



Inclusion of Out-of-School Children in National Deworming Day

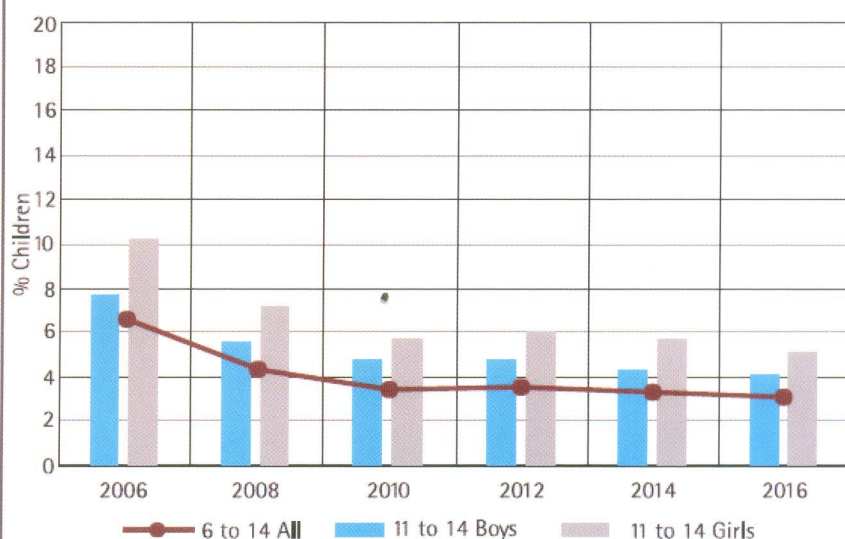
National Deworming Day (NDD), an initiative by Ministry of Health and Family Welfare, Government of India, is a fixed-day program when all children aged 1-19 enrolled in schools and *anganwadis*, as well as those who are out of schools, are targeted for treatment of intestinal worms in order to improve their overall well-being, nutritional status, access to education, and quality of life.

Defining Out-of-School Children

Out-of-school children are those between the ages of 6 to 19, who are not enrolled in either primary or secondary school. This group also includes those who have never been in school and those who might have initially been enrolled but could not continue schooling thus are considered drop outs.

According to UNESCO Institute of Statistic Data¹, in 2013, globally 124 million children and young adolescents, roughly between the ages of 6 and 15, have either never started school or have dropped out, compared to 122 million in 2011. Out of this 124 million, 17.7 million – or 14 per cent – are Indian. Adolescent population between 12-15 years is twice as likely to be out of school, as compared to other children². As per the Annual Status of Education Report (ASER) 2016 national report, the percentage of children out-of-school (aged 6-14) is estimated to be 3.1%. This has decreased from 2006 where 6% of children were estimated to be out-of-school. The data also shows varying trend of out-of-school children over time, in terms of percentage by age group and gender as shown below:

Chart 1: Trends over time
% Children not enrolled in school by age group and gender
2006, 2008, 2010, 2012, 2014 and 2016



Bars show the proportion of boys and girls age 11-14 who were not enrolled in school in a given year. The line shows how the proportion of children age 6-14 who were not enrolled in school has changed over the period 2006-2016.

Rationale for Inclusion of Out-of-School Children in NDD

Children who are excluded from education often face multiple and overlapping disadvantages. These children have been shown to be more heavily infected with Soil Transmitted Helminths than those who do go to school³. Due to the poor

¹ for the school year ending in 2013
² (unesco <http://tellmaps.com/uis/oosc/>)
³ Husein et al., 1996

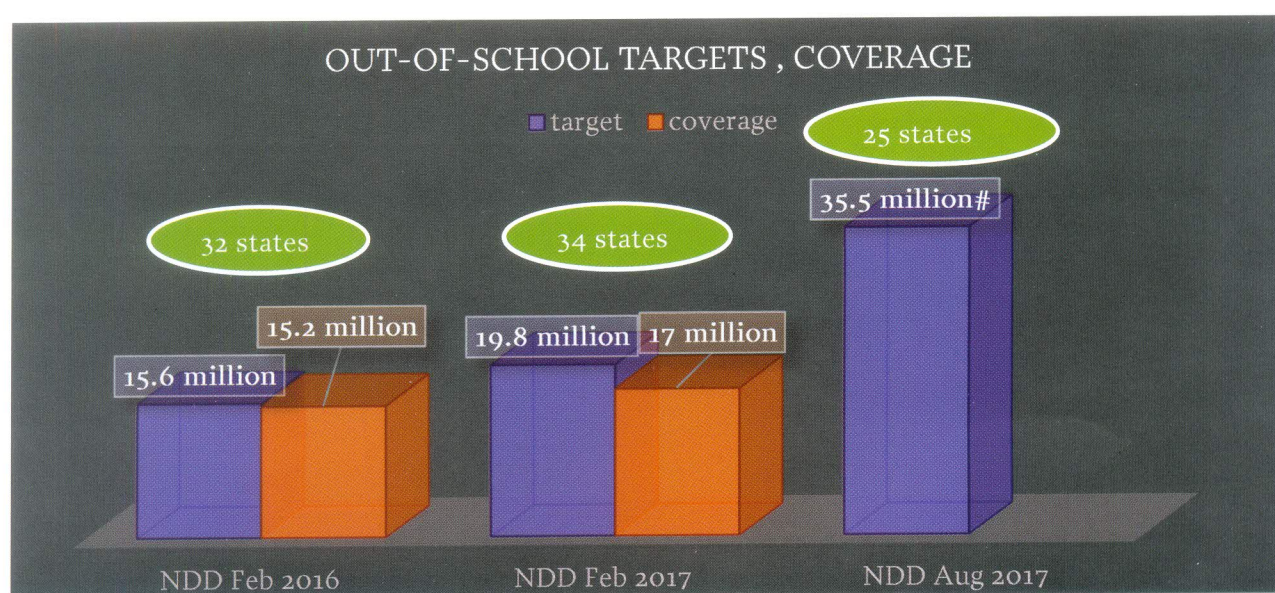
socio-economic status of out-of-school children in general, they are more exposed to unhygienic living conditions, poor sanitation practices and lack awareness on health education, healthy lifestyles, and ways of prevention of worm infection. Thus, these children, apart from being infected with parasitic worms, also lead to increased transmission of worms in their surroundings. Prevention and control of worm infection in this population is often a challenge, as they are located in unorganized settings. As part of NDD, out-of-school children also include those who are engaged in other streams of education such as polytechnics and vocational courses, thus requiring focused engagement with these stakeholders.

