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

F.No. F.21/NRHM/Deworming/2015/ 6144 Date: 11-1-16

Commissioner, RMSA
Commissioner, RCEE
Director, ICDS

Subject: Regarding uploading of information related to National Deworming Day 2016 on department's website

State is planning to implement National Deworming Day on February 10, 2016 followed by mop-up day on February 15, 2016 through which deworming of children of age group 1 – 19 years will be done through Government Schools, Private Schools, Madarsa, Kendriya Vidhyalaya, Navodaya Vidhyalaya and Anganwadi Centres in all the districts.

For dissemination of information and creating awareness among your department's staff and general public, you are requested to upload the communication (letters, joint directives, IEC, training material, reporting forms, etc.) related to NDD 2016 on your department's website. The related material would be shared with you through email.

Director RCH
Medical, Health & FW Services
Rajasthan, Jaipur

Ed.No.:F.21/NRHM/Deworming/2015/ Date:

Copy to:

1. PS to Principal Health Secretary, Medical, Health & Family Welfare Services, Jaipur
2. PA to MD NHM
3. Project Director, Child Health
4. CO-IT to upload the related material on Health department's (rajswasthya) website and send email to concerned
5. State Program Manager, Evidence Action-Deworm the World Initiative, Jaipur
6. Nutrition Officer, UNICEF, Jaipur
7. Guard File

Director RCH
Medical, Health & FW Services
Rajasthan, Jaipur

Anganwadi and School-based Mass Deworming Program- National Deworming Day 2016

Rajasthan Operational Plan -Round 4

(October'15-April'16)

I. BACKGROUND

The deworming program in India reached a critical milestone with the Government of India's launch of National Deworming Day (NDD) on February 10, 2015 targeting 140 million children in the first phase of implementation in 11 states and union territory. Children aged 1-19 years, including in the state of Rajasthan, were targeted through the network of government and government-aided schools and *anganwadi* centers (AWCs). Evidence Action- Deworm the World Initiative worked in close partnership with the Child Health Division at the Ministry of Health and Family Welfare (MoHFW) and partner state governments to roll out India's first comprehensive preschool and school-based deworming program.

For effective implementation of the *anganwadi* and school-based deworming program for children in the age group of 1-19 years, the Memorandum of Understanding (MoU) has been renewed with the Department of Medical, Health and Family Welfare along with the department of Secondary and Elementary Education, Department of Women and Child Development (WCD), UNICEF and Evidence Action in Rajasthan on July 20, 2015 for a span of three years. Previously the MoU was signed among the stakeholders to support the deworming program from May 2012- May 2015.

Achievement of Round 3 (NDD 2015)

Rajasthan conducted one round of mass deworming in each of the years 2012, 2013 and 2015 in all 257 blocks across 33 districts of the state with technical assistance from Evidence Action. Rajasthan observed Round 3 of *anganwadi* and school-based deworming on February 10, 2015 followed by a mop-up day on February 13, 2015 which aligned with the NDD operational and financial guidelines. The key achievements for Round 3 are as follows.

Table 1: Key Achievements from NDD 2015 (Round 3) in Rajasthan

Education Department for school-age children[1]		
Indicator	Achievement	% Achievement
Total number of schools reported deworming coverage	67,676	94.01
Total enrolled children (6-19 years) dewormed at schools	64,63,898	83.57
Total non – enrolled children dewormed at	6,83,631	NA*

[1] Based on the data submitted by Government of Rajasthan to Ministry of Health and Family Welfare, Government of India dated 15th April, 2015

schools		
Total adults dewormed	5,67,401	NA
Drugs received from WHO Drug Donation program for government schools	1,85,39,400 tablets	NA
Integrated Child Development Scheme (ICDS) for pre-school age children		
Total AWCs reported deworming data	59,551	98.77
Total registered children dewormed through AWCs (1-5 years)	47,11,239	86.6
Total drug doses for preschool-age children procured by Health department (tablets and syrups)	69,74,533	NA

**Due to non-availability of denominator of the out-of-school children with the state, a percentage coverage couldn't be calculated and the absolute numbers were reported as coverage data.*

II. OPERATIONAL PLAN FOR ANGANWADI AND SCHOOL BASED DEWORMING (ROUND-4 NDD)

1. Objectives:

The overall objective of Round 4, with reference to the NDD guidelines, is to deworm all children (both boys and girls) between the ages 1-19 years[2].

The pre-school age children (1-6 years[3]) would be covered through AWCs, whereas the school children (6-19 years) would be covered through the medium of government, private schools, *navodaya* and *kendriya vidyalayas*. The out-of-school children will be covered through medium of government schools. The objective is improvement in their overall health, nutritional status, access to education and quality of life. Below are the specific objectives:

a. Inclusion and engagement of private schools in the state with a total enrollment of 80,73,369[4] children.
b. Inclusion and engagement of *navodaya* and *kendriya vidyalaya* schools in the state with a total enrollment of 79401[5] children.
c. Strengthening community awareness and mobilization of children, especially out-of-school children through active engagement of Accredited Social Health Activists (ASHAs) in the state.
d. To sustain and strengthen inter-departmental convergence within stakeholder departments to maximize reach to schools and AWCs for increased coverage and effective implementation.
e. Strengthen the integrated distribution cascade in orientation/ trainings of NDD 2016.

[2] As per NDD guidelines, the objective of NDD in India is to deworm all preschool and school-aged children between 1-19 years. At least 90% of children must receive deworming treatment.
[3] Population of 1-6 year means children who have completed the age of 1 year but not completed age of 6 year
[4] Source DISE 2014-15
[5] Source: Updated data available on websites of kendriya vidyalaya and data shared by Navodaya Vidyalaya Samiti Jaipur regional office

2. Targets for Round 4 (NDD 2016)

Parameter	Target
No. of districts	33
No. of blocks[6]	249
No. of government schools in the state[7]	69,269
No. of children enrolled in government schools	75,24,294
No. of private schools	34,056
No. of children enrolled in private schools	80,73,369
Total no. of *navodaya* and *kendriya vidyalayas*	104
No. of children enrolled in navodaya and kendriya vidhyalayas	79401
No. of operational AWCs in the state	60,163
No. of registered children in AWC[8] (1 to 6 years)	7435569
No. of children unregistered in Anganwadis[9]	246767
No. of out-of-school children[10]	1609344

Source-Data of schools and enrollment is as per DISE 2014-15
Source-Data of AWCs is as per the MPR of August 2015 provided by ICDS

III. TIMEFRAME:

Deworming Day – February 10, 2016
Mop Up Day –February 15, 2016 (children left out on deworming day due to absenteeism or illness will be covered on mop up day).

