.यू./आर.के.एस.के./एन.डी.डी./09/2015–16/8923/3 दिनांक 11/1/2016

विषय:– "राष्ट्रीय डी–वर्मिंग दिवस" के संचालन हेतु दिनांक 16 जनवरी 2016 को प्रशिक्षकों का प्रशिक्षण(टी.ओ.टी.) में प्रतिभाग करने के सम्बन्ध में।

महोदय,

अवगत कराना है कि, चयनित जनपदों में 10 फरवरी 2016 में "नेशनल डिवर्मिंग डे" NDD को आयोजित किया जाना है। इस कार्यक्रम में 1 वर्ष से 19 वर्ष के बच्चों को पेट के कीड़ों की दवा, टेबलेट–एल्बैन्डाजोल खिलाये जाने की योजना है।

"नेशनल डिवर्मिंग डे" NDD के संचालन के विषय में जिला स्तरीय एवं ब्लॉक स्तरीय अधिकारियों को प्रशिक्षण के माध्यम से कार्यक्रम के विषय में समुचित जानकारी प्रदान की जानी है।

उपरोक्त के क्रम में कार्यक्रम के विषय में समुचित जानकारी के लिये राज्य स्तर पर दिनांक 16 जनवरी 2016 को एक दिवसीय प्रशिक्षकों के प्रशिक्षण (टी.ओ.टी.) का आयोजन एस.पी.एम.यू. के सभा कक्ष में प्रातः 9.30 से सायं 5.30 बजे तक आयोजित किया जा रहा है। इस प्रशिक्षण के उपरान्त जनपद स्तर पर स्वास्थ्य विभाग, शिक्षा विभाग एवं आई.सी.डी.एस. विभाग के अधिकारियों को 1 दिन का प्रशिक्षण दिया जाना है। जनपद स्तर पर प्रशिक्षण प्राप्त अधिकारियों द्वारा ब्लाक स्तर पर ए.एन.एम., ऑगनवाड़ी, आशाओं को उक्त अभियान की जानकारी/प्रशिक्षण दिया जायेगा।

आप से अनुरोध है कि उक्त दिनांक में कार्यक्रम के विषय में समुचित जानकारी के उद्देश्य से आयोजित प्रशिक्षकों का प्रशिक्षण (टी.ओ.टी.) में स्वयं प्रतिभाग करने का कष्ट करें।

भवदीय

11/1/16

(मिशन निदेशक)

पत्रांकः–एस.पी.एम.यू./आर.के.एस.के./एन.डी.डी./09/2015–16/६६२१-३५ दिनांक /1/2016

प्रतिलिपि निम्न लिखित को सूचनार्थ एवं आवश्यक कार्यवाही हेतु प्रेषित–

1. प्रमुख सचिव, चिकित्सा स्वास्थ्य एवं परिवार कल्याण, उ0प्र0शासन, लखनऊ।
2. प्रमुख सचिव,बाल विकास एवं पुष्टाहार, उत्तर प्रदेश शासन, लखनऊ।
3. प्रमुख सचिव,माध्यमिक शिक्षा,उत्तर प्रदेश शासन लखनऊ।
4. सचिव,बेसिक शिक्षा,उत्तर प्रदेश शासन लखनऊ।
5. अपर अधिशासी निदेशक सिफ्सा, ओम कैलास टावर लखनऊ।

(मिशन निदेशक)

Annexure H: Letter for Video Conferencing of District with State NHM

अरविन्द कुमार,
प्रमुख सचिव।

10198
अर्द्धशा०प०सं०– SPMU/RKSK/2015-16/09/
चिकित्सा स्वास्थ्य एवं परिवार कल्याण विभाग
उत्तर प्रदेश शासन
लखनऊ : दिनांक 4 फरवरी, 2016

प्रिय महोदय

आप अवगत है कि प्रदेश के 24 चयनित जनपदों में 10 फरवरी 2016 को "नेशनल डिवर्मिंग डे" NDD आयोजित किया जा रहा है जिसमें आपका जनपद भी सम्मलित है। कार्यक्रम के संचालन हेतु धनराशि एवं दिशा निर्देश पत्र सं. एस.पी. एम.यू./आर.के.एस.के./ एन.डी.डी./09/2015–16/9928–24 दिनांक 28 .01. 2016 के द्वारा निर्गत किये जा चुके है।

इस सम्बन्ध में सम्बन्धित जनपदों के साथ वीडियो कॉन्फ्रैन्स के उपरान्त पाया गया कि जनपदों में प्रचार प्रसार, ऐल्बैन्डाजॉल गोली का क्रय एवं उपलब्धता, आई.सी.डी.एस. एवं शिक्षा विभाग से समन्वय, अभी तक संन्तोष जनक नहीं है, सुधार किये जाने की अति आवश्यकता है।

आप से अनुरोध है कि "नेशनल डिवर्मिंग डे" के सफल आयोजन हेतु आवश्यकतानुसार समय समय पर समीक्षा करलें तथा प्रचार प्रसार , आई.सी.डी.एस. एवं शिक्षा विभाग से समन्वय तथा कार्यक्रम के सफल संचालन हेतु ब्लॉक स्तरीय प्रशिक्षण में शिक्षा एवं आई.सी.डी.एस. विभाग की पूर्ण भागीदारी सुनिश्चित करायें। जनपद व ब्लॉक स्तर के सभी सम्बन्धित विभागों के अधिकारियों द्वारा कार्यक्रम की मॉनीटरिंग भी करायें।

मुझे पूर्ण विश्वास है कि आपके कुशल नेतृत्व में कार्यक्रम का सफल आयोजन सम्भव हो सकेगा।

भवदीय

(अरविन्द कुमार)

जिलाधिकारी (नाम से)
जनपद आगरा

Annexure I: Community Sensitization and Public Awareness

Annexure J: 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 filed 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.

- Around 64% of respondents were aware about the correct way of administering albendazole for 1-2 years of children.
- More than 78% of participants were aware about the correct recording protocol for National Deworming Day and Mop Up day
- Approximately 80% of the participants were aware that ASHA is supposed to prepare a list of out of school children before National Deworming Day
- Around 80% were aware of how to properly fill the school/*anganwadi* reporting forms
- Around 62% were aware about retaining a copy of the school/*anganwadi* reporting form at the time of submission

- Approximately 65% were aware of the date when ANMs should submit reporting forms to Block Nodal Officers and 69% were aware of the date for submission to District Nodal Officers

Annexure K: Snap Shot Of Training Reinforcement SMS