



National Deworming Day



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

Operational Guidelines

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

FEBRUARY 2015

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Developed in collaboration with
Evidence Action - Deworm the World Initiative



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स्वास्थ्य एवं परिवार कल्याण मंत्री
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MESSAGE

The early years of a child are the most critical and significant. Many initiatives are currently being undertaken by the Government like Polio eradication, National Iron Plus Initiative for combating anaemia, screening of children under Rashtriya Bal Swasthya Karyakarm and improvement of health and sanitation through Swachha Bharat Abiyan. Another key area that needs to be addressed is the risk of parasitic intestinal worm infestation in children.

Making our children completely intestinal worm free is going to be a gradual process. A National Deworming Day will be observed as a part of this initiative. This will help children to reduce the transmission of Soil Transmitted Helminths (STH), thereby improving nutrition level and reducing anaemia in children.

National Deworming Day (NDD) is an initiative to help our children live healthy and help in reducing morbidities. I am confident that if the comprehensive set of actions identified in National Deworming Day Guidelines is fully implemented, children will have improved health outcomes and be able to achieve their potential to the fullest.

I extend my best wishes and fervent support to this new and significant initiative and urge the States/UTs to accelerate their efforts towards successful implementation of this initiative. Let us all come forward to support this initiative and make the National Deworming Day a success.

(JAGAT PRAKASH NADDA)

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FOREWORD

India is among the countries with high prevalence of Soil Transmitted Helminths (STH). Around 241 million children in India are at the risk of parasitic worm infestation. This infection not only impairs the physical growth of the children, but also causes micronutrient deficiencies, poor cognitive performance and school absenteeism in children.

Worm infestation, thus, poses a major threat to child survival and also contributes to undernutrition, lowered resistance to infection, poor cognitive development and decreased work productivity. The magnitude of worm infestation together with associated adverse health, development and economic consequences, highlights the need for intensified action to address this issue.

National Deworming Day (NDD) is an attempt to give a comprehensive solution to make every child in our country worm free. I am sure the outreach of the program through the platform of schools and anganwadi centres will be enormous.

To make this program a success, NDD Operational Guidelines have been developed taking cognizance of scientific evidence in consultation with domain experts. It identifies comprehensive strategies and interventions for high risk groups, in particular infants, toddlers and young children.

I am convinced that National Deworming Day (NDD) will be a great milestone in eliminating this serious obstacle in the healthy development of our children. I wish the program towards a worm free India all success.


(LOV VERMA)

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PREFACE

Significant progress has been made to reduce child morbidities and strengthen healthcare programs in India by adopting Reproductive, Maternal, Newborn, Child and Adolescent Health Strategy (RMNCH+A) in 2013. While children in India are still grappling with communicable diseases, many other threats are also lurking at the same time. Micronutrient deficiencies like anemia and stunted growth still remains a cause of concern. Soil Transmitted Helminths (STH) infestation is still a major threat to healthy development of children of all age groups. Many initiatives are being pursued as part of Swacch Bharat Abhiyan and National Iron Plus Initiative for combating anaemia and improving water, sanitation and health education to control worm infestation. A mass level periodic deworming program through fixed day approach is another such initiative which can be a major intervention to reduce the transmission of intestinal worm infection.

Under the National Health Mission, Ministry of Health & Family Welfare has launched the 'National Deworming Day (NDD)' in 12 States/UT in the first phase; subsequently it will be expanded to all States/UTs of India. The objective of National Deworming Day is to deworm all pre-school and school-age children (enrolled and non-enrolled) between the ages of 1-19 years through the platform of schools and anganwadi centers in order to improve their overall health, nutritional status and quality of life.

'NDD Operational Guidelines' have been evolved to serve as a handbook and a resource for Program Managers for effective planning and implementation.

I am certain that the States/UT on their part will do the utmost to ensure that appropriate linkages and mechanisms for training, monitoring and operationalizing this initiative are put in place at the earliest. I sincerely hope that implementation will be taken up in real earnest so that together we can build a healthy, worm free India.


(C.K. Mishra)



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PROLOGUE

As India strides towards attaining the Millennium Development Goals (MDG), significant structural reforms are being undertaken to provide our children a healthy life. In India, Soil Transmitted Helminths affects around 241 million children. This has a devastating effect on health, physical and mental productivity, and also results in other significant morbidities among the infected children. In areas where parasitic worms are endemic, administering safe, effective deworming drugs to children is a development “best buy” due to its associated impact on educational and economic outcomes.

In 2001, the World Health Assembly resolved to attain a minimum target of regular administration of chemotherapy to atleast 75% and up to 100% of all school-age children at risk of morbidity from the disease by 2010. To achieve the target set by World Health Assembly Resolution-WHA54.19, efforts must be intensified to eliminate STH as a public-health problem. The task is gigantic but quite possible, through the systematic approach that National Deworming Day envisages. The simplicity with which anthelmintic treatment can be delivered makes deworming an easy intervention to combat high intestinal worm load.

The National Deworming Day is a novel initiative aimed at adopting pragmatic steps to reduce the transmission of Soil Transmitted Helminths (STH) infestation especially for children between 1 to 19 years of age. A fixed day strategy of National Deworming Day approach has the potential to ensure maximum coverage with optimal utilization of resources, by leveraging existing programs and infrastructure.

I am sure a mass level deworming intervention day, implemented in right earnest, would yield rich dividends in protecting and promoting the health of our children. I sincerely hope that the States/UTs will take up the charge and get all pre-school and school-age children (enrolled and non-enrolled) between the ages of 1-19 years dewormed through the platform of schools and anganwadi centers in order to improve their overall health, nutritional status, access to education and quality of life. Of course, besides Ministry of Health and Family Welfare convergent support of Department of School Education & Literacy (MHRD), Ministry of Women and Child Development and other stakeholders like Ministries of Panchayati Raj, Drinking Water & Sanitation, Tribal, Urban and Rural is imperative in its successful implementation.

In this context, National Deworming Day Operation Guidelines have been developed to identify strategies and comprehensive actions needed to eliminate this serious obstacle to survival, health and development. The guidelines have been designed to be handy and user friendly for service providers across levels and will be a useful tool in planning and implementing this initiative.

I am confident that National Deworming Day will prove to be a historic milestone to help each child in our country to lead a healthy and worm-free life.


(Dr. Rakesh Kumar)



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ACKNOWLEDGEMENTS

National Deworming Day is a day when all children both enrolled and non-enrolled between 1 to 19 years of age will receive treatment for intestinal worms from all Government and Government-aided schools and Anganwadi centres. This initiative is a step towards fulfilment of the commitment to Global community towards reducing soil transmitted helminthiasis, a public health problem in India. Though Government of India has been providing deworming intervention to children less than 5 years of age and adolescents (11- 19 years), however, the coverage has been largely sporadic. Global and State experiences have shown that providing deworming to children through platform of schools and anganwadi centres on a fixed day ensures effective coverage of target beneficiaries along with increased public awareness around deworming intervention with standardized campaign message.

Child Health Division, Ministry of Health & Family Welfare (MoHFW), Government of India has taken a decision to implement a fixed day approach as National Deworming Day in 12 States/UT in the first phase. The National Deworming Day Operational guidelines outline programmatic steps to be undertaken by States for ensuring effective implementation along with detailing out Adverse Event Management Protocols for any case of adverse cases reported.

Development of these guidelines has been made possible with constant support from Mr. C.K. Mishra, Additional Secretary and Mission Director (NHM) and able guidance and encouragement from Dr. Rakesh Kumar, Joint Secretary (RMNCH+A) in this endeavour.

I thank all the contributors especially Dr. Ajay Khara, Deputy Commissioner (Child Health & Immunization) for providing programmatic vision in shaping up this intervention. The technical support extended by Ms. Priya Jha, Country Director, Evidence Action – DeWorm the World Initiative and her team is gratefully acknowledged. I also thank Evidence Action - DtWI for designing and printing of these operational guidelines.

I hope these guidelines would facilitate the State Program Managers in planning and implementation of deworming intervention through platform of schools and anganwadi centres aiming at improving the quality of life and enabling all children to achieve their full potential.


(DR. SILA DEB)

स्वस्थ ग्राम-स्वस्थ राष्ट्र



Healthy Village, Healthy Nation

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ACRONYMS

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

GLOSSARY

Soil Transmitted Helminths: Soil-transmitted helminths (STH) is a sub-group within the group of helminth infections. It is caused specifically by those helminths which are transmitted through soil contaminated with faecal matter and are therefore called soil-transmitted helminths. The main species that infect people are the roundworm (*Ascaris lumbricoides*), the whipworm (*Trichuris trichiura*) and the hookworms (*Necator americanus* and *Ancylostoma duodenale*).

Transmission: Soil-transmitted helminths are transmitted by eggs that are passed in the faeces of infected people. Adult worms live in the intestine where they produce thousands of eggs each day. In areas that lack adequate sanitation, these eggs contaminate the soil. This can happen in several ways:

- eggs that are attached to vegetables are ingested when the vegetables are not carefully cooked, washed or peeled;
- eggs are ingested from contaminated water sources;
- eggs are ingested by children who play in soil and then put their hands in their mouths without washing them.

In addition, hookworm eggs hatch in the soil, releasing larvae that mature into a form that can actively penetrate the skin. People become infected with hookworm primarily by walking barefoot on the contaminated soil. There is no direct person-to-person transmission, or infection from fresh faeces, because eggs passed in faeces need about three weeks to mature in the soil before they become infective. Since these worms do not multiply in the human host, reinfection occurs only as a result of contact with infective stages in the environment.

Prevalence of any soil-transmitted helminth infection: The percentage of individuals in a population infected with atleast one species of soil-transmitted helminth.

Endemic: The constant presence of a disease or infectious agent within a given geographic area; it may also refer to the usual prevalence of a given disease within such area.

Adverse Event (AE): Any untoward medical occurrence that may present during treatment with a medicine but that does not necessarily have a causal relationship with this treatment.

Preschool-age children: Children between 1 and 5 years of age.

School-age children: Usually defined as children between 6 and 19 years of age who may or may not be enrolled in school. The exact ages of school enrolment can vary slightly between different States/UTs. Because peak prevalence and intensity of soil-transmitted helminth infection occur primarily in school-age children, and because this risk population is easily accessed through schools, deworming activities are implemented through the school system.

State: The term ‘State’ implies both States & Union Territories of India in these guidelines.

Morbidity: Detectable and measurable consequences of a disease. Evidence of morbidity due to helminthic diseases may be overt (such as the presence of blood in the urine, anaemia, chronic pain or fatigue) or subtle (such as stunted growth, impeded school or work performance or increased susceptibility to other diseases).

Strategy to control STH: The purpose of control programs is to reduce worm loads and keep them low. Children will become re-infected, but repeated treatment will ensure that, most of the time, they will have fewer worms, and this will improve their chances of growing and learning.