IV. STAKEHOLDER

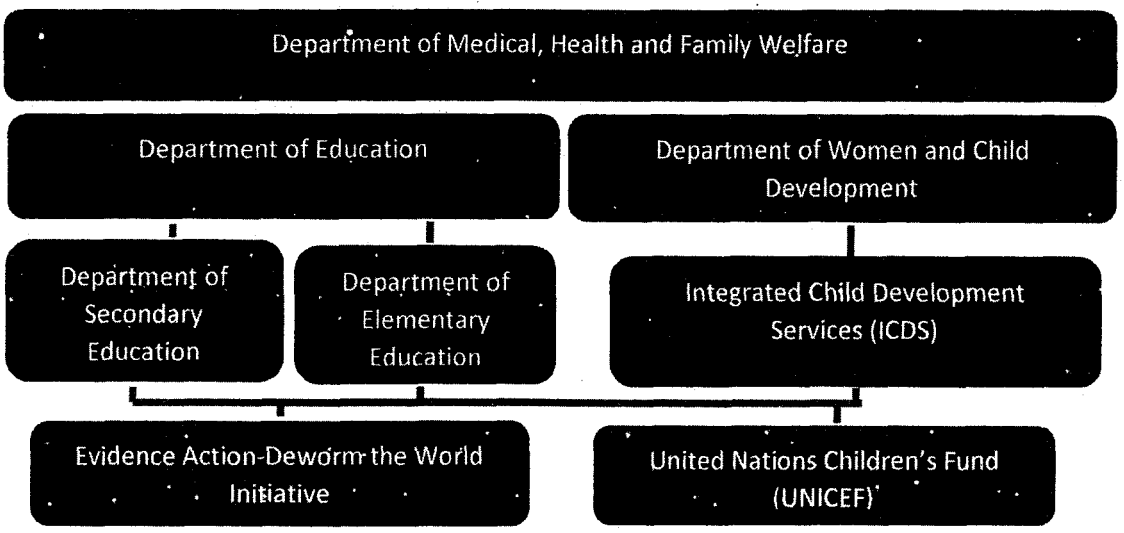


Figure 1: Stakeholders for *Round 4 NDD*

[6] Number of blocks as per the Department of Health-249, as per Education – 257, projects as per ICDS-304
[7] Includes primary and upper primary schools managed by Rajasthan Council of Elementary Education (RCEE) and secondary and senior secondary schools managed by Rajasthan Madhyamik Shiksha Abhiyaan (RMSA), as per discussion with RCEE, also covers Sanskrit schools and KGBVs
[8] Calculated on the basis of 0-6 year population in ICDS MPR Aug 2015 applying a group proportionate to census.
[9] Calculated on the basis of census and registered children of 0-6 years in AWCs as per ICDS MPR Aug 2015. A note for the same is prepared by Evidence Action and submitted to department of health.
[10] Out-of-school children aged 6-16 year calculated using Annual Status of Education Report (ASER) 2014 and National Survey on Estimation of Out-of-School Children, 2014 as basis. Evidence Action has submitted a note for the same to health department.

Roles and Responsibilities of stakeholders:

Department of Health, National Health Mission (NHM): The Department of Health is the nodal agency for the implementation of state *anganwadi* and school-based mass deworming program under the aegis of NDD. The major responsibilities of the department include:

a. Ensure adequate budgetary provisions for NDD 2016 in annual program implementation plans (PIPs) for 2015-16, with reference to NDD financial guidelines.
b. Provide timely financial guidelines and budgetary allocations to districts for effective planning and implementation of the program.
c. Estimate and finalize the number of target beneficiaries according to the number of enrolled, non-enrolled and out-of-school children for target denominator at state, districts and block level.
d. Lead state level coordination / steering committee meetings, district level and block level coordination for planning NDD 2016 in the state.
e. Facilitate participation state level officials from other stakeholders departments in all coordination/ steering committee meetings.
f. Ensure timely drug procurement, testing, transportation of albendazole tablets to all government schools, government-aided and private schools and AWCs with support from department of Education and WCD.
g. Issue directives from state Health department to all districts for drug related issues- procurement, storage, testing, bundling and transportation
h. Ensure integrated distribution of drugs and other logistics (training handouts, IEC, reporting forms) at block trainings of teachers/headmasters/ *anganwadi* workers (AWWs).
i. Conduct trainings of all functionaries from health across state, district, and block levels. Conduct trainings of all functionaries from Education and WCD Department at state and district level.
j. Organize and facilitate timely half day orientation of functionaries and front line workers for the implementation of NDD program.
k. Facilitate timely printing of training material, IEC, reporting and monitoring formats at state/district level. Additionally, facilitate timely development and dissemination of print media (newspaper advertisements), audio- video media (radio jingles etc.).
l. Ensure timely data base updating of the officials and front line workers for reinforcement of key messages on NDD via SMS.
m. Facilitate involvement of ASHAs in mobilization of out-of-school children to be dewormed at nearest government schools for greater coverage through orientation of ASHAs and provision of ASHA training handouts. ASHAs are also engaged for finalization of data on out-of-school children (6-19years) who will be targeted through government schools on NDD.
n. Disseminate adverse event management protocol and guidelines to all district and block level officials.

o. Ensure effective adverse event management through response teams at block levels and effective preparation at all health sites and staff to address any reported cases of adverse events.
p. Conduct monitoring visits through district and block level officials to ensure program preparation and implementation as per guidelines.
q. Ensure timely reporting of coverage data.

The Department of Elementary Education and Department of Secondary Education will be responsible for –

a. Facilitate coordination with various departments (Department of Health, WCD) to ensure effective roll out of the deworming program.
b. Provide platform of government schools for coverage of out-of-school children in the age group of 6-19 years
c. Implement strategies identified by steering committee meetings and support Health department in developing state specific strategy and action plan for extending program to private schools in to increase program coverage.
d. Support to Health department in estimation and finalizing the number of target beneficiaries according to the number of school enrollment figures.
e. Ensure teachers/headmasters are trained at block level training (each school to train one teacher/ headmaster at the block training). These teachers will further conduct orientation of other teachers and staff at their school prior to deworming day.
f. Facilitate and ensure integrated distribution of drugs and other logistics (training handouts IEC, reporting forms) at trainings of teachers/headmasters.
g. Disseminating IEC materials to all schools and ensuring appropriate usage, display of IEC materials at schools.
h. Issue instructions to schools for conducting community mobilization through school management committees, Parent Teachers Association, children's parliament, school assemblies, or other village level committees, etc. to ensure increased coverage of the deworming program.
i. Ensure data base updating of the education officials, principals, head masters and teachers for reinforcement of knowledge and training content via SMS.
j. Provide monitoring and supportive supervision at schools on deworming and mop up days.
k. Ensure timely submission of coverage reports to Health department in standardized formats.

Department of Women and Child Development will be responsible for –

a. Coordinate with Health department for effective roll out of deworming program.
b. Support to Health department in finalisation of target beneficiaries for coverage of 1-6 years children.
c. Conduct orientation program for all functionaries (AWWs and Lady Supervisors) using the platform of monthly meetings for effective implementation of NDD.
d. Support in community mobilization at village level using existing platforms like Village Health Nutrition and Sanitation Committee and Village Health and Nutrition Day through the AWWs to increase coverage on deworming day.

e. Ensure timely dissemination of IEC materials to all AWCs and ensure appropriate usage, display of IEC materials at AWCs.
f. Ensure updated database of officials like Child Development Project Officers (CDPOs), lady supervisors and AWWs is available to provision for bulk messaging services to functionaries at all levels to reinforce key messages on the NDD, including training schedules and reinforcement of key messages on deworming imparted at trainings/orientations.
g. Provide monitoring and supportive supervision at schools on deworming and mop up days.
h. Ensure timely submission of coverage reports to Health department in standardized formats.

