



National Deworming Day August 2016

Note on Inclusion of Private Schools

CONTEXT

National Deworming Day – An Initiative of the Ministry of Health and Family Welfare, Government of India: National Deworming Day (NDD) is a fixed day approach when all children between 1-19 years of age will be targeted to receive treatment for parasitic intestinal worms through the platform of schools and *anganwadi* centers. The first National Deworming Day implemented in 11 states in February 2015 successfully dewormed 89.8 million children in the age group of 1-19 years¹.

The World Health Organization (WHO) recommends “deworming of all school age and pre-school age children”, with the global target aiming to eliminate morbidity due to worms (soil-transmitted helminths) in children by 2020. The Government of India aims to cover at least 90% of all children through the National Deworming Day program .

In the first National Deworming Day in February 2015, the children targeted to receive deworming treatment were only those enrolled/registered in government and government aided schools, and *anganwadi* centers. Out of school children were encouraged to visit the nearest school and/ or *anganwadi* center to receive treatment. Children attending private schools were not specifically targeted. Nationwide, one of the key challenges to school health programs is the limited reach to children attending private schools, who therefore do not receive benefits of health education or treatment.

The ninth Annual Status of Education Report (ASER) reports 29% of total school enrollments at the national level are in private schools. The report shows that private school enrolment in various states ranges from as high as 61% in Jammu and Kashmir to 8.5% in Odisha. Five states in India have private school enrollment rates in the primary grade (1-8 class) stage that are greater than 50%. These are Manipur (73%), Kerala (62%), Haryana (54%), Uttar Pradesh, and Meghalaya at 52% each.

With such a significant proportion of children attending private schools, it is imperative that school-based health and education programs of the government devise specific strategies to reach these children. The socio-economic backgrounds of these children are also wide ranging and therefore, not one specific approach will be applicable across these schools and the country at large.

As the National Deworming Day aims to cover all children in the country in the age group of 1-19 years, it is critical for the program to develop and implement a strategy for reaching children enrolled in private schools. While

¹National Deworming Day Report 2015; Government of India

this has been a largely untapped area, the efforts made during National Deworming Day 2016, and the experiences from the same will guide future strategies.

Figure 1: Trend – private school enrollment in India (Source: ASER 2014 report)

