





A Handbook for ASHAs, Anganwadi Workers and Teachers



## What are intestinal worms?

Intestinal worms are parasites that live in our intestines, taking away nutrients our bodies need. This can lead to problems like blood loss, poor nutrition and stunted growth.



# How do people get infected with worms?

Worm infections arise from poor sanitation and poor hygiene, often spreading through contact with contaminated soil.

# How can one prevent the spread of worm infections?

To prevent worm infections:



Wash hands before eating and after playing outside



Wash hands after use of toilet



Wash fruits and vegetables in clean water



Drink clean water



Wear slippers / shoes



Eat well-cooked food



Keep nails clean and short

# What harms do worm infections cause in children, and why is deworming so important?

Worm infestation harms children's health, nutrition and thereby education. They can lead to anemia, malnourishment, stunted growth, and hinder mental and

physical development.

Deworming is crucial as it helps children grow healthier, become stronger, attend school regularly and perform better.



# What is National Deworming Day? What is a **mop-up round?**

National Deworming Day happens twice a year in February and August. On this day, children aged 1 to 19 get deworming tablet at schools and Anganwadi centers.

A mop-up round is an extra round of treatment to make sure all eligible children get dewormed, especially those who might have been missed before. It's done to fill any gaps and make sure everyone in the target age group is treated.



# Why do we use schools and Anganwadi centers as platforms to distribute deworming tablets?

Teachers and Anganwadi Workers distribute deworming tablets because children trust them, and communities have confidence in their abilities.

With basic training, teachers can easily administer deworming drugs, a successful practice in all Indian states and many other countries.





Even if some children don't seem sick, worms can harm their health over time. Children may carry worms without showing symptoms, leading to poor health and poor school performance.

Since the treatment is safe and testing each child is costly, it's better to treat all children.

## What is the **treatment to be given** to children?

#### Age: 1-2 Years

Dosage: Half Albendazole Tablet

### Method of administration:

Administer half albendazole tablet (200mg) to children aged 1-2 by thoroughly crushing it between two spoons, then mix it with a small amount of drinking water before giving it to the child.

Albendazole syrup (5 ml) can also be administered to children less than 2 years of age.

#### Age: 2-5 Years



### Method of administration:

Administer full albendazole tablet to children aged 2-5 by thoroughly crushing it between two spoons, then mix it with a small amount of drinking water or ask the children to chew the tablet wherever possible.

#### Age: 5-19 Years



### Method of administration:

Encourage children aged 5-19 to chew the Albendazole tablet, as it may be less effective if not chewed. It is essential to carry drinking water. Anganwadi workers should administer medicines to each child in their presence; avoid allowing children to take the medication home.

### Does the deworming tablet have side effects?

Chewing deworming tablets does not have any major side effects. A few children may complain of:



These effects usually go away on their own.

If severe or persistent symptoms, last more than 24 hours, the child should be taken to the nearest health facility.

# Is it safe for children to consume the deworming tablet without having a meal?

It is safe to take the deworming tablet on an empty stomach but it is better to take them after meals.

# Should the deworming tablet be given **to a sick child?**

The deworming tablet should not be given to a sick child. Treat only children who seem well; those left out can be treated on Mop-Up day or later when they are healthy.

### What should the teacher/ Anganwadi worker do if a **child shows an adverse reaction** after deworming?

The teacher / Anganwadi worker should refer the child to the nearest health facility if the child shows an adverse reaction to deworming.

# What should you do if a child chokes after having a tablet?

If a child chokes after a tablet:



Stay calm and stop deworming activities. Pay attention to the child's complaint.



Seek help from the healthcare provider present at the facility / school.



Pat the child's upper back to dislodge the tablet.



If unsuccessful, refer the child to the nearest health facility immediately.



Inform the child's parents right away.

### Roles and responsibilities of ASHAs:

### **Before National Deworming Day**

Identify unregistered children during home visits and provide the list to Anganwadi worker.

Inform community about deworming program via radio, newspaper, and TV, emphasizing attentive listening/watching.

Urge parents to take their children to Anganwadi centers/schools.

Raise awareness about deworming benefits and program details through Gram Panchayat and VHSNC meetings.

### **On National Deworming Day**

Mobilize children to nearby Anganwadi Centers and schools on NDD to ensure that all children in their catchment area get the deworming tablets.

Assist in extending program benefits to unregistered and non-school-going children through Anganwadi outreach.

Educate visiting children and their parents/guardians on the benefits of deworming.

### **After National Deworming Day**

Encourage children who missed deworming tablet on National Deworming Day to avail it on the mop-up day

## **Roles and responsibilities** of Anganwadi workers:

### **Before National Deworming Day**

Ensure adequate supply of Albendazole.

Communicate NDD date effectively to parents for timely attendance at the Anganwadi.

Prepare line listing of out of school and unregistered beneficiaries for NDD.

Drive community awareness for NDD, engaging children, parents, and the community.

Keep contact details of ANMs and local health centers readily available.

Display IEC material like posters for maximum visibility by the community.

Keep the reporting form for NDD.

### **On National Deworming Day**

Ensure access to:

Clean drinking water and glasses.

Spoon for crushing and administering Albendazole.

Sufficient Albendazole supply.

Emergency phone number.

Attendance register.

### **After National Deworming Day**

Conduct home visits for children missed on deworming day, motivating them for mop-up day.

Share comprehensive reports for NDD & Mop-up Day with the ANM using the provided format.

Utilize ASHA's list to compile a report of non school going children aged 6-19 years.

Promote WASH practices.

### Roles and responsibilities of Teachers:

### **Before National Deworming Day**

Ensure Albendazole stock is sufficient.

Keep ANM and local health center contacts accessible.

Prepare the reporting format for National Deworming Day.

Raise awareness among children and parents.

Inform parents of National Deworming Day date for ensuring attendance.

Display IEC material like posters for maximum visibility.

### **On National Deworming Day**

Ensure availability of clean water, Albendazole tablets, spoons, emergency contacts and attendance registers.

Advise children to chew

Ensure supervised administration of Albendazole in school.

Avoid deworming sick children.

### **After National Deworming Day**

Count and report the numbers of children dewormed on National Deworming Day and Mop-up Day to the headmaster.

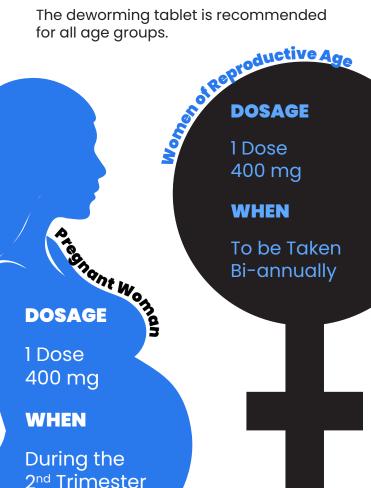
Nodal teacher compiles the school report and shares with BRC/ANM

Promote cleanliness to prevent deworming post-National Deworming Day.

<sup>\*</sup>Safe to administer Albendazole to girls who are menstruating.

### Is the deworming tablet only meant for children?

The deworming tablet is recommended for all age groups.



\*Please contact nearest health facility for Albendazole for pregnant women and WRA.