INTRODUCTION AND RATIONALE

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

These parasitic infections result from poor sanitation and hygiene conditions, and are easily transmitted among children through contact with infected soil. The consequences of chronic worm infestation in children are both widespread and debilitating. Worms can cause anaemia and under-nutrition, thereby impairing mental and physical development. Under-nutrition and anaemia in children has been well documented in India: almost 7 in 10 children in the 6-59 months age-group are anaemic, with even higher rates of anaemia in rural areas. Nearly half of children under-five in India are stunted, and approximately 43 percent are underweight and the prevalence of anaemia in girls and boys of the age group 15-19 years is 56 percent and 30 percent respectively¹. Children with the highest intensity of STH infestation are often too sick or too tired to concentrate at school or attend school at all. Subsequent life outcomes for these children are also considerably impacted due to lower lifetime incomes².

In areas where parasitic worms are endemic, administering safe, effective deworming drugs to children at schools is a development “best buy” due to its impact on educational and economic outcomes and low cost. The evidence shows that mass deworming leads to significant improvement in outcomes related to education, career choice, earnings, and long-term well-being. Rigorous research has shown significant gains from school-based deworming programs on children's health, access to education and livelihoods³.



In 2009, the Government of India⁴ recommended States/UTs to conduct mass deworming based on State-specific STH prevalence. The guidelines also recommend integrating biannual deworming with the Vitamin-A Prophylaxis program for under-five children. Other government programs launched in recent years like National Iron Plus Initiative (including Weekly Iron and Folic Acid Supplementation for adolescents) mandates biannual deworming for children and adolescents under the age group of 1-19 years. Unfortunately, only a few States currently run effective school-and-Anganwadi based deworming

programs, some run relatively ineffective programs with sporadic deworming efforts and low coverage, and others have no deworming programs at all. Considering the situation as well as the fact that as per WHO⁵, India is endemic for STH, Government of India is renewing its focus on all components of deworming including mapping of State/UT wise STH prevalence. Currently, there is lack of National/Regional level data for estimating the prevalence of worm infestations in India, other than some Statewide prevalence surveys done by external agencies (like Evidence Action - Deworm the World Initiative) in partnership with the State governments (Bihar, Delhi, Madhya Pradesh and Rajasthan) and National Institute of Cholera and Enteric Diseases (NICED), National Center for Disease Control (NCDC), National Institute of Epidemiology (NIE), All India Institute of Medical Sciences (AIIMS), Post Graduate Institute of Medical Education and Research (PGIMER)-Chandigarh etc. for school aged children. The currently available data from few stand alone studies

¹ National Family Health Survey – 3; 2005-2006
² WHO 2012. Eliminating soil-transmitted helminthiasis as a public health problem in children STH soil-transmitted helminthiasis progress report 2001–2010 and strategic plan 2011–2020
³ Deworming- Millennium Development Goals. http://whqlibdoc.who.int/hq/2005/WHO_CDS_CPE_PVC_2005.12.pdf
⁴ Government of India. MoHFW, Recommendations of the Technical Committee on deworming; 2009 May. Letter No. D.O.No. Z-28020/77/2006-CH(Part)
⁵ WHO 2010. Soil-transmitted helminthiasis: eliminating soil-transmitted helminthiasis as a public health problem in children: progress report 2001-2010 and strategic plan 2011-2020

and independent State surveys shows significant level of STH prevalence. Moreover, none of the current national or sub-national surveys like National Family Health Survey (NFHS), District Level Household Survey (DLHS), Annual Health Survey (AHS), National Nutrition Monitoring Bureau (NNMB) captures this information.

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

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

ABOUT NATIONAL DEWORMING DAY

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

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

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

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

States/UTs that have Lymphatic Filariasis (LF) endemic Districts are encouraged to integrate mass drug administration with preschool and school based mass deworming efforts in order to utilize the resources effectively. States may exclude the identified LF endemic Districts (List Annexed) for school & Anganwadi based National Deworming Day provided the last round of MDA for Lymphatic Filariasis was conducted in past five months.



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

Long term interventions to minimize STH transmission include improvement in water and sanitation and behaviour change in children of schools and Anganwadi Centers and community at large through skills-based hygiene education focusing on the use of latrines and encouraging children to wear shoes/chappals; washing hands with soap before eating and after using toilet and clean water supply⁶.

OBJECTIVE OF NATIONAL DEWORMING DAY

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

TARGET BENEFICIARIES

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

KEY STAKEHOLDERS

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

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

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

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

- **Department of School Education & Literacy** has the following responsibilities:

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

- **Department of Women and Child Development (Integrated Child Development Services Scheme)** has the following responsibilities:

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

• **Deworm the World Initiative at Evidence Action** will be the Technical Assistance Partner to MoHFW, Government of India. The specific responsibilities are as follows:

- Support in development of National Deworming Day implementation strategy
- Design and develop training and reference materials, community mobilization strategies for increased awareness and coverage of target beneficiaries, Monitoring and Evaluation (M&E) Systems and reporting formats
- Support in analysis of program monitoring and coverage data

• **Other key stakeholders** are Ministry of Panchayati Raj, Ministry of Tribal Affairs, Ministry of Rural Development, Ministry of Urban Development, Ministry of Drinking Water and Sanitation and Urban Local Bodies (ULBs). Department of Health & Family Welfare and Department of School Education & Literacy shall seek necessary support from all these stakeholder departments for extending deworming program to all preschool and school aged children in the State/UT.

INVOLVEMENT OF DEVELOPMENT PARTNERS UNDER RMNCH+A STRATEGY

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

NATIONAL DEWORMING DAY: IMPLEMENTATION APPROACH

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

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

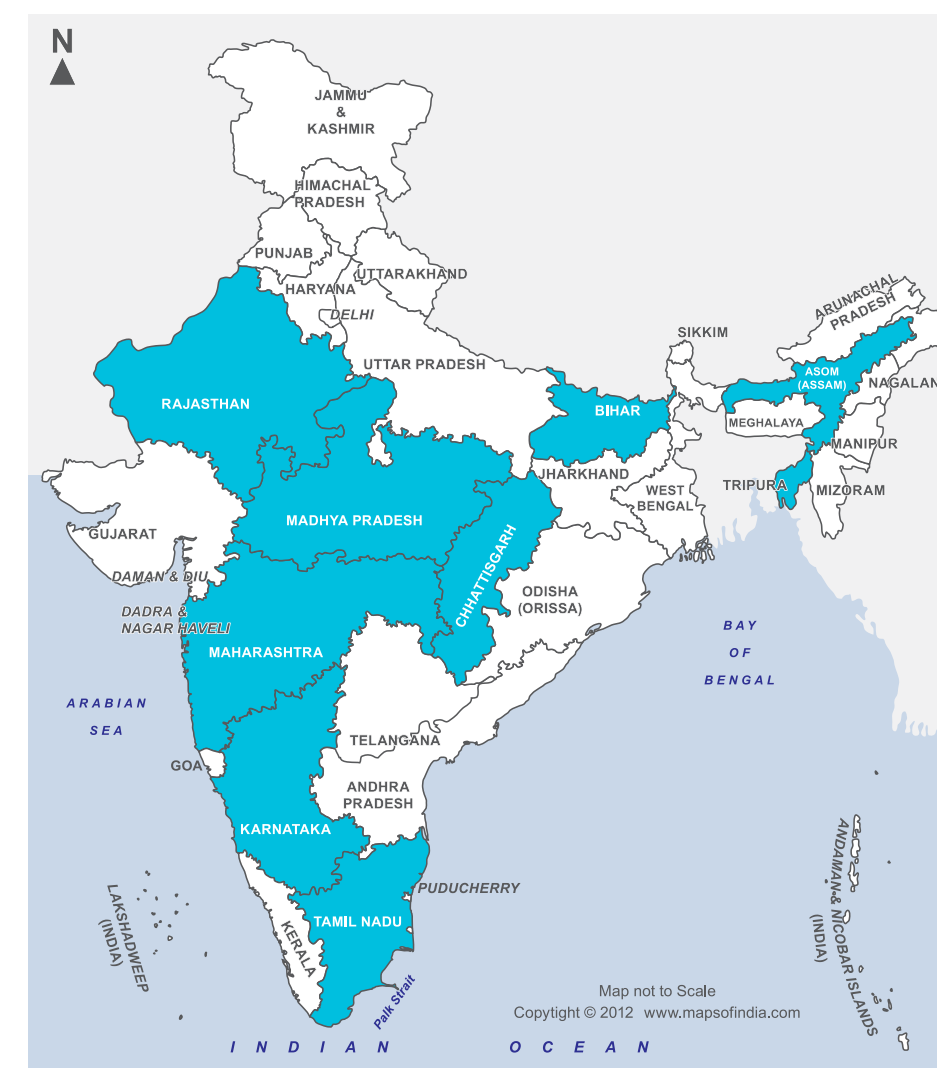


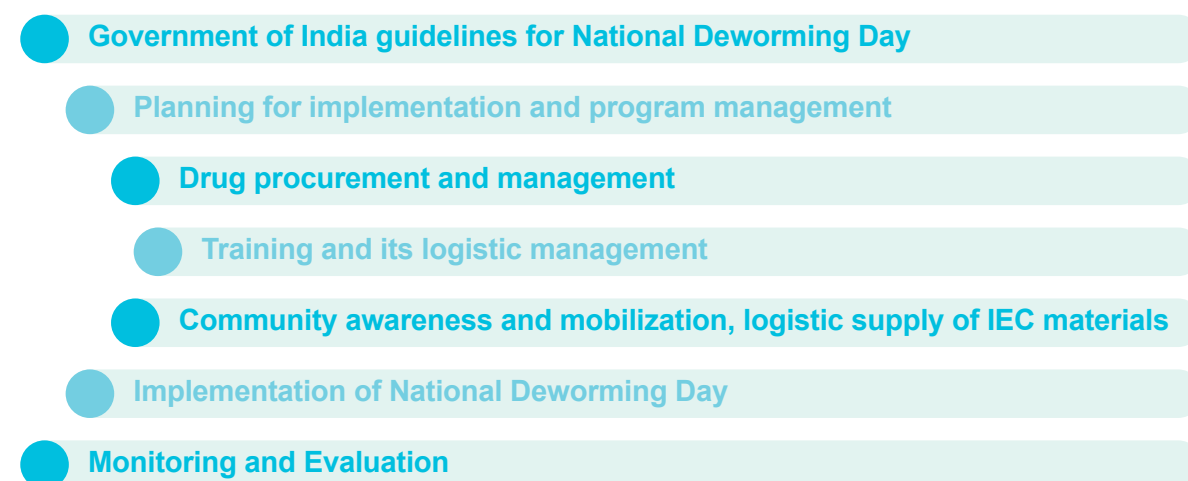
Figure 2: The roll-out approach



STEPS OF DEWORMING

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

Figure 3: Steps of deworming



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

PREPARATORY ACTIVITIES

- Establishment of National level, State level and District level Coordination Committees
- Orientation and capacity building of stakeholders and providers
- Procurement of Albendazole tablets for target beneficiaries and its supply chain management
- Adaptation of the IEC materials shared by Government of India and contextualize as per local needs
- Printing of monitoring and reporting formats
- Community mobilization and awareness activities
- Planning for monitoring and evaluation activities

IMPLEMENTATION PLANNING AND PROGRAM MANAGEMENT

Establish National Deworming Day Coordination Committee

National Level Coordination Committee (Constitution and Scope of Work)

The Ministry of Health and Family Welfare (MoHFW) is the nodal ministry for implementation of National Deworming Day. Other members of the committee will include representatives from Ministry of Human Resource & Development (Department of School Education & Literacy), Ministry of Women and Child Development (ICDS), Ministry of Panchayati Raj, Ministry of Drinking Water &

Sanitation and other development partners as appropriate. A **National Level Coordination Committee** under the chairmanship of MoHFW is responsible for policy formulation, technical support, planning of the National Deworming Day including the allocation of resources for procurement and supply of Albendazole tablets, providing prototypes of resource material for training, IEC/BCC, establishing monitoring systems and reviewing program progress. The Committee will monitor effective implementation of National Deworming Day across all the 12 States and UTs. A similar structure is to be established at State and District level.