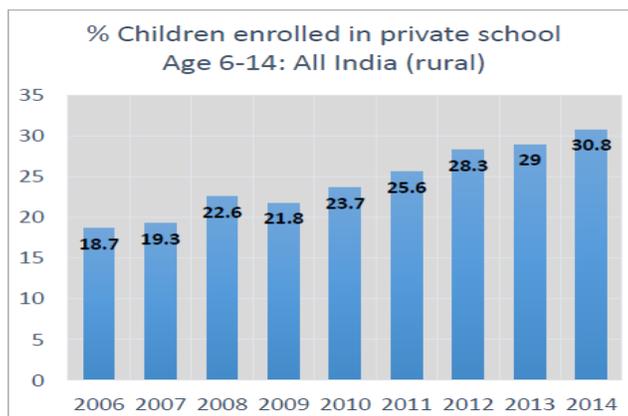
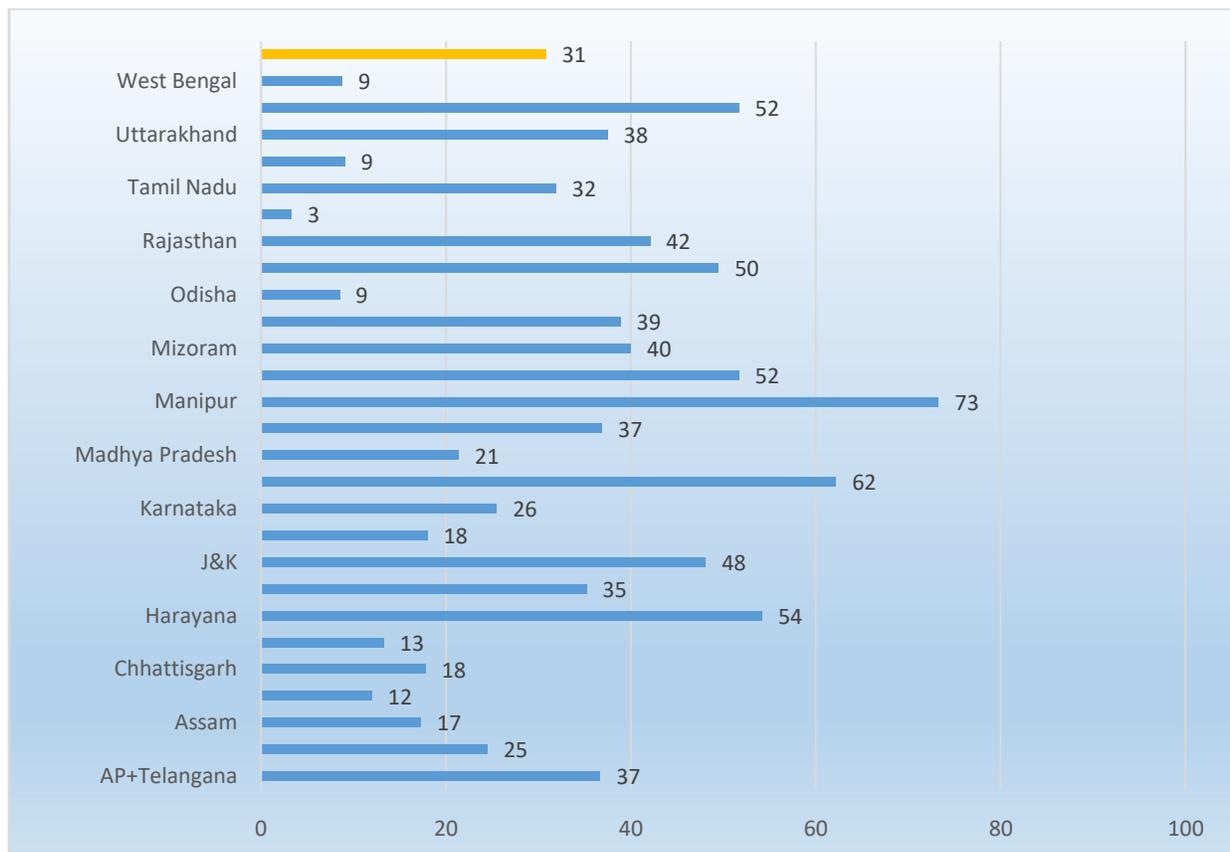


Figure 2: Private school enrollment (in %) in states, 6-14 years (Source: ASER 2014 report)



OVERVIEW

The National Deworming Day guidelines recommend leveraging the existing infrastructure of schools and *anganwadi* centers for implementation of the deworming program. This strategy document will provide step by step guidance for inclusion of private schools under each program component, including training of private school teachers, convergence with health department for drug & IEC distribution channels, and reporting, and data collection from private schools. The underlying principle is that similar practices for deworming program planning and implementation will be adopted for private schools as is planned for government and government aided schools. Since no other government-supported school health programs have been implemented in the private schools at this scale to date, this pilot effort will be documented and experiences and learnings will be shared to refine strategies for future deworming rounds. Evidence Action will provide additional human support in states where it has presence and provides technical assistance, to coordinate efforts at the district level through a dedicated district coordinator, and a tele- caller at the state level. Regular tracking on preparations for NDD in districts that will include private school will help monitor the progress, identify challenges and facilitate filling the gaps. A report on the experiences, challenges and opportunities will be shared by Evidence Action to the state and the national government to inform revision or updating future strategies for engagement.

The details on how each of the deworming program components will be implemented through the private schools is suggested in the following sections.