Evidence Action- Deworm the World Initiative will be responsible for –

a. Provide technical assistance across all program components of the deworming program for effective planning and implementation of NDD 2016 in state.
b. Design and develop a detailed operational plan and work plan for deworming round-4 and share with all stake holder departments for inputs.
c. Ensure and sustain coordination and inter-convergence with all stakeholders to ensure effective planning and implementation of NDD 2016.
d. Support in designing and contextualization of IEC and training materials, available under the NDD resource kit, as per state requirements for the program.
e. Support in estimation of drug requirements and bundling of WHO donated drug in coordination with Health department.
f. Develop and share monitoring tools, reporting formats, and implement quality assurance tools like data quality assessment tools.
g. Support in conducting state level orientation workshop for Master Trainers.
h. Program support through a 3-member state team, 1 consultant at state NHM and 3-member regional based team to work with state nodal teams of Health, Education, and WCD.
i. Hire district based coordinators for 3 months to support the NDD round. These will be 2 months prior and one month after NDD to facilitate planning, coordinate for effective implementation in coordination with Health, Education, and WCD and support in reporting coverage
j. Hire tele- callers at state level to track status of all program components in real time to facilitate preparedness and update status of implementation of program at all level (district, block and community level, i.e school and AWCs). These updates will be further shared with state level stakeholders for filling of gaps as identified through the calls.
k. Program support through Independent Monitoring and Coverage Validation in select schools and AWCs as per sampling. Results from these will be shared with the stakeholders and used to guide strategies for future rounds.
l. Provide support in finalization of SMS plan and send bulk SMS as per the updated contact details till last level for knowledge reinforcement on key NDD messages.
m. Support in facilitating the district coordination committee meeting in all 33 districts prior to the NDD round. The function of the committee is to implement and monitor the progress of NDD and to resolve programmatic issues at district

level and provide guidelines to blocks for effective implementation. The inclusion of deworming as agenda in these meetings is a key step towards institutionalization of the program.

UNICEF will be responsible for –

a. Providing three full time state level consultants for coordinating supply and logistics, planning, reporting and monitoring.
b. Project wise drug distribution plan for drugs procured by Rajasthan Medical Services Corporation Limited for preschool-age children.
c. Support logistics management of deworming tablets and provide financial support for transportation of drugs for schools
d. Designing and printing resource material for field functionaries like ANMs and ASHAs.

V. TIMELINES FOR NDD ROUND 4:

Activity planned for 2015-16	Nov 2015				Dec 2015				Jan 2016				Feb 2016				Mar 2016			
	W 1	W 2	W 3	W 4	W 1	W 2	W 3	W 4	W 1	W 2	W 3	W 4	W 1	W 2	W 3	W 4	W 1	W 2	W 3	W 4
Drugs																				
Drugs testing (Completed)																				
Drug bundling																				
Drug transportation to block level for school age children																				
Procurement of drugs for pre-school age children																				
Transportation of drugs of pre-school children up to block/sector level																				
Community Mobilization																				
Finalization of IEC material prototypes																				
Printing of all IEC material/ reporting forms																				
Bundling of IEC and reporting forms with drugs																				
Distribution of IEC material/reporting forms																				
Community mobilization activities on field through ASHA and other agencies																				
Trainings																				
Finalization of training material prototypes																				
State level workshop																				
District level trainings																				
Block level training and distribution of drugs, IEC and reporting forms																				
Updating database of all stakeholder to whom SMS are to be sent																				

Develop and finalize SMS plan																				
SMS reminders																				
Program Management																				
Steering committee Meeting																				
Nodal officer meetings at state and district																				
Conducting co-ordination committee meetings at district level																				
Receiving minutes of District coordination committee meetings																				
Teleconferencing of MD with District Collectors																				
Hiring of district coordinators and tele-callers by Evidence Action – Deworm the World Initiative																				
Check adverse event management preparedness																				
National Deworming Day																				
Inaugural Event																				
Monitoring and Evaluation																				
Monitoring by government departments																				
Independent monitoring and evaluation by Evidence Action – Deworm the World Initiative																				
Coverage reporting and validation																				

VI. PROGRAM COMPONENTS

A. POLICY AND ADVOCACY

There will be a strong emphasis to engage all the stakeholder groups in each step of planning and implementation leading up to the NDD including for reporting coverage. In this specific area, Evidence Action will work with the stakeholders and facilitate for completion of the following activities:

a. Coordination Committee Meetings:

- Convening state level coordination committee meeting at state level to plan, discuss deworming round related key decisions for round 4 in the state.
- Executive committee / coordination committee meeting, chaired by the Department of Medical, Health and Family Welfare with participation of stakeholders to discuss key program objectives, schedules and strategies for roll out of the deworming program.
- Key findings and recommendations from NDD 2015 were shared with Mission Director NHM and key stakeholders by Evidence Action by July 2015. Further, district level report sharing is completed by Evidence Action's regional team.
- A meeting with nodal officers from key stakeholder departments (Health, Education, and WCD) was held in the month of September and December 2015 to plan for the upcoming NDD 2016. Stakeholders discussed inclusion of private school children, training and reporting cascade and other important decisions for the NDD. (Annexure A & B)
- The operations plan will be refined based on the key discussions and decisions of the Executive Committee. The plan will be shared and agreed by the Chair of the Committee.
- Dissemination of operational plan, operational guidelines and joint directives on key decisions taken for implementation of deworming round to all stakeholders at the state, and further to district to gear up preparedness for the round. It is recommended for the letters to be signed by all three key departments to strengthen implementation at district level.

b. Review and coordination:

- Review and coordination of program to assess preparations, at state and district level with participation of all stakeholders.
- Review meetings with state nodal officers from all stakeholder departments on monthly basis from December onwards until February will take place for reviewing progress update for preparation for NDD.
- Meetings with district to include deworming program agenda in the regular monthly meetings in December 2015 and January 2016 to expedite priority action for preparations, and ensure coordinated effort between the departments. Efforts will be made to further engage district level administration in deworming program though inclusion of NDD as an agenda item in the meetings.

c. Strategy to include private schools:

- As per the findings of the DISE data of 2014 about 50% of the total enrolled children in the state are enrolled in private schools. Therefore to reach out to these children, the Department of Education will be coordinating with these schools to ensure their participation in the program. Joint directives will also be issued from the Department of Health at state and from District Collector at districts to facilitate the process

d. Inter departmental convergence

- Efforts will be made to further engage state level program stakeholders in the deworming program through directives from the Health and Education and WCD departments to have improved on-ground coordination, ownership and preparedness for NDD implementation.
- Evidence Action will initiate engagement and coordination with other stakeholders like Panchayati Raj Institution at state & district level for support to strengthen community mobilization component under NDD, thereby extending deworming program benefits to all children.
- Evidence Action will advocate with stakeholder departments to utilize their existing platforms for knowledge reinforcements and community awareness through sending bulk SMS, and uploading information on departmental websites.
- For program sustainability, Evidence Action has initiated coordination with Department of Health, Education and WCD to integrate deworming related content under the existing training curriculums of teachers and AWWs. This will lead to a more sustainable impact with deworming information being reiterated throughout the year to the key frontline workers. Similar opportunities will be explored for the program integration and sustainability over the year.