State level Coordination Committee (Constitution and Scope of Work)

At State level, Deworming Day Coordination Committee be constituted under the Chairmanship of Secretary Health and Mission Director-NHM, Director-ICDS, Director-School Education, Director-PRI, Director – Water & Sanitation and representative from Rural Development, Tribal Welfare, Urban Local Bodies, Urban Development Department including Nodal Officers for Child Health, Adolescent Health, NIPI, IEC Division, ASHA Program, Training Division, Procurement Wing and development partners working in the field of child health and nutrition be nominated as members. States already having functional coordination committees for programs like WIFS and NIPI may include National Deworming Day as an agenda item to these committee meetings. The function of the committee will be to monitor the progress of NDD activities and resolve program related issues at the State level and provide guidance to Districts for effective implementation.

The Committee will monitor the following:

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

District Level Coordination Committee (Constitution and Scope of Work)

A District Level Coordination Committee should be led by District Magistrate and Civil Surgeon/CMHOs, District Education Officer (DEO), District ICDS Program Manager (PO-ICDS), representatives from other departments like District PRI Officer (DPRO),

Superintendent Engineer (Dept. Water Supply) etc. and development partners as members. The function of the committee will be to implement and monitor the progress of NDD and resolve programmatic issues at District level and provide guidelines to Blocks for effective implementation.

The committee will undertake following responsibilities:

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

Block Level Coordination Committee (Constitution and Scope of Work):

At Block level, Coordination Committee be constituted under the chairpersonship of Sub-Divisional Magistrate (SDM) / Block Development Officer (BDO) and Block Medical Officer (BMO), Block Education Officer (BEO), Child Development Project Officer (CDPO-ICDS) and representatives from other departments like Panchayati Raj (PRI) and Water & Sanitation as members. The Block level committee would ensure effective implementation of NDD and be actively involved in monitoring of intervention during the NDD in schools and Anganwadi Centers by constituting monitoring teams. The committee will also ensure data flow from schools and Anganwadi Centers to the District level.

The committee will undertake following responsibilities:

- Facilitate inter-departmental convergence and ensure use of community based platforms like VHNDs, VHSNC meetings, Gram Panchayats for community mobilization and mass awareness.
- Ensure timely supply of Albendazole, reporting formats, IEC materials etc. to each school and Anganwadi Centers either for integrated distribution during Block level trainings or as per the plan devised by State for drug delivery.
- Train/orient teachers, principals, AWWs, ANMs and ASHA workers.
- Assess implementation status of the National Deworming Day through monitoring visits by Block teams/officials.
- Ensure timely submission of reports and collation of coverage data from schools and Anganwadi Centers

TRAINING AND DISTRIBUTION CASCADE

Orientation and Capacity Building of stakeholders:

Level	Participants	Contents of Orientation / Training*	Latest by dates
National Level	State Program Managers, Nodal Officers for deworming program, Consultants	<ul style="list-style-type: none"> • Technical information on STH and Deworming • Program Management at State level • Program coordination with MoHFW 	19th January, 2015
State Level	RDD, NHM Consultants on nutrition, child health, data and monitoring, SPM, and officials from AYUSH, Education, ICDS, Rural Development, Urban Development, Water and Sanitation, PRI, Tribal Welfare Department and representatives from partner agencies	<ul style="list-style-type: none"> • Technical information on STH and Deworming • Program Management • Adverse Event Management System • Monitoring • Logistics and Supply Chain Management 	22 - 27th January, 2015
District or Regional Level	CS/CMHOs, RPM, DPM, NHM Consultants, DPO and other officials from Education Department, ICDS and representatives from partner agencies Orientation: BPO / MOs / BCM / BHM / MO – CHC/ PHC / AYUSH Doctors / BEO/ BRP, CDPO and other officials from Education Department, ICDS and representatives from partner agencies		28 - 30th January, 2015
Block / PHC Level	Capacity Building: AYUSH team, ANM, ASHA*, school principals/ teachers and ICDS functionaries	<ul style="list-style-type: none"> • Technical orientation on deworming intervention • Drug administration process • Adverse Event Management System • Reporting • Logistics and Supply Chain Management 	30th January - 3rd February, 2015
Project Level	All Lady Supervisors (LS)		
Sector Level	All Anganwadi Workers (AWWs)		

- Template, prototypes, training manual and IEC material will be provided by MoHFW, GoI
- ASHAs will be oriented during their monthly review meetings at Block / cluster level as appropriate (Please refer to the timelines attached as annexure for further details)

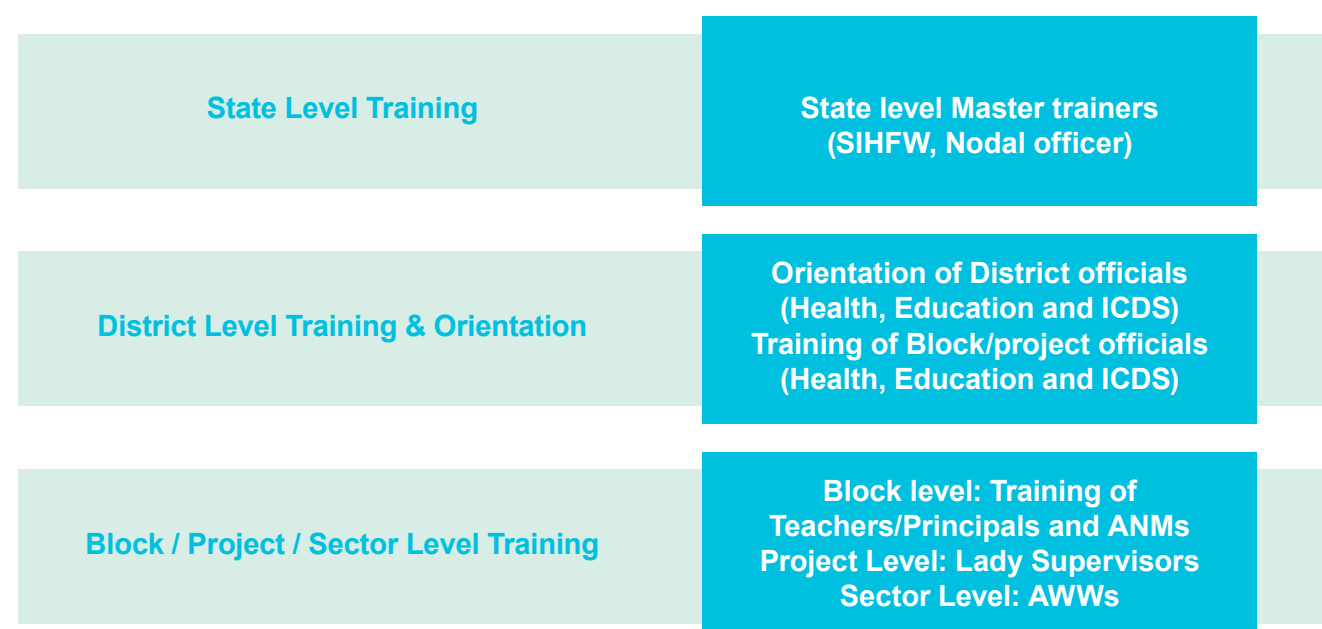
The table above presents an overview of orientation cum capacity building at various levels. At the National level, MoHFW organised a National Deworming Day orientation workshop on 19th January, 2015 for Nodal officers from States/UTs to orient them on the implementation framework of NDD, related technical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

In the State,

- School teachers/principals will be trained to administer Albendazole tablets to school enrolled children in the age group 6-19 years
- Anganwadi Workers will be trained to administer Albendazole tablets to preschool age children in the age group 1-5 years and out of school children and adolescents

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

Figure 4: Training Cascade



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

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

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

Bulk SMS: Department of Health will also make provisions for sending out SMS in bulk to all levels of program implementation for reinforcement of key messages on deworming related to drug administration, training and reporting timelines. States/UTs are encouraged to involve use of MCTS for mass awareness.

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

DRUG PROCUREMENT AND MANAGEMENT

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

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

Estimation of Albendazole tablets (400mg):

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

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

Logistic and Supply Chain Management (Drugs and other supplies)

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



- Sufficient stock of Albendazole tablets (based on the school and Anganwadi enrolment/registration data) with 15% buffer stock for covering non-enrolled children, wastage & spoilage.
- The District Civil Surgeon/ Chief Medical Health Officer will ensure transportation of drugs from District to Block (Health Nodal Officer). At the Block level MO-PHC will ensure transfer of drug to the Block Education Officer (BEO) and the Child Development Project Officer (CDPO). BEO and CDPO will further ensure availability of drugs for distribution at the Block level training and project level monthly meeting respectively.
- For schools, final distribution of drugs and NDD kit (IEC material + reporting formats and other relevant materials) shall be made to school principal/teachers at the time of training at Block level.
- For Anganwadi Centers, subsequent distribution of drugs and NDD kit shall be made to Lady Supervisors during their monthly meetings. Lady Supervisors in turn will do the final distribution of drugs and NDD kit to all anganwadi workers (AWWs) in their monthly meeting at sector level.
- Drugs at all levels shall be stored in a cool, dry place with appropriate provisions. Tablets should be protected from direct sun light.
- Sufficient number of glasses and clean drinking water must be arranged from the kitchen of the school and Anganwadis.
- Sufficient stock of Reporting Formats available for different levels of the cascade.
- Ensuring availability of handouts for principal/teacher and Anganwadi Worker (AWW) that includes guidance on Adverse Event Management Protocol at the school and Anganwadi level, including key telephone numbers of officials to be contacted in case of any adverse events.
- Ensuring IEC materials for display including posters, banners and handouts in all schools and Anganwadis Centers.

COMMUNITY AWARENESS AND MOBILIZATION

Awareness Activities

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

and messages from the national campaign materials shared by the MoHFW, Government of India.

