Training and Capacity Building
Responsibilities of Stakeholders related to Training and Capacity Building

- **Ministry of Health & Family Welfare, Government of India**
  - Design and develop training and reference materials for all cadres involved
  - Allocate financial resources to States/UTs for printing of training material

- **Department of Health and Family Welfare at State level**
  - Provide Master Trainers to train functionaries from Education and WCD of state and district level
  - Conduct orientation of district and block level health staff
  - Lead translation and adaptation of training materials as appropriate
  - Reinforcement of key messages through bulk SMS to all levels of program implementation

- **Department of Health and Family Welfare at District level**
  - Conduct training of frontline health functionaries (ASHAs, ANMs)
  - Ensure timely procurement/order for printing of training materials
  - Ensure timely transportation of training material to block level trainings as appropriate, preferably integrating drug distribution with training materials
Responsibilities of Stakeholders related to Training and Capacity Building (contd..)

- **Department of Education:**
  - Provision for Block Resource Persons to attend NDD training at district level
  - Provision for training of nodal teachers/principals at block level
  - Reinforce key messages through bulk SMS in their database

- **Department of Women and Child Development:**
  - Provision for CDPOs to attend NDD training at district level
  - Utilize monthly meetings as platforms to orient Lady Supervisors and AWWs
  - Reinforce key messages through bulk SMS in their database

- **Development Partners:**
  - Ensure quality implementation of proposed training cascade at all levels through monitoring trainings
Training Objectives

• To enhance knowledge on the technical aspects of deworming including:
  ➢ Soil Transmitted Helminths (STH) and Deworming
  ➢ Benefits of deworming on health, nutrition and educational status

• To build capacity for effective implementation and monitoring of Deworming program
  ➢ Logistics and supply chain management
  ➢ Drug administration process
  ➢ Adverse event management
  ➢ Recording and reporting
Training Cascade

State level 22-27th Jan
- Training of Master Trainers (SIHFW, Nodal Officers)
- Meeting with Regional Deputy Director, NHM Consultants on Nutrition, Child Health, Data and monitoring, State Immunization Officer, SPM, Officials from Education, ICDs, Rural Development, Water & Sanitation, Tribal Welfare Department and other partner agencies

District level 28-30th Jan
- Orientation of District Officials (Health, Education, ICDS) CS/CMHOs, RPM, DPM, NHM consultants, DIO, DPO and other partner agencies
- Training of Block/project officials : BPO/MOs/BCM/ BHM/ MO- CHC/PHC/ BEO/BRP, CDPO and others partner agencies

Block/Project/Sector level/Cluster 30th Jan- 3rd Feb
- Block level: Training of Teachers/Principals and ANMs, AYUSH team
- Project level: CDPOs to train Lady Supervisors (LS) at their monthly meetings
- Sector level: LS to train AWWs during sector level meetings
- Block/Cluster level: ASHAs orientation during monthly review meeting
Training Details

• **Duration: Half day session**

• **Training material:**
  - Resource material tailored according to the provider cadre
  - Package of materials will be provided by MoHFW, Government of India to be available on [www.nrhm.gov.in](http://www.nrhm.gov.in)

• **Training Toolkit**
  - Training PowerPoints (in English and Hindi)
  - Hand-outs (Teachers and Anganwadis)
  - Flipcharts (Teachers and Anganwadis)
National Deworming Day Kit

• To be given to Principals/teachers and AWWs at the trainings

• Contents:
  ➢ IEC material for schools and AWC
  ➢ Hand-outs and FAQs
  ➢ Reporting formats
  ➢ Drugs
Integrating Drug Distribution with Trainings

• For ensuring drug availability, provision of drugs to school principals/teachers and AWWs during their block and sector level trainings respectively.

• Required quantity of Albendazole 400 mg tablets and NDD kits to be provided.

• States are advised to integrate as suggested to make the program more cost effective and ensure one point of integration.

• The state may explore this or devise own mechanism based on existing RCH system.