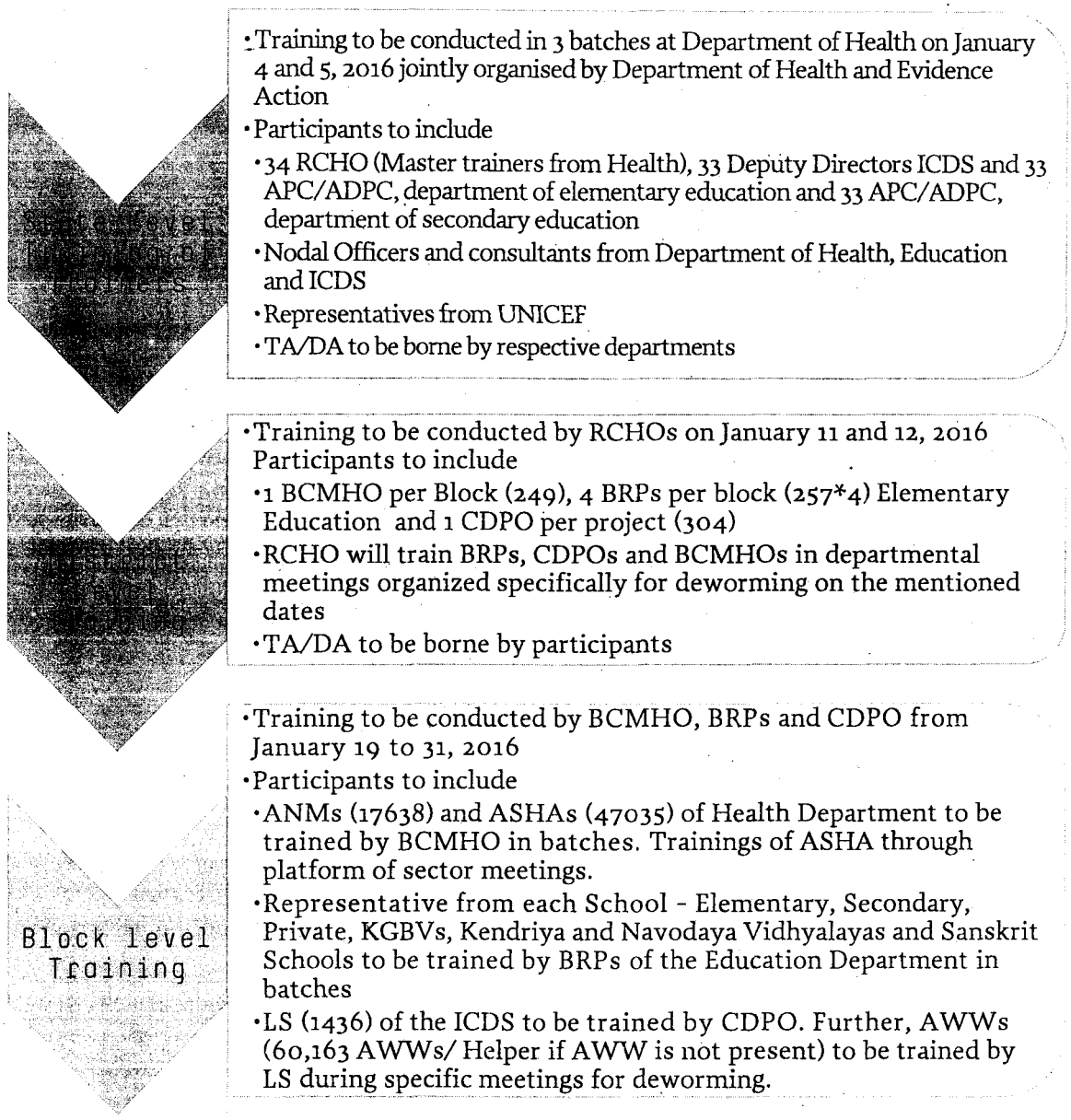
e. Operation and financial guidelines:

- Evidence Action will draft an operational plan with working timelines, stating roles and responsibilities of each stakeholder which will be shared with Health department, which will further share with other stakeholders and partnering departments for clarity and guidance.
- Evidence Action will extend support in finalization and release of joint directives from state to all districts and blocks and ensure that timelines and all program components are covered.
- To ensure effective program implementation and maximum coverage is achieved, it is crucial that specific budget line items for key program components, such as training, IEC and drugs procurement and logistics are included. This will help in achieving program sustainability and ownership from the government. With reference to the NDD financial guidelines, Evidence Action will support NHM in the preparation of activity and budgets for deworming, which will get included in the program implementation plan (PIP) for 2016-17. This is critical to ensure program sustainability.

B. TRAINING AND DISTRIBUTION CASCADE

The proposed training cascade is presented in the following figure–

Figure 2: Training cascade



(Role of ASHAs is to ensure community mobilization. This will be aimed at increasing program coverage by mobilizing out-of-school children to be dewormed at government schools on NDD)

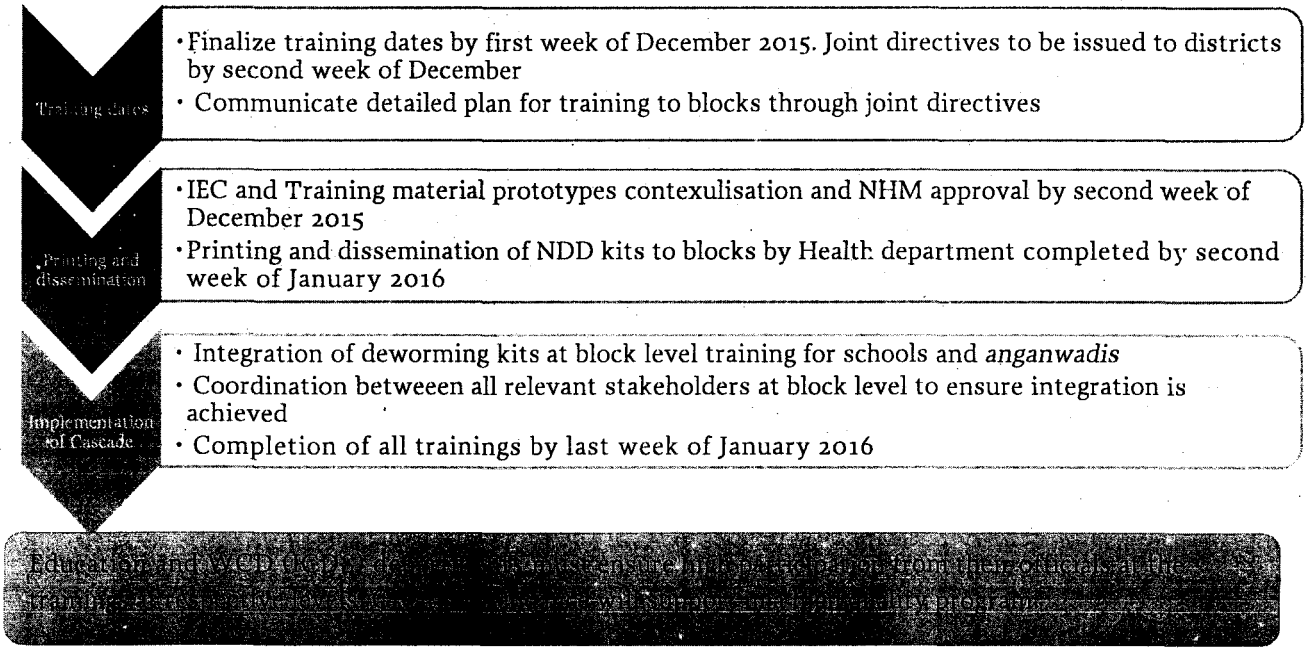
a. Integrated distribution of all resources will be bundled in kits including- drug, training handouts, posters, banners and reporting forms including the adverse event reporting forms, and will be aligned with lowest cascade training to ensure greater availability of resources to AWCs and schools for implementing quality program.

b. Training resources: Evidence Action will support the Department of Health in contexualizing prototypes like flipcharts, presentations, handouts for training as per NDD resources and state's requirement for all levels of cascade.

