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Directorate of Medical, Health and Family Welfare  
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F.No.: F.21()/NHM/Deworming/2017/ 15516

Date: - 11/12/17

**Meeting Minutes: State Convergence Committee for National Deworming Day:  
February, 2018**

State Convergence Committee meeting was held on November 30, 2017 in Conference Room No. 2, Secretariat, Government of Rajasthan under the chairmanship of Principal Secretary, Medical Health and Family Welfare, with participation of Department of Education and Women and Child Development (ICDS) along with representatives from other stakeholder departments for the program like MDM, Swachh Bharat Mission, Kendriya Vidyalaya Sangathan, Navodaya Vidyalaya Samiti, NYKS, Scouts & Guides, NCC, Private School Union, Public Health Engineering Department, Minority Affairs and technical assistance partners (UNICEF and Evidence Action-Deworm the World Initiative) (list of participants attached as **Annexure 1**).

Director RCH welcomed all the participants and started the meeting with his presentation comprising of achievements from the last round (February 2017) along with challenges faced at different levels during the round. After discussion on different issues, following decisions were taken in the meeting:

- 1. Finalisation of date:** It has been informed to the Principal Secretary-Health that in 2018, February 10<sup>th</sup> is a second Saturday, therefore most of the private schools and Kendriya Vidyalayas will remain close, and so it has been requested to prepone the date of National Deworming Day (NDD). Members and representative from UNICEF has informed that on February 9 frontline functionaries of Health and ICDS will be busy in Pradhan Mantri Surakshit Matritva Abhiyaan. Principal Secretary- Health directed Nodal Officer-Health to organise NDD round on February 08, 2018 along with the coordination and support from all the stakeholder departments. The date for the mop-up day will remain the same (February 15, 2018).
- 2. Targets for NDD February 2018:** Principal Secretary-Health showed her concern towards increase in targets for NDD February 2018 in comparison to the last round's target (the last round's

target was 2.25 crore and for the upcoming round the target is 2.41 crore). It was shared that this is in consensus with the stakeholder departments and there is agreement from all the departments on bifurcated target as well (**Enclosed as Annexure 2**). Representative from Evidence Action shared that the increase in target for upcoming round is majorly due to inclusion of private preschool children. It was decided that the target for NDD February 2018 will remain the same (2.41 crore).

3. **Utilising MDM platform for NDD real time monitoring:** Director RCH has emphasised on the real-time monitoring of NDD using Mid-Day Meal platform and informed that this would help in better planning of mop-up day and take mid-course programmatic corrections. Deputy Commissioner, MDM ensured that they will share the report of children dewormed on NDD (February 8, 2017) and on mop-up day (February 15, 2017) using their existing SMS platform. They further informed that there will not be any change in SMS format but in place of information of children benefited by MDM on these days (February 8 and 15, 2017), information of children dewormed will be collected. The data reported by schools will be available at the state-level on the same day. Principal Secretary-Health enquired about the plan for dissemination of the information to schools. It was shared by Deputy Commissioner, MDM that for ensuring the correct messaging, Commissioner MDM will issue directions to districts and related information will also be included in block-level trainings of NDD.
4. **Use of Shala Darpan and Shala Darshan:** Principal Secretary- Health asked the representatives of Department of Education regarding online portals used by them for managing data of schools. It was shared by the representatives of Department of Education that the data of schools is managed through Shala Darpan and Shala Darshan. Principal Secretary-Health directed the representatives of Department of Education to explore the possibility of inclusion of NDD reporting through existing portals of education department and make required changes in the manuals of Shala Darpan and Shala Darshan.
5. **Utilising platforms of Swachh Bharat Mission and WASH:** Director RCH shared the importance of using existing platforms of Swachh Bharat Mission to generate community-level awareness on NDD. State Nodal Officer, Swachh Bharat Mission has informed the group that in NDD February 2018 round for generating community-level awareness they would use their available platforms (16000 Swachh Grah, Nigrani Samitis, trainings at different levels, etc.). A letter will be issued from Director, Swachh Bharat Mission (rural) to their department officials for implementation of the same.

6. **Strengthening Private School Engagement:** For strengthening private school engagement Principal Secretary-Health directed Education Department for organising state-level private school meeting for upcoming NDD February 2018 round, and Department of Health will participate in this meeting. The representative from NCC has assured that they would create awareness on NDD in the all the private schools where they have their presence.
7. **Training schedule:** Principal Secretary-Health has directed Nodal Officers of Education and Health to finalise the dates of state and block-level training and directed to complete all the block/sector level trainings before January 26, 2018.
8. **Engagement of NUHM in NDD:** It has been informed by Project Director Child Health that there is an urgent need of awareness generation in the urban areas and to do this support from NUHM staff can be explored. Principal Secretary-Health directed the State Consultant NUHM to initiate awareness generation in the community through Mahila Aarogya Samiti (MAS) and urban ASHAs from the month of December 2017. A letter will be issued from NUHM for including NDD as one of the agenda point in the monthly meetings of MAS for December 2017 and January 2018 and engaging Public Health Manager at PHC level.