- **Key messages:** The State must ensure that all IEC activities include simple and easy to understand information including benefits of deworming and the effective treatment for children. Awareness activities must be conducted to motivate parents to get their children administered Albendazole tablet at the nearest Government/Government-aided school or Anganwadi Center on the NDD day. Messaging should also include that children who miss the NDD on 10th February 2015, should get dewormed on the Mop-Up Day on 13th February, 2015.
- **Media mix:** The State will select the most appropriate or all media from the National Government's recommended media mix as fits the local context. State Governments should use a mix of media, including mass media and folk media with a combination of print, audio, video channels of communication and need-based community strategies like leaflets, wall writings and community talks with targeted messages. The recommended activities are newspaper appeals, radio jingles through AIR and FM channels, TV scrolls and local cable channels. ASHA workers will mobilize community members through gram panchayats and VHSNC meetings to share benefits of deworming and ensure greater coverage. School Management Committees and Anganwadi Workers shall actively support the community based activities in their respective catchment areas.
- **Integrated distribution of IEC material during trainings:** All school principals/teachers and AWWs attending Block/sector level trainings/orientation on NDD implementation will be provided with necessary IEC material to be used at school and Anganwadi Center level on NDD and MUD. The material will consist of posters and banners, materials for miking, wall writing etc. (material prepared at National level is uploaded on NHM website {www.nrhm.gov.in})
- **Targeted outreach:** Activities for community mobilization will be organized through school management committees, assembly sessions, Prabhat Pheris, Bal Panchayats and other forums for dissemination of messages on the benefits of deworming. In school sensitization drives, school principals will address the children during the morning assemblies, parents during parent-teacher meetings and through classroom messaging.
- **SMS Connect:** The State/UT health department will send out targeted messages to concerned functionaries at all levels at optimal frequency to reinforce important program information, including reminders about critical dates. Bulk SMS platforms already available with stakeholder departments will be explored for the same. States/UTs are encouraged to involve use of MCTS for mass awareness.
- **Call Centre/Helpline:** State/UT health department may utilize the existing helpline numbers for other schemes related to children's health or as related to resolve and address queries identified by program functionaries at different levels. States/UTs are encouraged to explore use of existing mechanism like 108 / 104 / National Ambulance Services.
- **Village Level Mobilization:** ASHAs will conduct village meetings with parents and disseminate information about harmful effects of worm infestation, benefits of deworming and behavior change practices to reduce re-infection to beneficiaries. Other village based functionaries such as Anganwadi Workers, PRI workers will also be engaged for community mobilization.

IMPLEMENTATION ON NATIONAL DEWORMING DAY

- Drug Administration at the school and Anganwadi Center
- Adverse Event Management system
- Monitoring and supervision plan
- Recording and reporting process

Drug Administration at the school and Anganwadi Center

Table 1: Age specific dose for Albendazole tablets

Age group	Dosage (Albendazole 400 mg tablet)	Administration
1 – 2 years 2 – 19 years	Half tablet Full tablet	<ul style="list-style-type: none"> • Appropriate administration of tablet to children is important. During intake, children should chew the tablet and if required should consume some water. Clean drinking-water should be available at the school/ AWC on the deworming day. • For young children the tablet should be broken and crushed (between two spoons) and then administered with water.

At school sites and Anganwadi Centers on National Deworming Day :

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

- The teachers will administer the Albendazole tablets to the school enrolled children.
- The Anganwadi Worker will administer Albendazole tablets to the under-five and out-of-school children and adolescents.
- **Important: Children who are sick or are on medication on deworming day/mop up day should not be given the drug. These children should be advised to take Albendazole tablet upon recovery or after consultation with the medical doctor.**
- Teachers, AWWs and ASHAs should ensure that the children properly chew and then swallow the tablet and if required, should be given potable water.
- Teachers will record the administration of Albendazole for enrolled children in the class registers, compile, and report the coverage data for children enrolled in the class to the principal.
- Similarly Anganwadi Workers will record the administration of Albendazole to enrolled children and adolescents in the enrollment registers, and then compile and report the coverage data in Anganwadi reporting forms. ASHA, while being present at the AWC, will separately record the details of non-enrolled children as per the standard recording format and will submit it to the ANM (for claiming incentive). Teachers and AWWs should ask the children to wait in the

school/Anganwadi premises for at least 2 hours after consuming the Albendazole tablet so that in case of any symptoms of adverse events, immediate action may be taken.

- The principal at the school level and the AWW at the Anganwadi Center level will be responsible for compiling and entering the total number of children dewormed in prescribed reporting formats. The ANMs of the area will collect the reports from schools and Anganwadis under her area of supervision as per the stipulated timeline.
- All the remaining Albendazole tablets will be stored safely after drug administration on the National Deworming Day and Mop-Up Day.
- After the Mop-Up Day, schools and AWCs will return the remaining stock of Albendazole tablets to the ANM when she comes to collect the coverage reports.



Adverse Event Management System

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

MONITORING AND SUPERVISION PLAN

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

- Designated teams from the MoHFW, GoI will monitor NDD activities by randomly visiting schools and Anganwadi Centers across States / UTs.
- Similarly, States/UTs, Districts and Blocks will also designate teams/officials for field monitoring on the NDD and MUD. States/UTs and Districts will be provided with the necessary budget for conducting this activity effectively.
- RBSK Mobile Health Teams and AYUSH doctors at Block level will also monitor the implementation of National Deworming Day in the field. Each team will visit at least four schools/Anganwadis on both NDD and MUD.
- All monitoring teams and personnel from National, State, District or Block levels, including Development Partners, will use a standardized common format for field-level monitoring of NDD.

- The nodal officer for Deworming Day at the District level will coordinate all monitoring and supervision activities in their respective Districts.
- At all State/UTs, District and Block levels, supervisory visits must be based on micro-plans developed.
- Under RMNCH+A intensification strategy, the lead and partner agencies will monitor the implementation of the NDD efforts through State RMNCH+A units and Block coordinators placed at the 184 High Priority Districts.
- States, Districts and Blocks will use existing mobility mechanisms for monitoring purposes. Additionally separate funds will be provided for hiring vehicles or re-imbursement for refilling of the fuel. (Please refer to the financial guidelines section).
- All monitoring formats used by officials/teams will be submitted to the health department nodal officer at the State level for further compilation, data entry and analysis.
- The data will be electronically entered and analyzed by the State MIS team and it will submit a report to Child Health Division at the MoHFW as a part of their periodic program performance reporting. The Child Health Division at the National level will compile and analyze all the State/UT level reports to assess the performance of NDD implementation across the country. These findings will be shared with all States and program stakeholders to inform them about areas for program improvement for future rounds.
- **Quality Control:** State to ensure active quality control measures for checking of samples of Albendazole tablets from the schools and Anganwadis to be tested as per the State/UT policy for ensuring the quality.
- Selecting indicators at the outset of the national program is essential for tracking and measuring performance at the State and national level. The key performance indicators for National Deworming Day are:

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

RECORDING AND REPORTING PROCESS

For schools:

- Teachers will record the number of enrolled children dewormed in respective class attendance registers. Following is the method of recording the information:
 - For every enrolled student receiving a tablet on NDD, a **SINGLE** tick mark (✓) will be placed next to the name of the student in the attendance register. At the end of NDD, teachers will count up the number of ticks in their attendance registers, and report the number of boys and girls dewormed on NDD in their class to the principal / Nodal teacher.
 - After NDD, teacher will prepare a list of children who have missed the dose due to absence or sickness and put an effort to inform children to be present on Mop-up day for taking the Albendazole dose.
 - For every enrolled student on MUD, teachers would first check the single tick mark in the front of the name of the student in the class attendance register. In case the tick mark is not there, the child would be administered with the Albendazole tablet. **DOUBLE** tick marks (✓✓) will be placed next to the names of those students in their class attendance register. At the end of Mop-Up Day, teachers will count up the number of double tick marks in their attendance registers, and report the number of enrolled boys and girls dewormed on Mop-Up Day in their class to the principal and Nodal teacher.

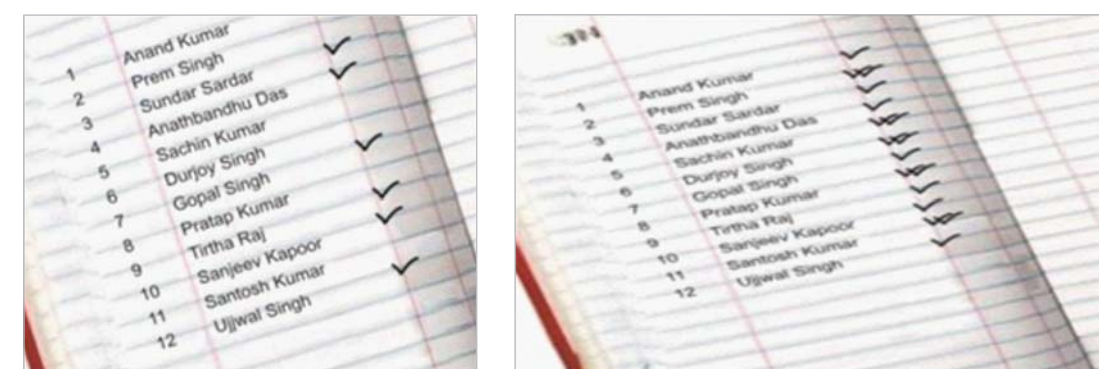


Image: Ticking and double ticking in the attendance register

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

For Anganwadi Centers:

- Anganwadi Workers will record the number of enrolled children dewormed in respective AWC enrolment registers. Following is the method of recording the information:
 - For every child receiving a tablet on NDD, a **SINGLE** tick mark (✓) will be placed next to the name of the child in the enrolment register. At the end of NDD, the AWW will count up the number of ticks in their enrolment registers.
 - After NDD, AWW will prepare a list of children who have missed the dose due to absence or sickness and share the list with ASHA. ASHA would then put an effort to inform children to be present on Mop-Up day for taking the Albendazole dose.
 - For every child on MUD, AWW would first check the single tick mark in the front of the name of the child in the enrolment register. In case the tick mark is not there, the child would be administered with the Albendazole tablet. **DOUBLE** tick marks (✓✓) will be placed next to the names of child in their enrolment register. At the end of Mop-Up Day, the AWW will count up the number of double tick marks in their enrolment registers.

4. AWW will record the numbers of non-enrolled/out-of-school children and children of migrant population in Anganwadi Reporting Format.
5. ASHA, as per the standard reporting format (see annexures), will also record the details of non-enrolled children dewormed on NDD and MUD at the Anganwadi Centers by recording the name of the child and the name of the father or mother on a single sheet of paper. At the end of both NDD and MUD, ASHA along with the AWW will report to the ANM, the number of non-enrolled boys and girls dewormed at the particular AWC. Since ASHA will be incentivized for mobilizing non-enrolled children, a copy of ASHA standard reporting format shall be retained by ASHA which shall be duly signed/attested by the ANM.
6. The AWW will compile the data on children and adolescents dewormed on NDD and MUD through the platform of Anganwadi Centers in the Anganwadi reporting format, and submit to the ANM by February 20th, 2015.