A. POLICY ADVOCACY:

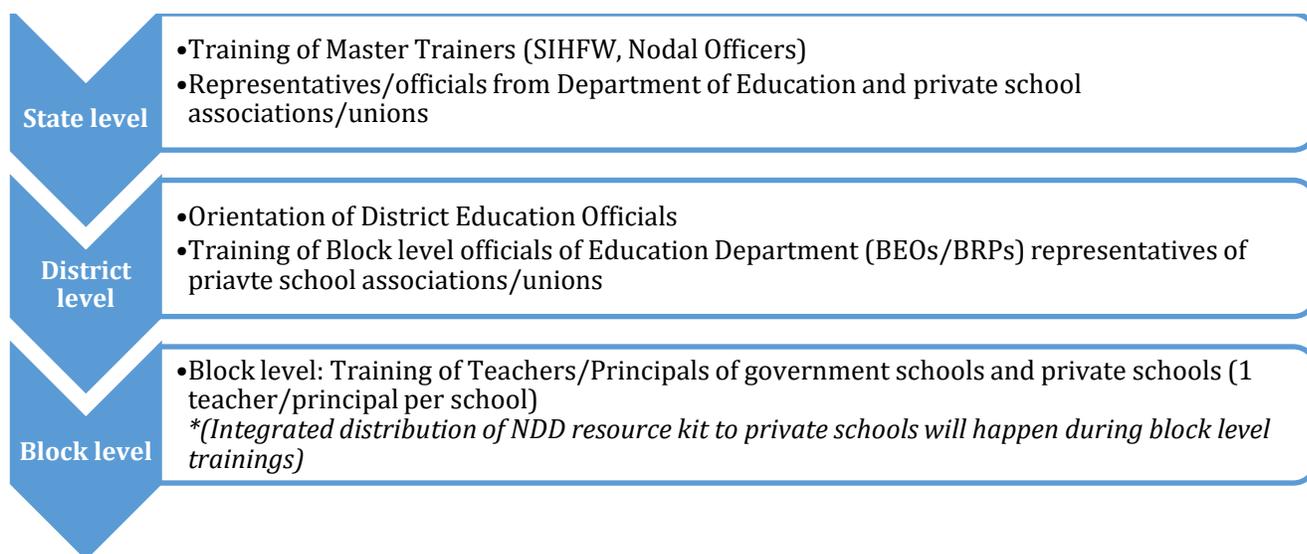
Advocacy efforts for inclusion of private schools under NDD will be led at all levels of the government. The national government will include the guidance and strategy for inclusion of private schools in the NDD operational guidelines, and issue guidance through joint directives from the Education and Health departments, which will enable state and districts to take appropriate implementation strategies. The national level orientation program for all states/ UTs that will implement the NDD will also specifically include the need for extending deworming efforts to private schools.

The specific strategies to be included in the guidelines are:

1. The State level coordination committee will include private school engagement as an agenda item in National Deworming Day planning meetings, and invite the private school association or bodies as appropriate for their engagement.
2. Department of Education will provide to the Department of Health the updated contact and enrollment database of all private schools at district level as available. This will help improving the enrollment database, and will allow for more effective coordination with Department of Health, such as in procurement of drugs.
3. Department of Health will ensure budgetary provisions for implementation of deworming in private schools through:
 - a. Drug procurement based on district and block wise enrollment in private schools
 - b. Drug distribution as per enrollment numbers and to be integrated within distribution and training cascade

- c. Printing of posters and other IEC materials based on district and block wise number of private schools
- d. Printing of training material (training kits and teacher handouts) based on district and block wise number of private schools
4. The involvement of private schools in the NDD will be led at the district under the guidance and chairmanship of the District Magistrate.
5. Joint letter from Department of Health and Department of Education at the state to be sent to all District Magistrates in districts where private schools will be engaged, requesting:
 - a. Facilitate participation of district private school union representatives at district coordination committee meetings for NDD planning.
 - b. Facilitate convergence at district coordination meetings between private schools and the district health department for effective management of program through coordination for drugs, integrated training and distribution cascade, adverse event management and reporting.
 - c. Share NDD guidelines, rationale for inclusion of private schools and their role and responsibilities in implementation of NDD and coverage of children.
6. District Magistrates to further share guidance to blocks, for convergence between the departments of education and health and private schools for coordination related to: training, access to deworming related materials including drugs, integrated training distribution cascade, and planning for adverse event management at block level.