Project Director Child Health has also showed his concern about the mapping of private preschools in the slum areas and also suggested that NUHM staff can arrange the list of such schools (these are mostly unorganised schools) and ensure deworming of children enrolled in these schools.

9. **Engaging Private Preschools:** It has been informed to Principal Secretary-Health that during NDD February 2018 round it is planned to include more than 10 lac children from private pre-primary schools. Principal Secretary-Health directed Nodal Officer Health and Education to contact the management of some of the common chains of private preschools (for example: Kidzee, Eurokids, Bachpan, Dolphin, etc.) and have discussion with them in state-level private school meeting as well so as to ensure their engagement in the program.
10. **Contact Data base:** It has been presented by Director RCH that only 71% of schools (findings from independent monitoring of Evidence Action) received training reinforcement messages through SMS in February 2017 as contact database was not timely updated. Principal Secretary-Health directed Nodal Officer Education department to look into this and provide updated contact database to Department of Health.

11. **Quality of block trainings:** It was further discussed that only 62% schools and 47% anganwadis followed the correct recording protocol in the last round (decline of 25 percentage points in schools and 44 percentage points in anganwadis from last NDD round. Source: Independent monitoring by Evidence Action). Principal Secretary-Health enquired about the recording protocol and representative from Evidence Action explained the same. Principal Secretary directed all the Nodal Officers to monitor the quality of trainings at all levels so that teachers and anganwadi workers follow the correct recording protocols. Apart from this, she also directed Project Director-Child Health to focus on training of newly recruited ASHAs and urban ASHAs on NDD.
12. **ASHA incentive and Trainings: Nodal Officer ICDS raised concern** for provision of incentive for *anganwadi* workers as well. It was communicated that ASHA is an incentive based worker and incentive are paid to them as per NDD guidelines whereas *anganwadis* are a full time workers of ICDS. Further, the Nodal Officer ICDS raised concern on performance of ASHAs in the NDD program by quoting the findings of independent monitoring of Evidence Action (67% *anganwadis* did not have list of unregistered preschool children and 62% of *anganwadis* did not have list of out-of- school children in the last round). The criteria for disbursement of incentive to ASHAs for NDD would be discussed further so as to enhance their engagement in the program Also suggested to include the CDPOs into the training of block level officials at the state level to improve coverage and to maintain quality of the trainings at the ground level.
13. **Supply of drugs:** Assistant Commissioner, KVs shared that some of the schools are situated in the remotest blocks of the state and timely supply of drugs is always an issue in these blocks. Principal Secretary-Health directed Managing Director RMSCL to develop supply chain mechanism in such a way that the remotest blocks and hard to reach areas get the drug supply first than other blocks. Further, she directed the representative of KVs to provide the list of hard to reach areas as soon as possible to the Nodal Officer Health. Nodal Officer Health has been directed that after identifying hard-to-reach areas in the state, the list will also be shared with NYKS for prioritizing community awareness activities. Regarding supplies MD, RMSCL has assured to complete supplies before 25 December, 2017 with Quality testing.

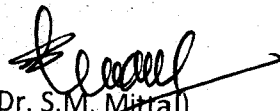
14. It has been directed by Principal Secretary-Health that instead of wall writings, the available budget should be utilised for miking in urban slums as it is more impactful way of generating community awareness than wall writings.
15. It was also decided that the platform of WASH program operating in government schools will also be utilised for generating awareness in the community on NDD and also strengthening the preventive aspect. It has been directed to Nodal Officers of Health and Education to get NDD related content included in WASH training and awareness material.
16. Project Director Chid Health suggested for involvement of Indian Association of Paediatrician (IAP) to generate community awareness regarding NDD.

Principal Secretary-Health ended the meeting with vote of thanks to all the stakeholder departments for their commitment towards the issue.

  
(Naveen Jain)  
Secretary & MD, NHM  
Department of Medical, Health and FW  
Rajasthan, Jaipur

Copy to:

1. PS to Principal Secretary, Public Health Engineering Department
2. PS to Principal Secretary, Local Self Government Department
3. PS to Secretary, School Education
4. PS to Secretary, Women and Child Development
5. PS to Secretary, Minority Affairs
6. PS to Secretary, Panchayati Raj Department
7. PS to Joint Secretary, RCH, MoHFW, Government of India
8. PS to Director, ICDS
9. PS to MD, RMSCL
10. PS to AMD, NHM and Director, IEC
11. PS to Commissioner, Mid-Day Meal
12. PS to Commissioner, RCEE
13. PS to Director, Elementary Education Department
14. PS to Director, RMSA
15. PS to Director, Secondary Education Department
16. State Nodal Officers (Deworming Program), Health, RCEE, RMSA and ICDS
17. Store Incharge- for arrangements of high tea and water bottles, NHM
18. Co - IT, Centre Server Room for Email
19. Guard File