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

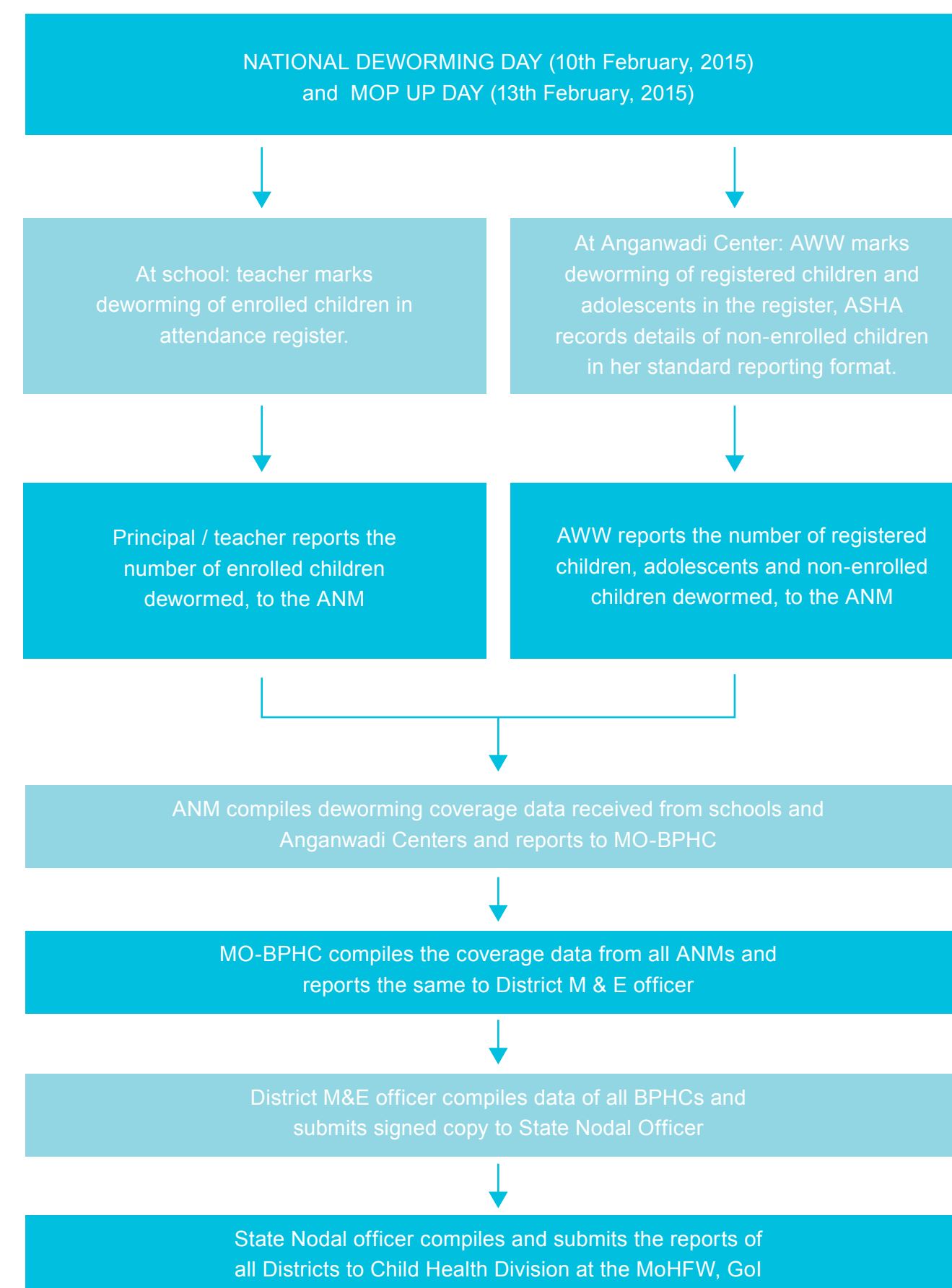
1. ANM will compile the reports received from the schools and AWCs in her vicinity in Sub-center level Common Reporting Format and submit the form to the MO-BPHC.
2. The Block Medical Officer will compile all the reports received from ANMs in Block level Common Reporting Format and submit them to District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

Timelines for submission of reporting formats

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

S No.	Level	Functionary Responsible	Submitted to	Format	Submission date
1	School	Principal	Respective ANM under whose area the school falls in	School Reporting Format	20th February 2015
2	Anganwadi Center	AWW	Respective ANM under whose area the AWC falls in	Anganwadi Reporting Format	
3	Anganwadi Center	ASHA	Respective ANM under whom ASHA is working	ASHA-Standard Reporting Format	
4	Sub-center level	ANM	MO-BHPC	Sub-Center level Common Reporting Format	03rd March 2015
5	Block Level	MO-BPHC	District M&E Officer	Block level Common Reporting Format	10th March 2015
6	District Level	District M&E Officer	State Nodal Officer	District level Common Reporting Format	17th March 2015
7	State	State Nodal Officer	Child Health, MoHFW	State level Common Reporting Format	20th March 2015

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



Annexure 1

Reporting formats: National Deworming Day and Mop Up Day

SCHOOL REPORTING FORMAT

* Please fill in all the details below and donot leave any box unfilled.

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

SUBMIT TO ANM BY FEBRUARY 20th, 2015

ANGANWADI REPORTING FORMAT

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

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

SUBMIT TO ANM BY FEBRUARY 20th, 2015

ASHA - STANDARD REPORTING FORMAT

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

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

SUBMIT TO ANM BY FEBRUARY 20th, 2015

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

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

State :	District :	
Block :	Sub Center :	Village :
Number of schools# in the Block / District / State :	Number of schools reported in the Block / District / State	
Number of Anganwadi Centers in the Block / District / State :	Number of Anganwadi Centers reported in the Block / District / State	
Number of ASHAs trained on Deworming		
Number of teachers/principals trained on Deworming		
Number of Anganwadi Workers trained on Deworming		
Albendazole Coverage		
	Girls	Boys
Total number of children (1-19 years) in State/District/Block/sub-center (as applicable)		(A)
Total No. of children enrolled in the schools		
Total No. of children registered in Anganwadis		
No. of enrolled children (class 1 st to 5 th) who were administered Albendazole on NDD and MUD		(1)
No. of enrolled children (class 6 th to 12 th) who were administered Albendazole on NDD and MUD		(2)
No. of registered children (age group 1-5 years) who were administered Albendazole on NDD and MUD		(3)
No. of unregistered children (age group 1-5 years) who were administered Albendazole on NDD and MUD		(4)
No. of out of school children (age group 6-10 years) who were administered Albendazole on NDD and MUD		(5)
No. of out of school adolescents (age group 10-19 years) who were administered Albendazole on NDD and MUD		(6)
GRAND TOTAL of number of children and adolescents who were administered Albendazole (B = 1+2+3+4+5+6)	(B)	
Percent coverage	(B) X 100 / (A)=	
Number of adverse events reported from all schools and Anganwadi Centers (in prescribed format)		
Logistic Details		
Total No. of Albendazole tablets given to the Sub-center / Block / District / State (pls. tick whichever is applicable)		
Total No. of Albendazole tablets administered at the Sub-center / Block / District /State (Total of NDD and MUD)		
Stock of Albendazole tablets left at Sub-center / Block / District / State		
Feedback from the Sub-center / Block / District / State (if any):		
(Name and signature of the Signatory) (ANM / MO-BHPC / District officer / State Officer)		
You may call up the State Office (Name : _____ / Phone:_____) for any assistance required		

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

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

Annexure 2

Financial Guidelines for National Deworming Day

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

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

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

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

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

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

Annexure 3

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

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

Sl. No.	States	Name of District proposed for MDA in 2014-15
1	Assam	Dibrugarh
2		Sibsagar
3	Bihar	Araria
4		Arwal
5		Aurangabad
6		Banka
7		Begusarai
8		Bhagalpur
9		Bhojpur
10		Buxar
11		Darbhanga
12		East Champaran
13		Gaya
14		Gopalganj
15		Jahanabad
16		Jamui
17		Kaimur
18		Katihar
19		Khagaria
20		Kishanganj
21		Lakhisarai
22		Madhepura
23		Madhubani
24		Munger
25		Muzzaffarpur
26		Nalanda
27		Nawada
28		Patna
29		Purnea
30		Rohtas
31		Saharsa
32		Samastipur
33		Saran
34		Sheikhpura
35		Sheohar
36		Sitamarhi
37		Siwan
38		Supaul
39		Vaishali
40		West Champaran
41	Chhattisgarh	Ambikapur/Surguja (including Balrampur & surajpur)
42		Bilaspur (including Mungeli)
43		Dhamtari
44		Durg (including Balod & Bemetara)
45		Janjgir
46		Jashpur
47		Mahasamund
48		Raigarh
49		Raipur (including Balodabazar & Gariyaband)
50		Bagalkot
51	Karnataka	Bidar
52		Gulbarga + Yadgir
53	Madhya Pradesh	Chattrapur
54		Chindwara
55		Datia
56		Katni
57		Panna
58		Satna
59		Tikamgarh
60	Maharashtra	Umaria
61		Bhandara
62		Chandrapur
63		Gadchiroli
64		Gondia
65		Latur
66		Nagpur
67		Nanded
68		Osmanabad
69		Solapur
70		Thane
71	Tamil Nadu	Thiruvannamalai + Cheyyar
72	Dadra & Nagar Haveli	Dadra & Nagar Haveli
Grand Total		72 LF endemic Districts of selected 12 States

Annexure 4

NATIONAL DEWORMING DAY MONITORING FORM

DATE OF VISIT (Tick the box as applicable): ☐ National Deworming Day (___/___/2015)

☐ Mop-Up Day (___/___/2015)

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

MONITORING SECTION: Circle the correct option based on your observations and interviews.