In the NDD operational and financial guidelines, the following references are made to including out-of-school children into the program:

- **Drug administration by *anganwadi* workers (AWWs):** Out-of-school children are to be dewormed at *anganwadi* by the AWWs, who are trained at block-level meetings where drugs, IEC, and reporting forms are provided to them.
- **Role of ASHAs in mobilization of out-of-school children:** ASHAs play a key role in generating community awareness and mobilizing out-of-school children to the *anganwadi*, for which she is provided an incentive. ASHAs conduct village meetings with parents and disseminate information at Village Health Sanitation and Nutrition Committee meetings to share about deworming benefits and facilitate greater coverage. They inform communities about the harmful effects of worm infection, and behavior change practices to reduce re-infection.
- **Reporting of out-of-school children:** The report on the number of out-of-school children dewormed is completed by ASHAs at the *anganwadi* on the standard reporting format. The AWWs includes these in the *anganwadi* NDD coverage report and submits it to the Auxiliary Nurse and Midwife (ANM).
- **Financial provisions:** The financial guidelines cover costs for drug procurement for all population aged 1-19 years including out-of-school children and incentives for ASHA. The ASHA incentive is INR 100 for listing out-of-school children and mobilizing them to *anganwadis* on NDD.

Key Insights and Experiences from States

Evidence Action's sustained advocacy at national and state levels for inclusion of all out-of-school children was further through data compiled from a desk research. This continued advocacy with the Education Department led to an increase in targets and children dewormed over each NDD rounds, as depicted in the figure below.



- Chhattisgarh state targeted all children aged 1-19 years including approximately 3.8 million out-of-school children during NDD August 2016, February 2017, and August 2017. The state NHM, in coordination with the Education Department and Department of Technical Education also reached out to children in technical institutes, polytechnics,

and other vocational courses. A total of 37,348 children enrolled in such institutions were dewormed during NDD February 2017.

- Tripura reached out-of-school children among migrant population at brick kilns during NDD February 2017 round by setting up mobile camps. During NDD February 2017, of the 6065 children targeted, 5152 children were dewormed in six of eight districts.
- Findings from the IEC assessment⁴ suggest that out-of-school children referenced *anganwadi* workers as the most frequent source of information on NDD. 60% of out-of-school children interviewed (n=300) were not exposed to the NDD communications campaign across the three states covered, thus indicating a need for a sustained campaigning tailored to reach this group.

Challenges

1. States do not have available a robust database of out-of-school children, making it challenging to build consensus among stakeholder departments on the number of out-of-school children to be dewormed. Program insights reflect on the dynamic nature of this population, including migrants, posing a challenge while reporting coverage. However, NDD guidelines suggests calculating the number of out-of-school children as below:

Categories as per NDD Operational Guidelines	Recommendations
Total children out-of-school /enrolled in higher education institutes (6-19)	Two ways to determine this: <ol style="list-style-type: none"> 1. Use ASER data for states which provides % of children (6-14 years) who are out of school 2. Out-of-school children = Census data for 6-19 years - (Total children enrolled in private schools + total children enrolled in Govt. schools)

2. As per findings from independent monitoring, ASHAs' engagement in mobilization of out-of-school children is often limited, where most *anganwadis* visited did not have a list of out-of-school children. Thus, other platforms for reaching out-of-school children also need to be further strengthened. These can be School Management Committees, which are a basic unit for governance of schools with involvement of parents, teachers, and local citizen.

Conclusion

It is critical to reach maximum number of children with each round of NDD to bring down worm prevalence and to slow down reinfection. Therefore, continued efforts need to be made towards setting targets as per census and reaching out to all children aged 1-19 years.

Experiences from the inclusion strategies for out-of-school children in NDD rounds so far will be used to further lead advocacy efforts with states to make specific local strategies to reach these children. Documentation of case studies, success stories, and coverage data will be key to these efforts. With community evaluation surveys now initiated in select states, further insights and data will drive strategy formulation at states. Deworming efforts will provide an opportunity for other child health and nutrition programs to engage similarly with these children, thus leading to their improved health, nutrition, and education status.

⁴ In order to continue to improve awareness and community mobilization activities with each NDD round, Evidence Action carried out a NDD communications campaign assessment from May to August 2016 in Bihar, Telangana and Maharashtra. This was designed to understand how target groups perceived the various components of the campaign. The findings and recommendations that emerged were presented at the National Review Meeting in December 2016.

