Instructions for Trainer

- Prepare for the training by reviewing this flipchart and understanding the trainer notes.
- Before the training, distribute the training handout to the Anganwadi workers. Make sure that during the explanation session you also explain how the handout should be used.
- Explain the reporting form given with the training handout and the reporting guidelines in detail.
- There are 10 essential points of training that you must cover during the training session. Do not skip any of the 10 points. Each point in this flipchart is presented with an image for the participants to see and notes for the trainer to explain.
- Explain the details in this flipchart in a conversational manner to ensure participant learning.
Raju defecates in the open, like other children in his village.
This is Raju. Like other children in his village he:

- Plays outside barefoot
- Does not wash his hands before eating food
- Defecates in the open
- Does not wash his hands after using the toilet
- Eats fruits and vegetables without washing them
- Does not keep his food covered, which may result in food contamination
Raju is often sick and has become really weak. Because of diarrhoea and weakness, he is unable to go to the *Anganwadi* regularly.
Raju often suffers from:

- Anemia
- Nutritional impairment
- Weakness and anxiety
- Stomach ache, nausea, vomiting, and diarrhea
- Loss of appetite
- Fatigue
- Weight Loss

All these are **symptoms** of worm infection. **Worms** are parasites that live in the intestine
1. An infected child contaminates soil with faeces containing worm eggs. These eggs develop into larvae in the soil.

2. Other children are infected by eggs ingested through food or dirty hands, or by larvae penetrating the skin.

3. In an infected child, eggs and larvae develop into adult worms, which produce eggs and have an ill effect on the child’s health.

Transmission Cycle
Instructions: Ask the Anganwadi workers to open the training handout

What are intestinal worms?
- Intestinal worms are parasites that thrive on nutrition from human intestines, which results in anemia, poor nutritional intake, and impaired growth
- The three most common types of worms are:
  • Round worm
  • Whip worm
  • Hook worm

Instructions: Refer to the pictures shown in the handout

Worm transmission cycle:

Instructions: Ask the trainees to pay attention to the transmission cycle image in the handout while explaining it
- The greater the amount of worms in an individual (intensity), the more symptoms the infected child will have
- Children with mild infections usually have no symptoms but it can have an ill effect on the child's health
- Sometimes children will show mild symptoms of weakness, loss of appetite, anemia, malnutrition, nausea, mild abdominal pain, vomiting, diarrhoea, and fatigue, which can be expected if they have worms

Instructions: Explain that worm infection negatively affects a child’s physical and cognitive development, which could have long term negative impact on their work potential and wages in adulthood.

Studies show that deworming decreases absenteeism in schools by 25%
Deworming Program
- The easiest way to treat millions of children with worm infection is with a deworming tablet
- Albendazole (400 mg) is a safe tablet for both children and adults
- It is important to administer this tablet to all children

**Benefits of deworming children:**

**Direct benefits:**
- Controls anemia
- Improves nutritional uptake

**Indirect benefits:**
- Helps improve concentration, capacity to learn, and attendance at school/Anagawadi
- Helps improve work potential and livelihood opportunity
- Benefits the community by reducing worms in the environment

**Age specific dosage:**

<table>
<thead>
<tr>
<th>S. No</th>
<th>Age</th>
<th>Albendazole Tablet</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Children aged 1-2</td>
<td>Albendazole (half tablet)</td>
</tr>
<tr>
<td>2</td>
<td>Children aged 2-19</td>
<td>Albendazole (One full tablet)</td>
</tr>
</tbody>
</table>
National Deworming Day and Mop-up Day
National Deworming Day is on 10 August 2018

This program is organized by the Departments of Health, Education, and Women and Child Development

On this day, all registered, enrolled, unregistered, and out-of-school children aged 1-19 will be administered the albendazole tablet at schools and Anganwadis free-of-cost

The Anganwadi worker will administer the tablet to all registered and unregistered children aged 1-5, and to out-of-school children aged 6-19

Teachers will administer the tablet to all enrolled children aged 6-19 at schools

Rolling out National Deworming Day at schools and Anganwadis enables the program to get high coverage on a single day