Table 2: Training resources

At State	Training presentation, Mini operational guidelines/ checklists
At District	Training presentation
At Block	Flipchart by trainers (2 per block), Handouts for Teachers/Headmasters (One handout per school), ASHA handouts

Figure 3: Steps for executing training cascade



c. Quality Assurance

Training monitoring and pre-post assessment:

- Evidence Action, through Master Trainers, will conduct pre-post assessment of district level trainings at sampled districts to gauge knowledge improvement of the participants using a standardized pre-post assessment format. Further, Evidence Action will also assess the quality of district level trainings through training monitoring checklist to ensure that all the components of deworming are covered as per NDD guideline. Feedback about problematic questions, districts and blocks will be shared with government for corrective actions.

- In addition, Evidence Action will monitor block level trainings in selected districts and also administer pre-post assessments to understand knowledge improvement. The quality of block level trainings will be assessed by Evidence Action staff at sampled blocks.
- Additionally, Evidence Action will support in development of training monitoring formats & pre-post assessment forms, data entry templates and analysis of training monitoring and pre-post data for the purpose of program improvement. Training monitoring checklists and pre-post assessments will be administered for both school and *anganwadi* level trainings.
- Officials from concerned departments will also undertake joint monitoring visits of trainings at district and block level and share feedback for improvements with the rest of the partners.

d. Training reinforcement:

- Target audience: All levels of functionaries of Health, Education and WCD will be targeted.
- SMS to reinforce messages: Evidence Action team will share the SMS plan with the departments of Health, Education and WCD and they will accordingly make provisions for sending SMS to their respective functionaries using their existing platforms.
- The SMS will share information on key timelines such as dates for trainings, deworming and mop up days, and will reinforce critical messages shared at the time of training/ orientations, such as protocols for drug administration, adverse event management, reporting schedules and others.
- Updated database of all functionaries: The departments of Health, Education, and WCD will finalize updated contact details (mobile numbers) of all district, block officials and schools (rural and urban) prior to the initiation of training cascade.
- Evidence Action will share an overall plan for SMS with timelines to Health, Education and WCD in December 2015 for final approval by all departments. Additionally, the required databases from concerned stakeholder departments for sending bulk SMSs will be gathered in the month of December 2015.

C. DRUGS PROCUREMENT AND MANAGEMENT

a. Drug estimation and procurement

- Under the NDD, children will receive albendazole 400 mg chewable tablets for 2-19 years age group, while 1- 2 year olds will be given half bottle of syrup.
- A total of 3,08,40,000 tablets for school-age children have been provided by WHO under its global drug donation program and stored at the state level in the drug warehouse of the Department of Health.
- The drug requirement has been determined based on enrolment data at schools and AWCs across the state, factoring in a buffer for wastage and spoilage. Health department has decided a 10% buffer for catering to out-of-school children at government schools. No additional buffer would be provided for private schools, *Kendriya* and *Navodaya Vidyalayas.*

- District wise calculation of drugs for pre-school children has been prepared by Evidence Action in coordination with Health department considering data from census and MPR of Aug 2015 provided by ICDS. The availability of the drugs for pre-school children will be ensured at district level by last week of December 2015 and at block level by the second week of January, 2016.

Drug testing:

1) The Health department will ensure lab testing of drugs received under WHO drug donation, by drawing samples from each batch. This will be completed by end of November 2015.
2) Evidence Action will support the NHM in necessary coordination for the laboratory testing in a government accredited laboratory to assure quality and safety. Necessary documentation of the same will be maintained by NHM before the NDD 2016 round.

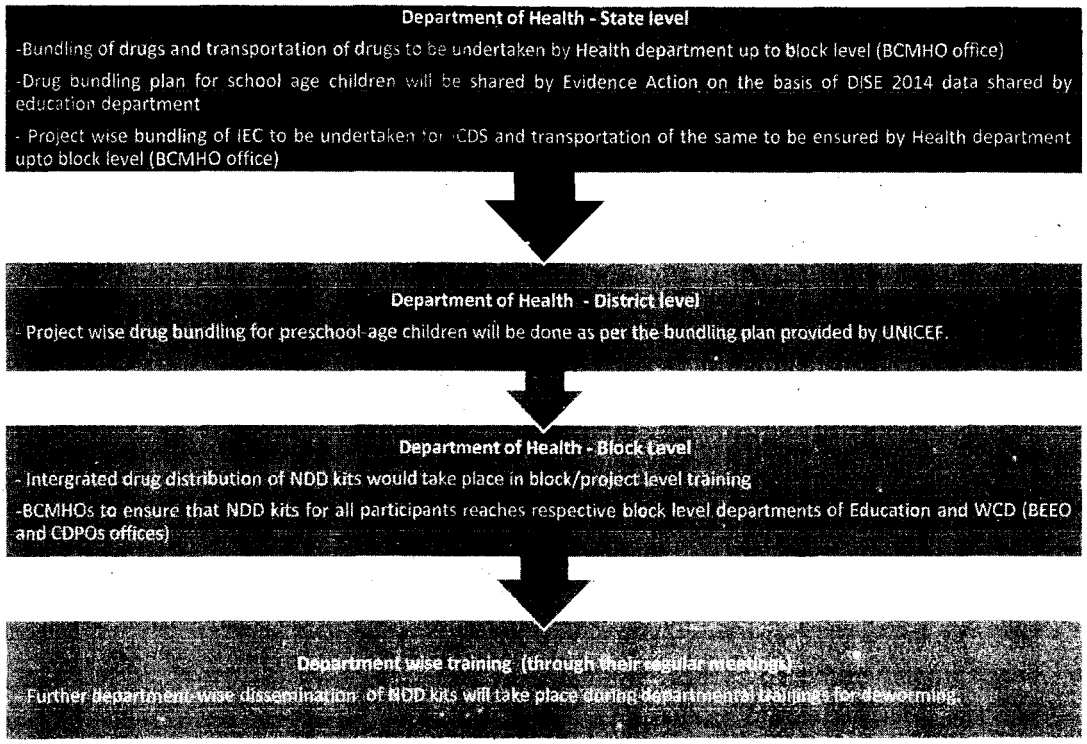
Drug bundling and distribution:

1) Based on the number of target beneficiaries provided by state NHM, Evidence Action, in consultation with NHM, will be finalizing the drug bundling plan for school age children (6-19 years) by the last week of November 2015.
2) Based on the number of target beneficiaries estimated for preschool-age children (1-6 years), UNICEF would prepare the drug bundling plan for preschool children in consultation with NHM.
3) Health department in coordination with ICDS to undertake transportation and delivery of drugs for preschool-age children (1-6 years).
4) BCHMO will deliver drugs to BEOs/BRPs for school age children in government, private schools, kendriya vidyalaya and navodaya vidyalaya.
5) BCMHOs, in coordination with BEOs/ BRPs before training of teachers at nodal level, will ensure availability of drugs, IEC and reporting forms for all schools. In the case of ICDS, BCMHOs will coordinate with CDPOs for delivery of drugs, IEC and reporting forms at AWCs. CDPOS coordinate with lady supervisor at sector level for delivery of NDD kits at AWCs.

b. Integrated drug distribution:

As per best practices for the school based deworming program, drug distribution is integrated with the training cascade, whereby NDD kits will be provided to all functionaries at cluster/ project/ block level trainings. The kits will include deworming tablets, IEC materials, training handouts, reporting forms including adverse event management reporting forms. The procurement and distribution cascade is depicted below:

Figure 4: Drug procurement and distribution cascade for NDD



c. Adverse Event Management (AEM):

In order to minimize and respond to adverse events, the Evidence Action state team will support the State Health Department in adaptation of the adverse event management protocol (as per NDD guidelines) as appropriate to state specific context. The AEM protocol in Hindi will be disseminated from the Department of Health to all the District Collectors, CMHOs, Education and WCD Departments and other stakeholders as appropriate.

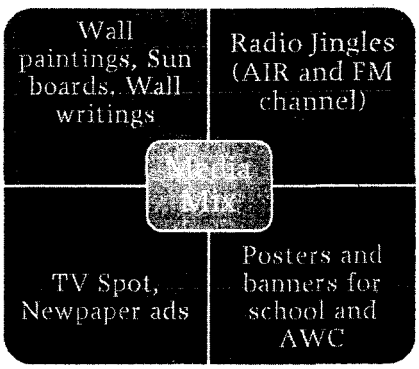
Emergency numbers will be put together at each district and block level by the Health Department, and further disseminated with Education, WCD Departments to allow for further sharing through their Departments via letters. Emergency response teams comprising of a doctor, compounder and auxiliary nurse midwife (ANM) will also be prepared to stay on alert at each block, with a network of ambulance vans to quickly handle adverse events if reported. To ensure clarity in processes and responsibilities, Block Chief Medical Health Officers (BCMHOs) will be oriented on these protocols at regular health department meetings conducted before deworming.

All trainings have information on AEM, and teacher training handouts will cover key messages on managing adverse events along with directions to escalate for further help and assistance if required.

D. COMMUNITY AWARENESS & MOBILIZATION

The IEC resources available as part of NDD resource kit comprise of various IEC activities (media mix) adapted for use in the NDD round. While a detailed IEC plan will be set in the steering committee meeting, following are details on the anticipated community awareness and mobilization activities for NDD 2016:

Figure 5: Media Mix options for deworming day



a. Press sensitization/ Media workshop:

A workshop will create a positive environment among media officials and representatives, and would ensure publicity for the program. It will also ensure that media is sensitized towards the reporting of adverse events, preventing the spread of misinformation or myths about deworming treatment and its effects. The PR (Public Relations) unit of the Health Department will play an important role in coordinating, inviting and briefing journalists. In addition to journalists, participants will include representatives and senior officials from Departments of Health, Education and WCD.

b. Community mobilization:

Evidence Action will work with Education Department for issuance of letters to encourage discussing deworming as an agenda item in all meetings leading up to deworming day. Schools in particular will include deworming on the agenda at the School Management Committee (SMC) meetings. All schools should be directed to share messages on deworming and its benefits during assembly sessions and during parent-teacher meetings conducted several days prior to the deworming day. Additionally teachers will motivate all children will be encouraged to attend school on the NDD.

Additionally, AWWs and ASHAs need to be engaged with self-help groups, panchayat members (local government bodies), parents and community members to spread awareness on deworming and its benefits.

c. Program inauguration:

The Department of Health will organize the state, district and block level inauguration of the deworming program. In addition, a joint letter from the Department of Health and Education will be issued to all districts for organizing district level launch of deworming program at a school under the leadership of District Collectors. The district coordinators hired by Evidence Action will coordinate with officials of concerned departments at district and block level to conduct such inaugural events. This will bring media attention to the program and increase ownership of district administration for the program. The District Magistrates will take lead and engage local media for spreading awareness and thus providing more visibility to the program, and contribute to increase in coverage.

d. Newspaper Appeals:

Newspaper appeals will appear one day prior, and on deworming day in two major Hindi dailies, having wide circulation and large readership, to reach out to target parents and general masses so that maximum attendance is ensured.

e. Radio Spots:

Radio spots in different FM stations (around 7 in number) will be a beneficial and cost effective option as it has a deeper reach in all the villages of Rajasthan. The file available under the NDD 2016 resource kit would be used and local adaptation will be made if necessary. The expenses of broadcast will be met by the Health Department.

f. Posters:

Posters will be printed for all schools and AWCs and bundled along with drugs and distributed through the training cascade. The prototypes available under the NDD 2016 resource kit will be contextualized for the state requirement, with support from Evidence Action. These posters will reinforce messages on benefits of deworming, dates of NDD etc. to teachers, AWWs and children, but will also be seen by parents and community members visiting schools and AWCs.

g. Community Handbills:

To spread awareness and mobilize children to the schools/ AWCs, a single page handbill highlighting the date of NDD and important deworming messages will be distributed to the community by ASHAs /AWWs, as decided by the state NHM.