B. TRAINING AND DISTRIBUTION CASCADE:



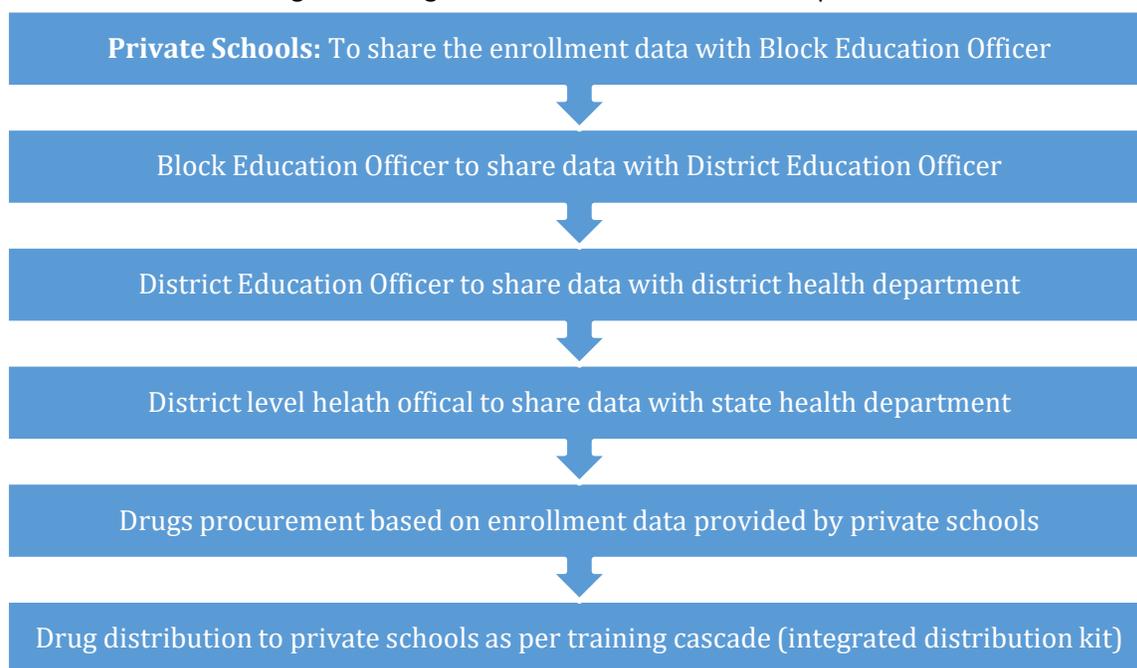
1. The training / orientation program for block resource person (BRP) of the education department at district will be organized by the department of health in coordination with department of education.
2. The district and block education officer will coordinate with private schools in that block to attend existing training at block level (one principal or teacher per school), conducted by the BRPs, or additional trainings if organized based on number of participating private schools. The selected principal or teacher will follow up with an orientation of all other teachers and staff at their respective schools to disseminate the messages and learnings from the training.
3. It is important to integrate distribution with the training cascade (integrated distribution of all materials needed for implementing the NDD– IEC materials such as poster, banners; teacher and principal handouts with reporting forms and drugs). The distribution cascade will follow the supply chain model as for government and government aided schools. The department of education and department of health will coordinate to facilitate

integrated distribution of all materials at training by providing the required number of NDD kits for private schools. The roles and responsibilities of the stakeholder departments is clarified under the NDD operational guidelines.

4. SMS will be sent to all private schools (as per database available) in the districts prior to trainings to ensure greater participation at the trainings. Follow up messages will be sent after the trainings to reinforce critical messages from the training, and for reminders on key timelines.

C. DRUGS:

Figure 3: Drugs estimation and distribution to private schools



1. **Estimation of drug requirements:** The block education officer will share with district education department the consolidated enrollment numbers of children at private schools for their respective blocks. This information will be shared with the health department to determine the drug requirement factoring in a buffer, wastage, and spoilage.
2. **Drug distribution:** As per NDD operational guidelines, drug distribution will be integrated with block trainings of teachers/principals along with other materials needed at the school level.
3. **Adverse Event Management:** In order to provide guidance to the teachers/ principals on drug administration protocols to minimize adverse events, and build capacity to handle and report adverse events that may occur, the state health department will disseminate the detailed adverse event management protocol through the Department of Education and private schools association networks. Private schools will be provided with a list of emergency contact numbers in case any adverse events are reported. Private schools will be encouraged to direct any media queries in case of adverse events to state government nodal officers to respond.