Children who could not be dewormed on National Deworming Day due to sickness or absenteeism must be administered the tablet on mop-up day 17 August 2018

The ASHA should get all unregistered and out-of-school children to the Anganwadi on National Deworming Day
Your Role as an Anganwadi Worker on National Deworming Day
Benefits of *Anganwadi*-based Deworming Program

1. *Anganwadis*
   - Offer a unique opportunity and a platform to safely administer deworming tablets to a large number of children
   - Enable high coverage on a single day, since most targeted children are available at the centre

2. *Anganwadi workers*
   - Are an invaluable resource who can administer the deworming tablet to children
   - Are highly respected in the community and play a significant role in informing children and parents about the program

For a successful deworming program, there are some responsibilities that an *Anganwadi* worker needs to fulfil before, on, and after National Deworming Day.

**Before National Deworming Day:**

1. Ensure there are sufficient tablets at your centre
2. Keep ANM’s and the nearest healthcare centre’s *Anganwadi* number handy
3. Get the list of all out-of-school children aged 6-19 from the ASHA. Before National Deworming Day, ASHAs must prepare a list of all out-of-school children during home visits
4. Ensure availability of the following:
   - Attendance register
   - Reporting form (ASHA, *Anganwadi*)
5. Display posters, banners and other IEC properly for maximum visibility
6. Generate awareness about National Deworming Day among children, parents, and community members
Your Crucial Role in Community Awareness
• Tell community members about the negative impact of worm infection on children

• Tell community members about National Deworming Day and its benefits

• Encourage parents and other women who come to the Anganwadi to bring their children to the Anganwadi on National Deworming Day, 10 August 2018

• Mobilize community members at the Gram Panchayat and VHSNC meetings with ASHA support

• Inform community members about deworming messages appearing in newspapers, radio, TV and that they should watch/listen to them carefully
Worm Free Children Are Healthy Children

All children aged 1-19 will be given the deworming tablet at all government and government-aided schools and anganwadis free-of-cost.

On National Deworming Day
On National Deworming Day:
Ensure you have all necessary materials like:
• Clean drinking water • Clean glasses • Sufficient tablets • Spoons to crush and administer the tablets • Emergency phone numbers • Attendance register

Guidelines on tablet administration
• Children aged 1-2 should be administered half a tablet. Crush the tablet between two spoons and add a little water to help administer the tablet
• Children aged 2-3 should be administered one full tablet. Crush the tablet between two spoons and add a little water to help administer the tablet
• Children aged 3-19 should be administered one full tablet and asked to chew it properly
• Albendazole tablets that are not crushed or chewed may have significantly lower effectiveness
• The tablet can also be administered on empty stomach

<table>
<thead>
<tr>
<th>DO</th>
<th>DON’T</th>
</tr>
</thead>
<tbody>
<tr>
<td>• The tablet should always be CHEWED</td>
<td>• Never administer the tablet to children who are sick or have had any other medication</td>
</tr>
<tr>
<td>• Make sure clean drinking water is available</td>
<td>• Do not instruct children to swallow the tablet</td>
</tr>
<tr>
<td>• Use a spoon to administer the tablet to the child yourself</td>
<td>• Do not allow the child to take tablet home</td>
</tr>
<tr>
<td></td>
<td>• Do not forcefully administer the tablet to any child</td>
</tr>
</tbody>
</table>

Protocol in case of an adverse event at an Anganwadi
Albendazole is safe for both children and adults.
• After having the tablet, sometimes children will show mild symptoms of nausea, mild abdominal pain, vomiting, diarrhoea, and fatigue, which can be expected if they have worms. Please do not panic. Follow the adverse event management protocol
• Any adverse events are temporary and generally can be managed easily at the Anganwadi
• In case of an adverse event, make the child lie down in an open, shaded area and give the child water to drink. Keep the child under observation
• Albendazole is an easily chewable tablet. Still, if the child chokes on part of the tablet, make the child bend over on your lap and pat the child on the back till the tablet comes out
• Call _____________ for any medical assistance
**Reporting**