Deworming Observations	
1. Does the school/AWC have deworming drugs?	A. YES B. NO
2. Are the drugs available in sufficient quantity to deworm the enrolled as well as non-enrolled children?	A. YES B. NO
3. What is the expiry date of the drugs?	
4. Does the school/AWC have the following provisions for the deworming process? Circle all that apply.	A. School/AWC Reporting Form B. Drinking Water C. ORS Packets D. None of these
5. Are the deworming drugs being administered to children?	A. YES B. NO
6. Who is administering the drugs to the children? Circle all that apply.	A. AWW B. Teacher/ Principal C. ASHA D. Other E. No Deworming taking place
7. Is the ASHA present in the AWC?	A. YES B. NO
8. Is the ASHA assisting the AWW in the deworming process?	A. YES B. NO
9. Is the teacher/AWW separating sick children from healthy children before deworming?	A. YES B. NO
10. Did the teacher tick (✓/✓✓) each child's name in the attendance register after giving them the drug?	A. YES B. NO
11. Did the ASHA / AWW make a list of the non-enrolled/out of school children who got the drug?	A. YES B. NO C. Non-enrolled children did not receive drugs at this AWC
12. Where did the teacher/AWW receive training?	A. At school B. At Block training C. At District training D. Teacher/AWW did not receive training
Adverse Events	
13. According to the teacher/AWW, can the deworming drugs be given to sick children?	A. YES B. NO
14. Is the teacher/AWW aware of the possibility of adverse events from deworming?	A. YES B. NO
15. According to the teacher/AWW, what is the appropriate response in case of adverse events? Circle all that apply.	A. Let the child rest in an open and shaded place B. Provide clean water to drink C. Contact the ANM/nearby PHC D. No adverse events possible with Albendazole E. Other
16. Did you witness any serious cases of adverse events in the school/AWC?	A. YES B. NO
17. Does the school/AWC have the phone numbers of the nearest ANM or MO-PHC?	A. YES B. NO
Community Awareness and IEC Materials	
18. Which of the following IEC materials are visible at the school/AWC? Circle all that apply.	A. Poster B. Banner C. Other IEC materials D. No IEC materials
19. Which of the following reference documents are available at the school/AWC? Circle all that apply.	A. Principal/Teacher Handout B. AWW Handout C. Adverse Events Protocol D. No documents
20. Which of the following community mobilization steps have been undertaken by the ASHA before National Deworming Day? Circle all that apply.	A. Conducted village meetings with parents B. Informed parents about harmful effects of worms C. Informed parents of benefits of deworming D. Informed parents about behavior change to prevent reinfection
ADDITIONAL COMMENTS: Please write any observations that have not been captured in the preceding sections	

Annexure 5

National Deworming Day Fact Sheet

Soil-Transmitted Helminth Infections and School/Anganwadi Center-based Deworming

Summary:

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

Distribution and prevalence of STH:

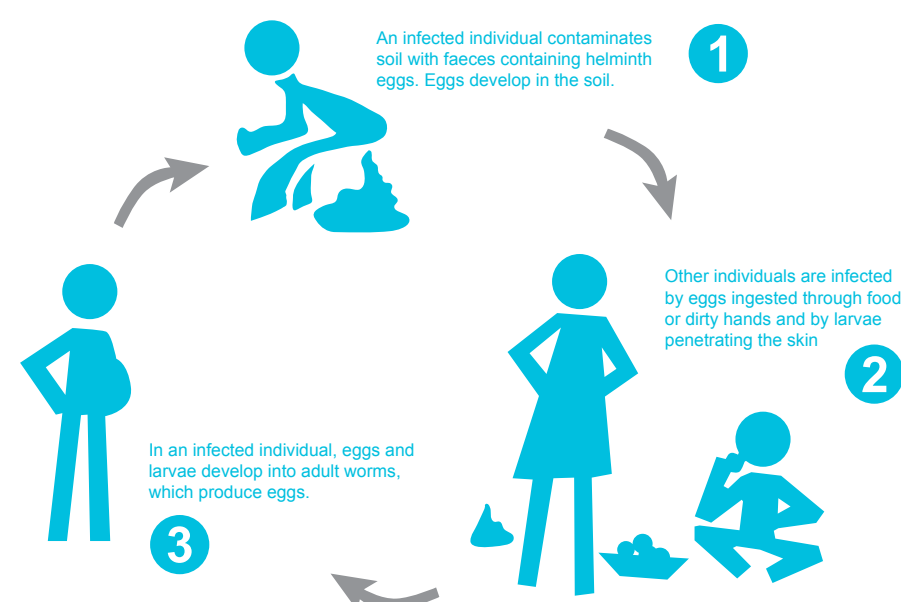
- Global burden: More than 1.5 billion people or 24% of the world's population are infected with STH worldwide. Infections are widely distributed in tropical and subtropical areas, with the greatest numbers occurring in sub-Saharan Africa, the Americas, China and East Asia. Over 600 million school-age children and 270 million preschool-age children are in need of regular treatment and preventative interventions.
- India burden: WHO data indicates that STH is a significant public health concern for India, with 241 million children between the ages of 1-14 years predicted to be at risk of STH infections⁷. This represents approximately 68% of children in this age group and approximately 28% of all children estimated to be at risk of STH infections globally. State-wide worm prevalence estimates are not available in all States, although GoI has now renewed its focus to conduct STH prevalence surveys in all States soon.

STH transmission:

- There are three main types of STH that infect people: roundworm (*Ascaris lumbricoides*), whipworm (*Trichuris trichiura*) and hookworms (*Necator americanus* and *Ancylostoma duodenale*).
- Adult worms live in human intestines for food and survival where they produce thousands of eggs each day.
- Infected people who defecate outdoors spread worm eggs in their feces.
- Subsequently, the eggs contaminate the soil which can spread infection in several ways:
 - Attached to vegetables that are ingested when the vegetables are not carefully cooked, washed or peeled;
 - Ingested from contaminated water sources;
 - Ingested by children who play in soil and then put their hands in their mouths without washing them.

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

Figure 1: STH Transmission Cycle



Symptoms of infection:

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

Prevention of infection:

Infections can be prevented by taking precautions, including:

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

Nutritional and health consequences of infection:

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

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

Benefits of treatment:

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

- Decreased anaemia and improved nutrition

- Increased growth and weight gain
- Improved cognition and mental and physical development
- Increased resistance to other infections
- Increased school attendance
- Improvement in children's ability to learn better and be more active in school
- Increase in no.of hours worked and wages earned in the long-run in adulthood

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

School / Anganwadi Center-based deworming strategy

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

Deworming goals

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

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

Annexure 6

NDD FREQUENTLY ASKED QUESTIONS (FAQs) AND EVIDENCE BASE

S No.	Questions	Answers
1	How do people become infected with intestinal worms and what are the most common worms?	<p>Soil-transmitted helminths (STH) are transmitted by eggs present in human feces which contaminate soil in areas with poor sanitation and hygiene. Transmission can occur when i) eggs that are attached to vegetables are ingested without being carefully washed, peeled or cooked ii) eggs are ingested from contaminated water sources and iii) eggs are ingested by children who play in contaminated soil⁹. Children typically harbor the highest intensity of infection.</p> <p>The main species of intestinal worms are the roundworm (<i>Ascaris lumbricoides</i>), the whipworm (<i>Trichuris trichiura</i>) and hookworms (<i>Necator americanus</i> and <i>Ancylostoma duodenale</i>).</p>
2	What is the prevalence of STH in India?	<p>WHO data indicates that STH is a significant public health concern for India, with 241 million children between the ages of 1-14 years predicted to be at risk of STH infections¹⁰.</p> <p>This represents approximately 68% of children in this age group and approximately 28% of all children estimated to be at risk of STH infections globally. State-wide worm prevalence estimates are not available for all States, although Government of India has now renewed its focus to conduct STH prevalence surveys in all States soon.</p>
3	How is Prevalence Survey of STH conducted?	<p>Prevalence of STH is conducted in the field by collection of stool samples from the school children and analyzed in laboratories for identification of parasitic ova and prevalence and intensity is measured. The sample design selected gives an estimate of the State wide prevalence and intensity of STH in a particular State. The laboratory analysis is conducted by technical institutes having expertise in parasitology and the study design and analysis of data is done by reputed epidemiological institutes.</p>
4	How can we prevent the spread of worm infections?	<p>There are several ways to prevent the spread of worm infections by improving hygiene, including:</p> <ul style="list-style-type: none"> • Washing hands, particularly before eating and after using toilets • Using sanitary latrines • Wearing slippers / shoes • Drinking safe and clean water • Eating properly cooked food • Washing vegetables, fruits and salads in safe and clean water
5	What is the effect of STH on the nutritional status of children?	<p>Worms impair the nutritional status of people they infect in multiple ways:</p> <ul style="list-style-type: none"> • Worms feed on host tissues, including blood, which leads to a loss of iron and protein and often contributes to anaemia • Worms can increase the malabsorption of nutrients; roundworm may compete for Vitamin A in the intestine • Some worms can cause a loss of appetite, reducing nutritional intake and physical fitness • Some worms can cause diarrhea and dysentery
6	What are the development and educational consequences of worms in children?	<p>Worms have negative effects on the mental and physical development of children. Children with worms are often underweight and have stunted growth. Heavy infections often make children too sick or too tired to concentrate at or even attend school. Long term, children not treated for worms are shown to earn less as adults.</p>

⁹WHO, Soil-transmitted helminth infections., Fact Sheet Number 266, Updated April 2014, retrieved from <http://www.who.int/mediacentre/factsheets/fs366/en>
¹⁰WHO PCT Databank: http://apps.who.int/neglected_diseases/ntddata/sth/sth.html

7	What is the effect of worms on child mortality?	Intestinal worm infections affect child morbidity, not mortality. There is no rigorous evidence that suggests that worms affect child mortality but there is ample evidence that worms fundamentally affect the quality of children's lives and negatively impact their access to health, education and livelihoods.
8	Can Albendazole and iron/folic acid tablets be administered together?	The WHO asserts that periodic deworming can be easily integrated with child health days or vitamin A supplementation programs for preschool-aged children, or integrated with school-based health programs. Additionally, deworming has been prescribed as part of the National Iron + Initiative including Weekly Iron and Folic Acid Supplementation program in India and other school health programs with success, has making the combination cost-effective, safe and easy to administer.
9	Can STH be eliminated from a country?	STH have been eliminated from several countries including the U.S. and South Korea, as sanitation conditions improved alongside the delivery of treatments. The WHO recommends mass deworming treatment as a mechanism for controlling the public health threat of worms. A study in Kenya is currently underway that is analyzing the epidemiological requirements, cost-effectiveness and operational feasibility of breaking STH transmission in the absence of improvements in sanitation and findings will be shared broadly.
10	What is the evidence base associated with health impacts and deworming?	<p>Findings from rigorous studies related to health impacts include:</p> <ul style="list-style-type: none"> • Results and data analysis from a systematic review of 14 randomized control trials found that deworming without previous screening marginally improves hemoglobin concentration, which could translate on a public health scale into a 5 to 10% reduction in the prevalence of anaemia (Humphrey J., 2009) • A systematic review found that treatment with anthelmintic in moderate and heavily infected populations resulted in increased hemoglobin (Smith, J.L. et al. 2010) • A randomized control trial found that reduced exposure to worm infections improved cognition for children less than one year of age (Ozier 2011) • A cluster randomized control trial found that the provision of deworming treatment as part of child health services resulted in an increase in weight gain of about 10% above expected weight gain when treatments were given twice a year and about 5% for annual treatment. (Alderman et al. 2006)
11	What is the evidence base associated with education, livelihoods and deworming?	<p>Findings from rigorous studies related to educational / livelihoods impacts include:</p> <ul style="list-style-type: none"> • A randomized control trial found that school-based mass treatment reduced school absenteeism by 25% and was far cheaper than alternative ways of boosting school participation. (Miguel and Kremer 2004) • A longitudinal study showed that the long term benefits of childhood deworming are substantial; young adults randomly assigned to a deworming program as children work more as adults and earn higher wages (Baird S. et al 2012) • A historical study of hookworm eradication in the Southern United States in the early 1900s found a substantial income and educational gain as a result of the reduction in hookworm infection. (Bleakley 2007)
12	What is the evidence base for deworming in India?	<p>There are at least two randomized trials in India in the last decade that demonstrate the positive impact of deworming in the country:</p> <ul style="list-style-type: none"> • A health intervention that provided iron, Vitamin A and deworming drugs to Indian preschool children in the slums of Delhi found a significant gain in child weight and school participation compared to intervention with Vitamin A alone. Absenteeism was reduced by one-fifth in the treatment group (Bobonis et al, 2006) • A cluster randomized control trial in preschool children found that the group treated with 4 rounds of Albendazole showed a greater weight gain as compared to the non-treated group (Awasthi S. et al 2008)