Figure 6: Process flow and timelines for IEC activities

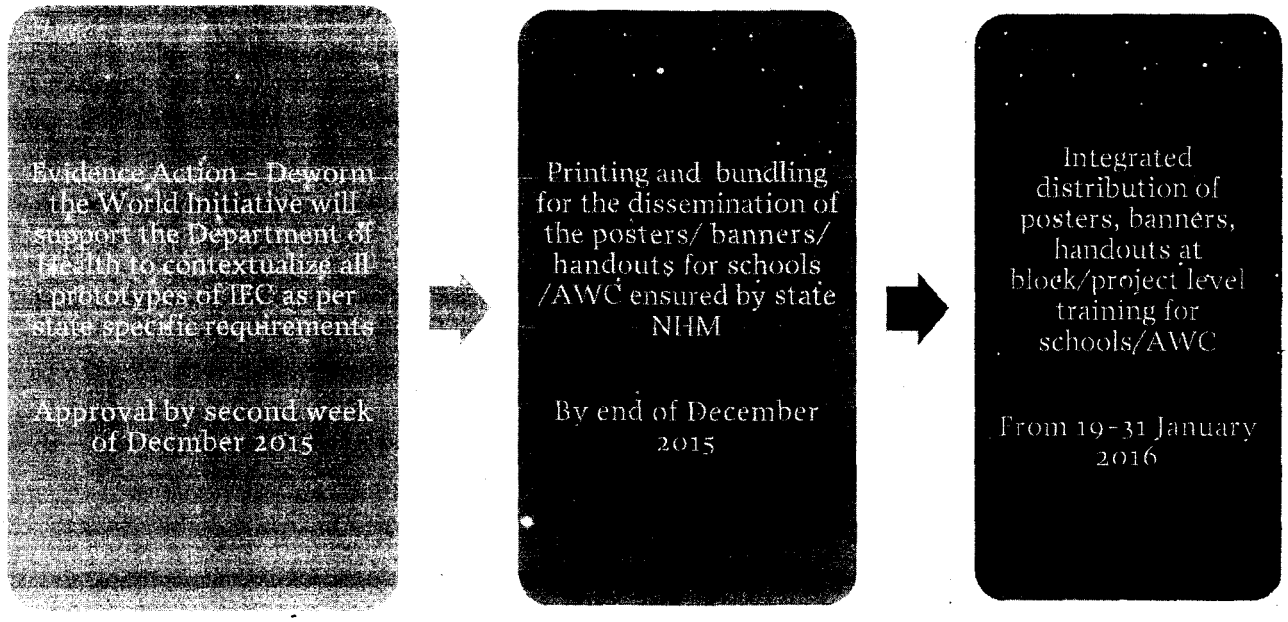


Table 3: IEC strategy for deworming program

Community mobilization and awareness		
Medium	Responsibility	Timeline for Implementation
Radio jingles	Department of Medical, Health and Family Welfare	February 3-10, 2016
Newspaper Advertisement	Department of Medical, Health and Family Welfare	One day prior to deworming day and on the deworming day at state, district level and inaugural coverage at all levels.
Posters for schools	Department of Medical, Health and Family Welfare	To be distributed at block / cluster level training as per plan.
Press sensitization meet at state.	Department of Medical, Health and Family Welfare	One day before deworming day
Inauguration events at all levels	Department of Medical, Health and Family Welfare	On deworming day (inaugural coverage in newspapers)
Community handbill	Department of Medical, Health and Family Welfare	January- February

h. Strategy for mobilizing out-of-school children:

- To cater to out-of-school children under the deworming program, the Education department along with all stakeholders will ensure maximum reach to this target population. It is important to reach these children as they are vulnerable to worm infections and also play a role in community-wide transmission. The strategy for mobilizing out-of-school children will be finalized during the state steering committee meeting.
    - Strategies such as engagement of ASHA and ANMs for door to door mobilization, listing out-of-school children, and utilizing opportunities such as VHNC will support in outreach to this target group. These activities will be initiated in December, and intensify in the 2nd week of January prior to deworming.
    - Village level mobilization can be facilitated through engaging AWWs and teachers in their respective outreach areas. Out-of-school children will be dewormed at the government schools.

E. PROGRAM MANAGEMENT

a. Regular coordination will be required between Nodal officers from Health, Education department and WCD at state level, with Evidence Action and other stakeholder as appropriate, to effectively roll out the program as planned under the operation guidelines for this round. Review meetings will be called at alternate weeks at the state Health department to keep track of program updates, identify challenges, and find collective solutions in consultation and coordination with Departments of Education and WCD at the state level. Evidence Action will coordinate with all stakeholders for these meetings, share updates from districts through the tele-callers, regional and district coordinators. These trackers and updates on various program components like trainings, drugs, IEC availability, reporting etc. shared through electronic daily updates with concerned state government officials, will support in the assessment of program preparedness, and determine need for corrective measures by concerned authorities.

b. Human Resource support by Evidence Action: Evidence Action is placing a dedicated team at state to support with all aspects of technical assistance towards program implementation across the state. The full time team includes: state program manager, state program coordinator; consultant at Department of Health, finance and admin associate, and 3 regional coordinators (stationed at other locations in the state).

- Regional coordinators, 3 long-term, will supervise 10-11 districts each and closely facilitate program implementation in association with concerned Departments. (Annexure B)
- District Coordinators, 33 short term, will be placed in each district from January – March 2016 to facilitate on the ground preparations for program implementation in coordination with stakeholders. They will also support in the reporting of coverage data.
- Tele-calling team, 4 short term tele-callers will be hired at the state from December 2015– March 2016 until reporting is completed. The team will place calls to officials at district and block level and front line workers including teachers and AWWs and ask targeted questions to track program progress at all levels and components using the contact database provided by Departments. These real time updates will be shared at the state level with stakeholders for undertaking any corrective actions as required.
- Independent monitors: An external agency will be hired by Evidence Action that will conduct the independent monitoring and coverage validation of the program through a team of 125 independent monitors. These short term independent monitors will be trained by Evidence Action and will have past experience of working on assignments in the social development sector including conducting field surveys.

F. MONITORING AND EVALUATION

a. Program Monitoring:

Program monitoring is one of the most important components for successful implementation of the program. A well-defined monitoring plan will be developed before the NDD round in participation with all stakeholders. Emphasis will also be laid on recording and compiling field observations during NDD and mop-up day using the standardized monitoring checklist.

1) Monitoring and Supervision by Department of Health, Education and WCD: A field monitoring plan will be executed with the participation of concerned departments to ensure the deworming program is being implemented as planned. For this, state, districts and blocks will designate teams/officials to undertake field level monitoring on deworming day and mop-up day as per NDD guideline, as well as preparatory visits as feasible. Recording of the observations during the monitoring visits will be made in standardized monitoring checklist (under NDD guidelines). Departmental officials will undertake field visits for monitoring and supervision during NDD round in the state. The data will be electronically entered and analysed by the state MIS team and it will submit a report to Child Health division at the MOHFW as part of their periodic program performance reporting.

2) Monitoring and Supervision by Evidence Action: Evidence Action will conduct monitoring of the program by three ways. (1) Process monitoring, (2) coverage reporting, and (3) coverage validation. Process monitoring refers to getting information on the processes across different components of the program while preparing for the program; coverage reporting indicates the outreach made and children covered through the program, while coverage validation measures the extent and reasons for inaccuracy of reported data.

   a. Process Monitoring: This assesses the preparedness of schools, *anganwadis*, and Health systems to implement mass deworming and the extent to which the schools and *anganwadis* have followed correct processes to ensure a high quality deworming program. Evidence Action will assess the program preparedness during pre-deworming phase and independent monitors will observe the deworming processes in selected schools and *anganwadis* on deworming day and mop-up day. Evidence Action will conduct process monitoring via telephone and physical verification, as described below:

      - Telephone monitoring and cross verification: Evidence Action tele-callers will conduct calls on a sample basis to schools, AWCs and block level officials (health, education and WCD)to gather information on progress with the preparations for the deworming program, such as training schedules, training participation, deworming kit distribution, and adverse event management preparation.
      - Physical verification by visiting schools and training venues: Evidence Action's field team of regional and district coordinators will conduct visits to districts and blocks, to physically verify drug and IEC materials availability and training status (to ensure trainings are taking place as scheduled, track attendance and quality of trainings).
      - Further, Evidence Action will hire an independent monitoring agency through a competitive selection process. This agency will provide 125 team members who will visit and monitor NDD activities in randomly selected schools and AWCs on deworming day and mop-up day across the state. The objective of independent monitoring is to determine whether the program is being implemented according to planned protocols. Evidence Action will conduct a comprehensive training to ensure the monitors are equipped with the necessary program knowledge to conduct monitoring effectively. These monitors will check for adequate drug supplies and awareness materials, confirm whether teachers and AWWs have received training, and assess knowledge of adverse event management protocols and reporting processes. Monitors will gather data through observation of deworming and through interviewing headmasters, teachers, and randomly selected students. Independent monitoring and coverage validation data will be collected electronically using Computer Assisted Personal Interviewing (CAPI) on mini laptops or tabs. This electronic data capture will facilitate Evidence Action to get monitoring data immediately after the