  
(Dr. S.M. Mittal)  
Director RCH  
Health & FW Services  
Rajasthan

## Annexure no. 1

### List of participants

1. Mrs Veenu Gupta, Principal Health Secretary, Rajasthan
2. Ms. Bharti Dixit, Director IEC
3. Dr S. M. Mittal, Director, RCH
4. Mr. Ashfaq Hussain, Special Secretary, School Education
5. Mr. Jassa Ram, Additional Commissioner, Rajasthan Council of Elementary Education
6. Dr. C. B. Jain, Deputy Commissioner, Mid-Day Meal
7. Mr. Yogesh Upadhyay, Assistant Director, Rajasthan Council of Secondary Education
8. Mr. Suresh Chandra, Additional Director, Rajasthan Council of Secondary Education
9. Mr. S. M. Tembhurnekar, Assistant Commissioner, Navodaya Vidyalaya Samiti
10. Mr. Manmohan Sharma, DD, Elementary Education
11. Lt. Col. Sachin Vaidev, National Cadet Core, Rajasthan
12. Ms. A. Jyothy Kumar, Assistant Commissioner, Kendriya Vidyalaya Sangathan, Jaipur region
13. Mr. K. L. Meena, Principal, Kendriya Vidyalaya
14. Mr. Nem Singh, Principal, Kendriya Vidyalaya, Bharatpur (Representative of KVS, Agra region)
15. Dr Jalaj Vijay, SPM, NHM
16. Dr Romil Singh, Project Director, Child Health, NHM Rajasthan
17. Dr. Prem Singh, State Nodal Officer WIFS/NIPI/NDD, NHM, Rajasthan
18. Mr. Someshwar Deora, Assistant Director IEC, Integrated Child Development Services
19. Mr. Girish Bhardwaj, Hygiene Officer, Rajasthan Council of Elementary Education
20. Mr. Ratan Singh Yadav, DEO, Secondary Education, Jaipur 1
21. Dr. Hemlata, DMHS/ NHM, Co-NUHM
22. Ms. Poonam Bhargava, Consultant NHM IEC Cell
23. Mr. Vikas Meena, RMSCL, Pharmacist
24. Mr. Vikas Choudhary, RMSCL Pharmacist
25. Mr. Parag Choudhary, Deputy Director, Swachh Bharat Mission (Gramin)
26. Mr. Sohan Lal, Deputy Director, Minority Affairs
27. Mr. Devraj Solanki, PHED (SE)
28. Dr. Bhuvnesh Jain, Deputy Director, Nehru Yuva Kendra Sangathan
29. Ms. Minakshi Singh, Nutrition Specialist, Unicef
30. Ms. Vanita Dutta, Nutrition Officer, Unicef
31. Mr. Vijay Pal Singh Shekhawat, National Program Manager, Evidence Action- Deworm the World Initiative
32. Mr. Damodar Prasad Goyal, President, Society for Unaided Private Schools of Rajasthan
33. Mr. Banna Lal, Training Commissioner, Rajasthan State Bharat Scouts & Guides
34. Ms. Ritu Sharma, District Organizing Commissioner, Rajasthan State Bharat Scouts & Guide

## Annexure no. 2

Category	Target
Number of AWCs in the state	58,744 <sup>1</sup>
Total children registered in <i>Anganwadi</i> Centres (1-5 years)	47,31,214 <sup>2</sup>
Total children unregistered in <i>Anganwadi</i> Centres (1-5 years)	12,30,725 <sup>3</sup>
Number of government schools	70,645 <sup>4</sup>
Total children enrolled in government schools (6-19 years)	83,41,916 <sup>5</sup>
Number of private schools	35,096 <sup>6</sup>
Total children enrolled in private schools (6-19 years)	78,44,202 <sup>7</sup>
Total out-of-school children (6-19 years)	9,30,622 <sup>8</sup>
Number of private preschools	17,173 <sup>9</sup>
Total children enrolled in private preschools	10,671,58 <sup>10</sup>
Total target population (1-19 years)	2,41,45,837

<sup>1</sup> Source: ICDS MPR March 2017. These are in-position AWCs (including mini-AWCs), the number of sanctioned AWCs (including mini-AWCs) is 61,974.

<sup>2</sup> Source: Letter No. F.26 (4)/Deworming/IEC/ICDS/2013-14/133871 dated September 9, 2017 from Director, ICDS to MD, NHM regarding confirming targets for NDD February 2017.

<sup>3</sup> Source: Letter No. F.26 (4)/Deworming/IEC/ICDS/2013-14/133871 dated September 9, 2017 from Director, ICDS to MD, NHM regarding confirming targets for NDD February 2017.

<sup>4</sup> Source: U-DISE 2016-17

<sup>5</sup> Source: U-DISE 2016-17

<sup>6</sup> Source: U-DISE 2016-17

<sup>7</sup> Source: U-DISE 2016-17

<sup>8</sup> Source: Final coverage report submitted from NHM, Rajasthan to GoI. These are out-of-school children targeted in NDD February 2017 and department of health and education decided to use the same number as target for the next round.

<sup>9</sup> Source: U-DISE 2016-17. Email dated October 17, 2017 from nodal officer, RCEE to nodal officer, NHM.

<sup>10</sup> Source: U-DISE 2016-17. Email dated October 17, 2017 from nodal officer, RCEE to nodal officer, NHM.