13	What is the WHO's guidance on Deworming?	The WHO recommends preventing and controlling STH-related morbidity through the periodic treatment of at-risk populations living in endemic areas, particularly preschool and school-age children and women of childbearing age (including pregnant women in the second and third trimesters and breastfeeding women).
14	What is the Deworming treatment to be given to children?	<p>The WHO recommends deworming treatment without previous individual diagnosis to all at-risk people living in endemic areas. Treatment should be given once a year when the STH prevalence in the community is over 20% and twice a year when the STH prevalence exceeds 50%¹¹.</p> <p>Albendazole is the name of the deworming drug used by the Government of India and is a safe treatment for intestinal worms used across the globe. The recommended dosage for children between the ages of 2 and 19 is 1 tablet (400 mg) and ½ tablet of Albendazole for children 1-2 years.</p> <p>For young children the tablet should be broken and crushed and administered with water.</p>
15	Does the Deworming treatment have side effects?	<p>The deworming treatment has very few side effects. There may be some mild side effects like dizziness, nausea, headache, and vomiting, all likely due to the worms being passed through the child's body. However these side effects disappear after some time.</p> <p>Side effects are usually experienced by children with high infections. If symptoms do not go away within 24 hours, or if they are very severe, the child is probably experiencing something unrelated to the treatment and should be taken to the nearest health facility immediately.</p>

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

Annexure 7

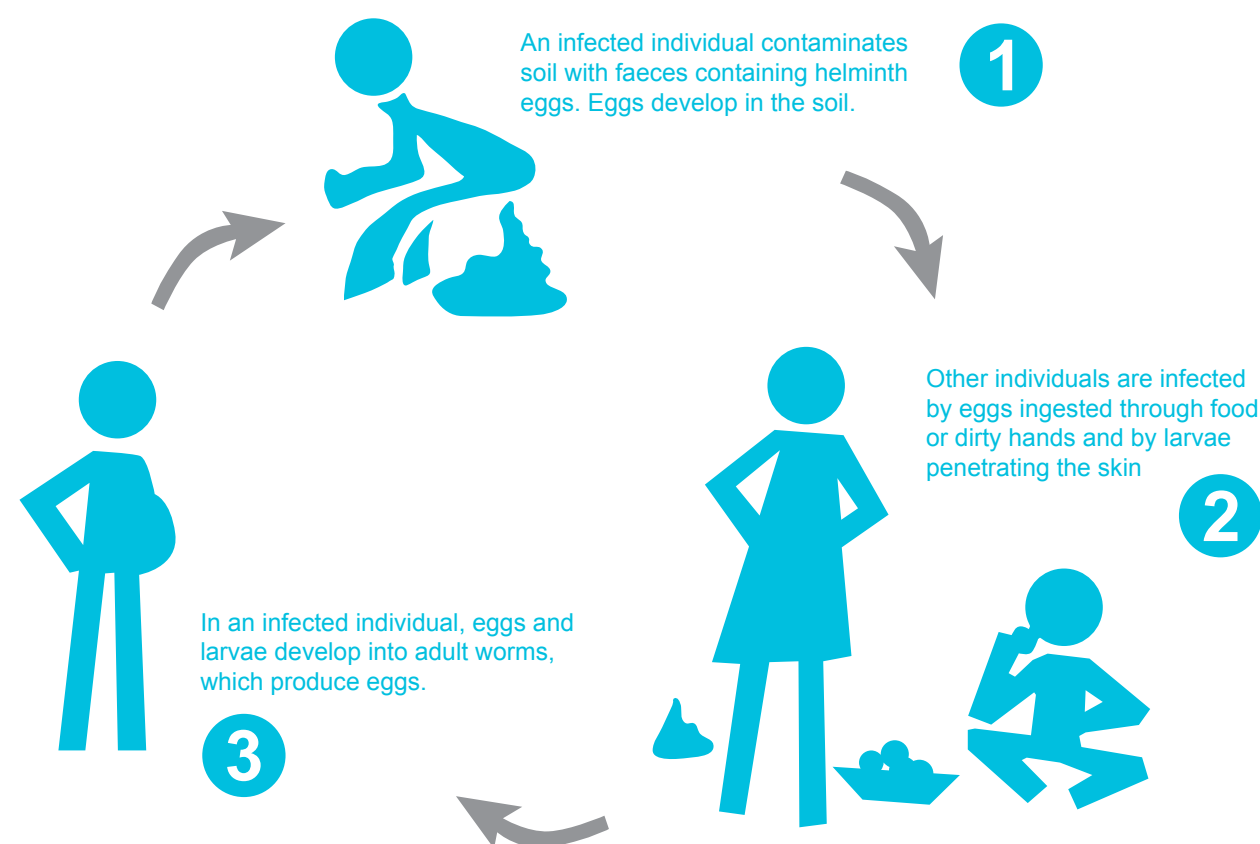
FAQs for Frontline health workers

S No.	Questions	Answers
1	What are intestinal worms?	Worms are parasites, which live in human intestines for food and survival. The worms consume nutrients meant for the human body and cause blood loss, poor nutrition and stunted growth.
2	How do people get infected with worms?	Worm infections result from poor sanitation and hygiene conditions, and are transmitted from contact with infected soil. A schematic of the transmission cycle of soil-transmitted helminths is attached in Annexure I.
3	How to prevent the spread of worm infections?	There are several ways to prevent the spread of worm infections by improving hygiene, including: <ul style="list-style-type: none"> • Washing hands, particularly before eating and after using toilets • Using sanitary latrines • Wearing slippers • Drinking safe and clean water • Eating properly cooked food • Washing vegetables, fruits and salads in safe and clean water
4	What are the harms associated with having worms? Why is Deworming children important?	Worm infections interfere with the health, nutrition and education of children. Worms can cause anaemia and malnourishment, which has negative effects on mental and physical development. Malnourished and anaemic children are often underweight and have stunted growth. Children with heavy infections are often too sick or too tired to concentrate at school or attend school at all. A child regularly treated for worms: <ul style="list-style-type: none"> • Grows faster and is healthier • Is more resistant to other infections • Learns better and is more active in school • Attends school more regularly
5	What is National Deworming Day?	National Deworming Day is a day when all children (both enrolled and non-enrolled) between the ages of 1-19 years can receive treatment for intestinal worms from teachers at all government and government-aided schools and by Anganwadi Workers in Anganwadi Centers.
6	Why National Deworming Day is observed when there are other programs having a Deworming component?	While deworming has been a part of other programs, like National Iron + Initiative including the Weekly Iron and Folic Acid Supplementation Program (WIFS), deworming has occurred inconsistently and not all at-risk children are currently receiving treatment. Going forward, deworming will happen on the same day across India to maximize the number of children treated.
7	When is National Deworming Day?	For financial year 2014-15, National Deworming Day will be observed on 10 th February, 2015 in 12 States/UTs in the first phase. A list of States/UTs observing National Deworming Day on 10 th February is in Annexure II.
8	Why are teachers and Anganwadi Workers distributing treatment, as well as health personnel?	Children are comfortable with their teachers, Anganwadi Workers and the community and parents have a lot of confidence in them. The teachers & Anganwadi Workers can easily give the deworming drugs to children with basic training. Teachers and Anganwadi Centers have been successfully deworming children in some States in India and over 30 countries world wide ¹² .
9	Why treat all children if some do not appear sick?	The effects of worms might not be seen immediately, but they can cause long-term harm to children's health, education, and overall well-being. Children can carry worms for a long time and not know they are sick; you will only see that they are doing poorly in school and not growing well. Since the drugs are safe whether or not a child is infected, and the cost of diagnosis is high, it is better to treat every child.

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

10	What is the treatment to be given to children?	Albendazole is the name of the deworming drug used by the Government of India and is a safe treatment for intestinal worms used across the globe. The recommended dosage for children between the ages of 2-19 years is 1 tablet (400 mg) and ½ tablet of Albendazole for children in the 1-2 years age group.
11	Does the deworming treatment have side effects?	For young children the tablet should be broken and crushed and administered with water. The deworming treatment has very few side effects in children. There may be some mild side effects like dizziness, nausea, headache, and vomiting, all likely due to the worms being passed through the child's body. These side effects disappear after some time. Side effects are usually experienced by children with high infections. If symptoms do not go away within 24 hours, or if they are very severe, the child is probably experiencing something unrelated to the treatment and should be taken to the nearest health facility immediately.
12	Is it safe for children to consume the deworming tablet without having a meal?	It is fine to take the deworming tablet on an empty stomach.
13	Should the deworming tablet be given to a sick child?	If a child is sick, do not give him or her the deworming treatment. Only children who appear well should be treated.
14	What should the teacher / Anganwadi Workers do if a child shows a negative reaction / adverse reaction after deworming?	Call the help line as provided to you during the training session. Let the child rest in the shade and drink water. If the symptoms are very severe, it is probably unrelated to the treatment and the child should be taken to the nearest health facility.

Transmission cycle of soil-transmitted helminths¹³



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

List of States / UTs implementing the National Deworming Day in first phase:

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

Annexure 8

Adverse Event Protocol

National Deworming Day – At schools and Anganwadi Centers

Adverse Event Protocol

1. PURPOSE

This document is primarily based on the World Health Organization (WHO) guidelines¹⁴ for assuring drug safety during mass drug administration (MDA).