**NATIONAL DEWORMING DAY - AUGUST 2018**

**ANGANWADI REPORTING FORMAT**

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

**State Name:**

**Block Name:**

**Village Name:**

**Name of Anganwadi Worker:**

**Anganwadi Centre (AWC):**

**AWC Code:**

**Did Anganwadi Worker receive official National Deworming Day (NDD) training?**

**Yes / No**

**Target Details**

<table>
<thead>
<tr>
<th></th>
<th>Girls</th>
<th>Boys</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total No. of children registered in the AWC (1-5 years)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total No. of children not registered in the AWC (1-5 years)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total No. of children out-of-school at the AWC (6-19 years)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Administration of Albendazole Tablet**

<table>
<thead>
<tr>
<th></th>
<th>(1)</th>
<th>(2)</th>
<th>(3)</th>
</tr>
</thead>
<tbody>
<tr>
<td>No. of registered children (1-5 years) who were administered Albendazole on NDD and Mop-up day (MUD)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No. of unregistered children (1-5 years) who were administered Albendazole on NDD and MUD</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No. of out-of-school children (6-19 years) who were administered Albendazole on NDD and MUD</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**GRAND TOTAL of number of children who were administered Albendazole (T = 1+2+3)**

**Number of severe adverse events reported from the AWC**

*Submit adverse event reporting format as applicable*

**Stock Details**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Total No. of Albendazole tablets given to the AWC</td>
<td></td>
</tr>
<tr>
<td>Total No. Albendazole tablets left with AWC</td>
<td></td>
</tr>
</tbody>
</table>

**Name of Anganwadi Worker:**

**Signature of Anganwadi Worker:**

**Phone Number of Anganwadi Worker:**

**Date of Submission of Form:**

You may call up the State/District/Block Office (Name:_____________________/Phone:____________________) for any assistance required.

**THE ANGANWADI WORKER SHOULD SUBMIT THIS FORM TO ANM BY AUGUST 22, 2018**

ANM will submit the Anganwadi Reporting Form to the Block by AUGUST 29, 2018

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Timely Reporting Helps to Determine the Success of the Program
Your Role is Important in This Process
1. Recording
   - Get the list of out-of-school children from ASHA (ASHA Reporting Form)
   - Match this list of out-of-school children with your list of adolescent girls and update the list accordingly
   - Along with administering the tablet, ensure that you mark a single tick (✓) next to each dewormed child’s name in the register and in the list prepared by the ASHA
   - On mop-up day mark double ticks (✓✓) next to the child's name in the register and in the list prepared by the ASHA

   ➔ Instructions: Ask the trainees to tear off the reporting form given in the training handout. Explain the process of filling out this form in detail

2. Reporting
   - Every Anganwadi worker will count the number of ticks on the form after National Deworming Day and mop-up day separately and report this number to ANM by 22 August 2018
   - Use the list prepared by ASHA to report details of out-of-school children aged 6-19
   - Submit one copy of the ASHA reporting form to the ANM
   - Anganwadi worker should ensure that the number of ticks counted on National Deworming Day and mop-up day is correct
   - Keep a copy of the filled reporting form carefully at your Anganwadi for records and verification

   ➔ Instructions: Trainer should explain the reporting guidelines
Simple Practices to Protect Yourself from Worm Infections

- Keep your nails clean and short
- Wear shoes
- Keep your surroundings clean
- Always drink clean water
- Keep food covered
- Wash fruits and vegetables with clean water
- Do not defecate in the open. Always use a toilet
- Wash your hands with soap, especially before eating and after using the toilet
Raju now feels healthy and tells his friends about the importance of deworming. He tells his friends about these important points:

- Keep your surroundings clean
- Wear shoes
- Do not defecate in the open. Always use a toilet
- Wash your hands with soap, especially before eating and after using the toilet
- Wash fruits and vegetables with clean water
- Keep food covered
- Always drink clean water
- Keep your nails clean and short

Encourage all Anganwadi workers to fulfil their role in this program with enthusiasm and play a part in giving children a brighter future.
Remember

National Deworming Day: 10 August 2018

Mop-up Day: 17 August 2018

Last date for submission of Reporting Form: 22 August 2018