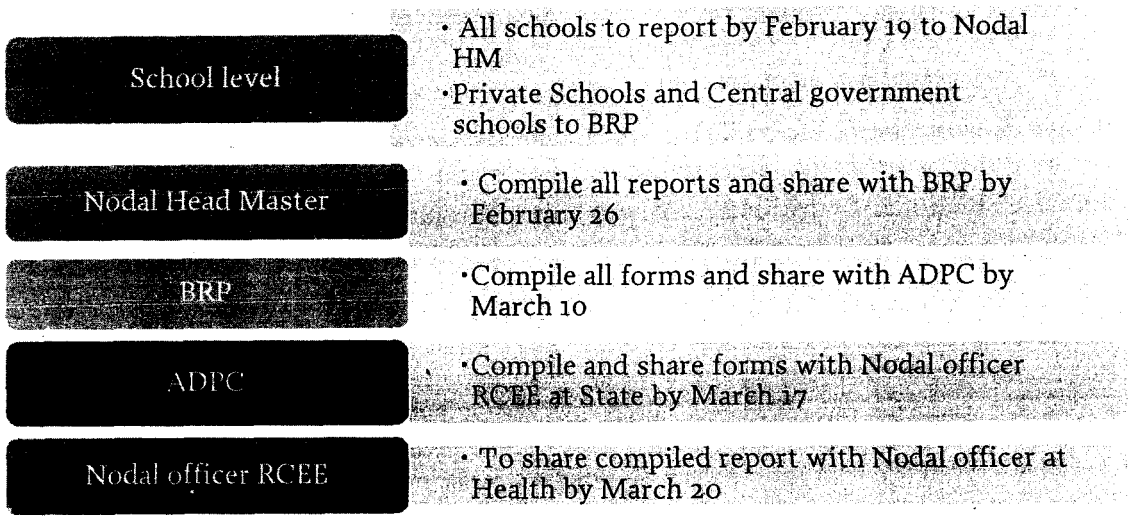
monitoring activities are completed, to enable provision of timely feedback to the state government.

b. Coverage Reporting: In Round 4 of *anganwadi* and school-based deworming, the reporting cascade for education and *anganwadi* has been adapted from NDD guidelines. Evidence Action will support the reporting cascade through its team of district coordinators and tele-callers. The reporting will be led by the department of Health in coordination with education and WCD. These timelines will be reinforced through communications at all levels, such as at the training, through SMS, and letters issued by education and Health departments. The coverage data of deworming program will be calculated separately for government schools, private schools, *anganwadis*, and out-of-school children in the state.
   - At school level: Teachers will record the number of children dewormed in the class registers correctly, as per protocol iterated in the trainings (details are available under NDD guideline). Teachers will count up the number of dewormed children on deworming (including out-of- school children) day and mop-up day, and report the number of boys and girls dewormed in their class to the headmaster. The headmaster will consolidate the reported class data for the school (from various classes) into the school reporting format to report school's coverage. Thereafter, the reporting will follow the reverse cascade explained below.
   - At *anganwadi* level: AWWs will record the number of children dewormed in the register as per protocol explained during the training (details are available under NDD guideline). Compiled data will be entered in *anganwadi* reporting format for registered children dewormed as per protocol. The filled-in formats will be shared with ANM in a timely manner.

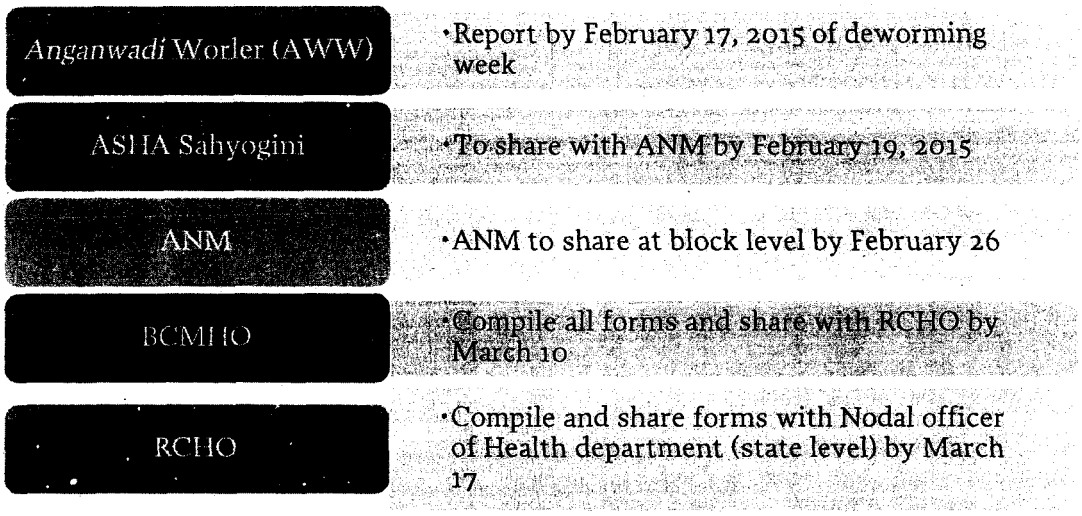
The filled-in reporting forms will be reviewed and checked for quality and accuracy of coverage data by designated government official at each aggregation level before it is submitted to the next level.

In order to understand process related to the quality of reported data and strengthen the program monitoring process, it is suggested that the Department of Health may consider conducting WHO recommended "Data Quality Assessment" activities for the round 4 NDD (2016). Under the same, senior state/ district level officials from the Department of Health, Education and WCD will be collectively engaged in the exercise and its findings will be incorporated in planning and roll-out of the NDD for the subsequent year.

Figure 7: Reporting Cascade
For the Department of Education



For ICDS



c. Coverage Validation: Coverage validation is an ex-post check of the accuracy of the reporting data and coverage estimates. Evidence Action will conduct the coverage validation and data will be gathered through interviews with headmasters, AWWs and students in school, and by checking all class registers, and reporting forms. The coverage validation process will be completed by monitors hired through an independent monitoring agency. The monitors will visit 375 randomly selected schools (government/private schools) and 375 randomly selected AWCs in selected blocks covering all districts in the state. Evidence Action will help to obtain approval letters from concerned government departments, which will be needed for smooth completion of independent monitoring and coverage validation activities in the state.

G. PROGRAM REPORT

Evidence Action will draft the detailed program report and share with all stakeholders. The findings and learning from the deworming round will be documented, and used to further refine program strategies for future rounds.

VI. LIST OF ANNEXURES

Annexure A: Minutes of the Nodal officers meeting on September 16, 2015
Annexure B: Minutes of the Nodal officers meeting on December 4, 2015
Annexure C: Regional Coordinator district allocation plan

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