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

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

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

2. DEFINITIONS

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

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

Serious adverse events can be defined as those that:

- are life-threatening or fatal
- cause or prolong hospital admission
- cause persistent incapacity or disability; or
- concern misuse or dependence on the drug

There are a number of key types of SAEs:

- Those caused by the drugs themselves: e.g., an allergic reaction to the drugs
- Those caused by the parasites degeneration when they are killed: e.g., intestinal Blockage
- Those caused by operational issues: e.g., choking
- Those which are coincidental but unrelated: e.g., malaria around the same time as drug administration

3. PREPARATORY PHASE FOR MANAGING ADVERSE EVENTS

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

3.1. Health Department:

Health Department Roles and Responsibilities	
WHO	WHAT
State Nodal Officer	1. Inform the State and District official about the date of Deworming Day and Mop-Up Day 2. Orient the District Civil Surgeon about the flow of information of any AE and SAE 3. Distribute the Adverse Events Protocol and reporting form to the District Civil Surgeon (Annexure I)
District Civil Surgeon	1. Inform and orient the Block Medical Officer about Deworming Day and Mop-Up Day. 2. Prepare an Emergency Response Team and train them to handle any AE or SAE at the Block level 3. Ensure that Ambulance Services are available at Block level 4. Distribute the reporting forms and cascade of information diagram to the Block medical officer. (Annexure I) 5. Circulate list of important phone numbers of the District health officials to every Block Medical Officer (Annexure II)
Block medical officer	1. Inform and orient the PHC/CHC/ANMs about Deworming and Mop-Up Days 2. Depute doctors to handle calls on the emergency helpline for Deworming Day and Mop-Up Day 3. Prepare PHCs/CHCs/ANMs to manage an increased number of children presenting with minor, non-specific symptoms 4. Ensure ambulance services are on ALERT for handling any SAE cases 5. Ensure phone numbers of the PHCs/ANMs are circulated to the Block education department for distribution to the school principals, Anganwadi Workers, ASHAs, ICDS Supervisors and ICDS - CDPOs. (Annexure III)

3.2 School Education & Literacy Department:

Department Roles and Responsibilities of School Education & Literacy	
WHO	WHAT
State Education nodal officer	1. Inform all District education officers about Deworming Day and Mop-Up Day. 2. Distribute the reporting form to the District education officer (annexure I) 3. Distribute the Adverse event protocol and reporting format to the District education department.
District Education officer	1. Inform and orient the Block education officer about Deworming Day and Mop-Up Day. 2. Distribute the reporting form to the District education officer or the "cascade" of information flow to the District civil surgeon (Annexure I)
Block Education officer	1. Inform and orient the principal and school teachers about Deworming Day and Mop-Up Day. 2. The flow of information or the "cascade" on SAE in the school is to be shared with the department officials and school principals. (Annexure I) 3. Circulate important phone numbers of the Block level health officials to the school principal
Principals and teachers	1. Teachers should inform parents of the children through different forums such as school management committee meetings or parents teachers meeting as appropriate ahead of Deworming Day about the following : a. Deworming and Mop Up Day b. Benefits of deworming on children's health and education c. Mild side effects in children may be expected to only children with high worm load. The side effects are usually not serious and would pass by soon. d. Preparations undertaken by the Education and Health Department to manage any AE. e. Build confidence that the child will be taken under observation and care if they show any serious side effects. They will be immediately taken to the nearest health centre. 2. Schools should prepare a shaded open area for children experiencing any side effects to rest until recovery.
ANMs	Should be prepared to accompany sick children to health facilities and ensure they receive appropriate medical attention and care. Visit assigned schools in advance if possible and collect information and phone numbers of the school principal. Provide their phone number to the school principal. Share the information collected with the Civil Surgeon. Also share the phone number of the helpline to all the assigned schools

3.3 Education Department:

Women and Child Development (ICDS) Department Roles and Responsibilities	
WHO	WHAT
State Program Officer (ICDS) - Nodal Officer	1. Inform all District ICDS officers about Deworming Day and Mop-Up Day. 2. Distribute the reporting form to the District ICDS officer (annexure I) 3. Distribute the Adverse Event Protocol and reporting format to the District ICDS department.
District ICDS officer	1. Inform and orient the Child Development Block Officer (ICDS- CDPOs) about Deworming Day and Mop-Up Day. 2. Distribute the reporting form to the District education officer or the "cascade" of information flow to the District civil surgeon (Annexure I)
Child Development Block Officer (CDPO) – ICDS	1. Inform and orient the ICDS Supervisors and Anganwadi Workers about Deworming Day and Mop-Up Day. 2. The flow of information or the "cascade" on SAE in the Anganwadi Centers is shared with the department officials and Anganwadi Workers. (Annexure I) 3. Circulate important phone numbers of the Block level health officials to the CDPOs, ICDS Supervisors, Anganwadi Workers

Anganwadi Workers and ASHAs	<ol style="list-style-type: none"> 1. AWWs should inform parents of the children through different forums such as VHND, VHSNC meetings, Gram Panchayats, home visit etc about the following : <ol style="list-style-type: none"> a. Deworming and Mop Up Day. b. Benefits of deworming on children's health and education. c. Mild side effects may be experienced in children with high worm load. The side effects are usually not serious and would subside soon. d. Preparations undertaken by the WCD (ICDS), Education and Health Department to manage any Adverse Event. e. Build confidence that the child will be taken under observation and care if they show any serious side effects. In case of a prolonged adversity the child would be taken immediately to the nearest hospital. 2. AWCs should prepare a shady open area for children experiencing any side effects to rest until recovery.
ANMs and ASHAs	<p>Should be prepared to accompany sick children to health facilities and ensure they receive appropriate medical attention and care. Visit assigned AWCs in advance if possible and collect information and phone numbers of the AWWs. Give own phone number to the AWWs.</p> <p>Share the information collected with the Civil Surgeon. Also share the phone number of the helpline with all the assigned AWWs.</p>

4. MANAGING ADVERSE EVENTS ON DEWORMING DAY

On National Deworming Day, school principals, teachers and Anganwadi Workers should be prepared for any AE or SAE by having read through the Adverse Events Protocol in advance, and ensuring that the protocol and emergency numbers are on hand. All teachers and AWWs should clearly understand that children who are not well on deworming day should not be given the deworming drug.

4.1 Mild Adverse Events

MILD ADVERSE EVENTS
<p>WHAT ARE THEY?</p> <p>Events such as nausea, mild abdominal pain, vomiting, diarrhea and fatigue may occur among children especially those with high worm infestation. These side effects are transient and usually do not require hospitalization.</p> <p>WHAT SHOULD THE TEACHER/PRINCIPAL/AWWs DO WHEN MILD ADVERSE EVENT AT SCHOOL or ANGANWADI CENTERS HAPPENS?</p> <ol style="list-style-type: none"> 1. Children with ANY side effects should be taken to an open and shady place and allowed to lie down and rest. They should be provided with clean drinking water. 2. Teachers, AWWs and parents should be prepared for these events and take immediate action in case that they occur. 3. Children should remain at school or Anganwadi Centers till at least 2 hours after treatment <p>DO NOT PANIC and FOLLOW GUIDELINES</p>

4.2 Severe Adverse Events (SAE)

SERIOUS ADVERSE EVENTS (SAE)
<p>A Serious Adverse Event (SAE) is fatal, life-threatening, disabling, or incapacitating or that results inhospitalization after drug intake.</p> <ol style="list-style-type: none"> 1. Separate the affected child from other children and stop deworming activities. 2. Stay calm and communicate that the SAE is likely not due to the deworming drug. 3. School principal should immediately call the Helpline number as per shared details. The school principal should use the information cascade. 4. If ambulance services are available, immediate ALERT to the ambulance should be given for transport of the child to the nearest PHC/CHC. 5. The child's parents should be informed immediately. 6. Immediate treatment should be provided to the child (See Annexure VI: Guidelines for Emergency Response Team) 7. The ANM should inform the Medical officer who should complete an incident report form (ANNEXURE IV) and submit it to the Civil Surgeon within the same day. 8. Once the report form is received, further notification to the next level must be made as per “cascade” of information flow. (ANNEXURE I). 9. The Mission Director (NHM) or the designated officer will sign / confirm the report(s), and determine if further investigation is needed and submit the report to the Mission Director immediately. The Mission Director (NHM) or the designated officer will be the spokesperson to the media.

5. MEDIA HANDLING

MEDIA HANDLING:
<p>The designated officer will be the spokesperson to the Media. In all cases, it is important to maintain calm messaging and indicate that the adverse event is very likely not due to deworming medicine.</p> <p>Before any media contact it is vital to prepare:</p> <ul style="list-style-type: none"> • Key messages; • Answers for the likely and awkward questions; • Identifying which issues not to respond to (e.g. blaming an individual or speculating on the cause before the investigation is complete) etc. <p>If the teacher or AWWs is unable to manage Deworming Day after a SAE they should do the following:</p> <ol style="list-style-type: none"> 1. Principal / AWW should suspend deworming temporarily until the health officials reach the school/AWC and make a decision about how to proceed. 2. Immediately elevate the situation via the information cascade (Annexure I).

6. MANAGEMENT OF SAE AFTER DEWORMING DAY

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

RESPONSIBILITIES AFTER DEWORMING DAY

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

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

DO	DON'T
<ul style="list-style-type: none">• Keep telephone numbers for helpline and the nearest health center and / or provider such as ANM and MOIC handy.• Always direct the children to CHEW the medicine to avoid choking.• Provide Water during SAE.	<ul style="list-style-type: none">• Do not administer medicine to a sick child.• Do not instruct children to swallow the medicine without chewing first.

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

SECTION - I
INFORMATION CASCADE
Home: To fill the reporting form (Annexure II)
Parent → Principal or AWW or ANM → Medical Officer → Medical Officer in Charge → Civil Surgeon → State Program Officer/ Nodal Officer → Mission Director (NHM)

SECTION - II

CONTACT LIST OF DISTRICT MEDICAL OFFICERS

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

STATE HEALTH SOCIETY CONTACT DETAILS

District wise Name & Contact No.

S.No.	District	District medical officer	Mobile No:
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
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21			

SECTION - III
CONTACT LIST OF BLOCK MEDICAL OFFICERS
The form is to be filled by the District Medical officer and given to the District Education Officer and District Program Officer (ICDS) for dissemination to schools and AWCs respectively

DISTRICT STATE HEALTH SOCIETY CONTACT DETAILS			
Block wise Name & Contact No.			
S.No.	Block	Block medical officer	Mobile No:
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
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SECTION - IV
MILD ADVERSE EVENT REPORTING FORM
(Event that can be handled at school/AWC level) to be filled up by the school principal / AWW / ANM

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

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

Date/Time Deworming tablet given	Date and Time AE started

Action taken to treat AE :

Past Medical history if any :

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

SECTION - V	
SERIOUS ADVERSE EVENT REPORTING FORM From the Hospital / Health Centre Date of Report: <input type="text"/>	

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

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

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

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

Sign and Seal of the Reporting Official

SECTION - VI

EMERGENCY RESPONSE SYSTEM

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

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

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

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

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

Medicine Kit:
 Susp/Tab Domperidonione /Ondasterone
 Susp/Tab Dicyclomine
 ORS Packets
 Susp/Pack Paracetamol

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

Guidelines for Doctors / ANMs on Emergency Response Duty

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

NOTES

**National Deworming Day Coordination Committee
Ministry of Health and Family Welfare, Government of India**

Name	Designation	Contact Number	Email Id
Dr. Rakesh Kumar	Joint Secretary (RCH), Ministry of Health and Family Welfare, Government of India	011 23061723	rk1992uk@gmail.com
Dr. Sila Deb	Deputy Commissioner (Child Health), Ministry of Health and Family Welfare, Government of India	011 23061218	drsiladeb@gmail.com
Ms. Preetu Mishra	Consultant – National Iron Plus Initiative, Ministry of Health and Family Welfare, Government of India	011 23061218	nipi.mohfw@gmail.com
Ms. Priya Jha	Country Director, Evidence Action - Deworm the World Initiative, New Delhi	011 26167680	priya.jha@dewormtheworld.org

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

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