D. IEC AND COMMUNITY MOBILIZATION:

To increase program outreach and maximize deworming benefits for a larger number of children, various awareness activities will be required using a media mix. The key message of the awareness campaign will center on spreading awareness about the importance and benefits of deworming, as well as prevention strategies related to

improving behaviors and practices for improved health and hygiene. The existing media mix plan for government schools will also be extended to private schools to standardize messages across all populations. Private schools will be encouraged to undertake additional activities based on resources potentially available with them. The table below summarizes activities that will enhance awareness about the deworming program in the community, and at the private schools as aligned to the government schools.

Particulars	Proposed activities
Media Mix	At community level: <ul style="list-style-type: none"> - radio jingle, TV spots, TV scrolls and newspaper advertisement - outreach by ASHA and <i>anganwadi</i> workers on immunization day, mother’s meetings, and other community based opportunities
	At private school level: <ul style="list-style-type: none"> - Posters and banner display - Lecture and talks at school assembly sessions - Learning activities for children, such as, debates, painting competition on health, hygiene, sanitation with reference to deworming - Reinforcements to parents at parent teacher meetings

E. PROGRAM MONITORING

1. Overall monitoring of the NDD and ensuring participation of private schools will be the responsibility of District Magistrate.
2. The District Magistrates will mandate the nodal officers from department of health and education at district and blocks to coordinate with private school unions or bodies to develop a micro plan for planning, implementation and monitoring on NDD and Mop up Day.
3. Monitoring visits to randomly selected private schools by the block/ district officials from the education and health department prior to deworming day will be conducted to check how preparedness for conducting NDD at the schools are in place. The officials will coordinate for filling any gaps in preparation as identified.
4. Monitoring on Deworming Day and Mop up Day through government appointed monitors will be done using the standard monitoring format, as used for government schools.
5. All completed monitoring formats will be submitted by the government monitors to the nodal officer at district level, which will be further submitted to the nodal officer health at the state for further analysis.
6. For states where Evidence Action is providing technical assistance, tele-calling units, district and regional coordinators will also support in the preparatory monitoring, and identify areas that require filling in the gaps in a timely manner to the district authorities. Evidence Action will also send independent monitors to select private schools as per sampling plan on deworming and mop up day, to evaluate deworming program protocol compliance at the private schools.

F. RECORDING AND COVERAGE REPORTING

1. Private schools will record number of children dewormed and report coverage in their respective schools as per NDD operational guidelines, using the forms provided.

2. The school reporting formats will be submitted to the block nodal officer of education department for compilation. The school will keep a copy of the report for record and verification purposes.
3. The block nodal officer will further compile reporting data for all schools, including private schools at the block level for further submission to the districts.

Monitoring and Evaluation: Inclusion of private schools in the NDD is a key first step to ensuring deworming benefits are extended to all children in the community. The following are additional key indicators at state level to measure the success of private school interventions:

1. Number of district/s that extended the NDD in private schools
2. % of targeted private schools who implemented the NDD in the state
3. % of the private schools trained/oriented on NDD
4. % coverage of children enrolled in private schools in implementing district/s

Conclusion: The inclusion of private schools in NDD, is an important milestone to increase coverage and efforts to reach out to all children who will benefit from receiving the deworming drugs. To achieve NDD goals of at least 90% coverage of children in endemic areas by regular treatment will be achievable by including children who attend private schools. Evidence Action as the technical assistance partner will work with the government of India and state governments where it extends technical assistance, to document the experiences- learnings, both success and challenges in this effort. Documentation from the experiences will be shared during review meeting of NDD August 2016, and recommendations will be shared with state and national government for guiding future strategies.