



National Deworming Day

The Government of India has launched the National Deworming Day from February 2015 onwards. This effort is directed to children in the age group of 1-19 years and conducted as a bi-annual event in order to drive a concerted action against the worm infestation among the pre-school and school going children. Initially, it was rolled out in 11 States of India based on the available data on prevalence of soil-transmitted helminthiasis. Earlier this year in February, it was expanded to whole of India across all states. This day is conducted in February and August every year and this year the second session fell on 10th August. It is a fixed day approach which was conducted at all anganwadis and schools to help achieve the objectives of improving overall health, nutritional status, access to education and quality of life for children. In this direction, the Government of India calls for all states to enlist the beneficiaries studying in public and private schools, and colleges, those who are attending anganwadis as well as unregistered or out-of-school/anganwadi children.

Parasitic infestations result from poor sanitation and unhygienic conditions and are easily transmitted among children through contact of hands with infected soil. Worms can cause anemia and under-nutrition and thereby lead to impaired mental and physical development. The World Health Organization has estimated that 241 million children in the age group of 1-14 years are at risk of parasitic infestation known as soil-transmitted helminthiasis (STH) in India. These children represent approximately 68% of the children in this age group and contribute to 28% of the number of children estimated to be at risk of STH infections globally. In Karnataka, the STH prevalence was found to be 48.37% as per Ministry of Health & Family Welfare, Government of India. In India, 7 out of 10 children in 6-59 months of age group are anemic. STH are a significant cause to the anemia pool. Children with high intensity STH are often too sick and too tired to concentrate at school or attend the school. This is definitely avoidable in all possibilities with available knowledge and changes in certain unhygienic practices amongst our people. In endemic areas of STH, administering safe, effective de-worming drug is the effort in order to have best impact on educational and economic outcomes at low cost. Yet, we still see people suffering from this problem. Especially among the young children and also adolescents, this problem is persisting.

The implementation of the de-worming day comprises of distributing Albendazole tablets to beneficiary children in the age group of 1-19 years, tailor-made to their body weights. The de-worming day has a streamlined approach comprising of drug procurement and management, integrated drug distribution kit with training, cascade of training and distribution, awareness creation with community mobilization involving all the stakeholders at the beneficiary level, monitoring and supervisory functions and recording and reporting processes.

During the training, field level assessment of the beneficiary numbers followed by the delivery of the Albendazole tablets is undertaken. This also comprises of provision of Information Education & Communication (IEC) posters, handouts with reporting formats. Training is followed by distribution of kits to the frontline workers at anganwadis and school teachers at school to ensure proper delivery of drug in a comprehensive manner. Dispensing of drug Albendazole is done at school and anganwadis through clear instruction and training

of the personnel at the point of delivery to the beneficiaries. The event has in-built care component wherein the adverse events following tablet consumption is put in place. Creation of support groups and community mobilization drives are also integral to the program. There are operational guidelines framed and checklists prepared to monitor the progress of the event systematically and ensure proper distribution.

On a larger scale, the program has defined the role of different stakeholders for implementation. Starting with, the Department of Health and Family Welfare, which is the key implementer, leads the program in laying the strategy, providing platform for planning and implementation and distribution of the tablets. The Department of School Education and Literacy & Department of Women and Child Welfare would coordinate with the Health Department to ensure smooth coordinated action like generating the list of beneficiaries, providing man-power for the execution of the work and also arrange for the various other key activities. The operational guidelines have described the planning and timeline of achievement of the said work and people responsible to collect the data. Ministries of Tribal Affairs, Panchayat Raj, Rural Development, Urban development, Ministry of Water & Sanitation and Urban local Bodies are required to extend support for the implementation of the program. The program lays down the instructions in its strategy, a cascade of distribution and training wherein above mentioned stakeholders are kept in constant appraisal through network looped through bulk SMS and web-based applications.

External agencies like W.H.O., Evidence Action and others are involved in extending technical support in framing guidelines; adapt training and resources mobilization, community mobilization materials, timelines and support to monitoring and evaluation follow-up along with report preparation. Such initiatives are found to have both short term and long term benefits in reducing the burden of STH as well as improvement in the children's performance and thereby their health status.

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