

NATIONAL DEWORMING DAY

Introduction - Soil Transmitted Helminths (STH) is a significant Public Health concern for India. Around 68% Children of 1-14 years of age (22 Crore) in the Country are estimated to be at the risk of parasitic intestinal worm infestation depending on which GoI has launched National deworming day program during February 2015 based on School & Anganwadi Centre as a fixed day strategy.

Tripura with 60% hyper-endemic prevalence of STH is conducting Bi-annual Deworming program as per guideline of WHO in the month of February & August. The key stakeholders for NDD implementation are Dept. of Health, Education and SW-SE. Other stakeholders are Dept. of Panchayati Raj, Tribal Welfare, Rural Development, Urban Development, Drinking Water and Sanitation. Evidence Action Deworm the World Initiative is the technical assistance partners to Government of Tripura.

Objective – To deworm all children (boys and girls) aged **1-19 years** (enrolled and non-enrolled) at School and AWC to improve child health, nutritional status, access to education and quality of life.

Approach – Biannual administration of Albendazole at an interval of 6 (six) month (10th February & 10th August) through the platform of Schools (Govt. /Govt. aided/Private) & AWC on a fixed day approach.

Protocol

Category	Intervention/Dose	Regime	Service delivery
1-2 years (enrolled at AWC/unregistered)	Albendazole (200 mg) tablet	½ tablet (200 mg) of Albendazole 400 mg at 6 month interval (February & August)	At Anganwadi Centers (AWCs) by Anganwadi workers (AWWs)
2-5 years (enrolled at AWC/unregistered/out of school)	Albendazole (400 mg) tablet	1 Albendazole 400 mg tablet at 6 month interval (February & August)	
6-19 years (out of school)			Govt./Govt. aided/Pvt. Schools & Madrasas Class teachers
6-19 years (enrolled at School)			

A. Role & Responsibilities of Health Department

- Procure Albendazole tablets, IEC materials & training materials
- Arrange integrated distribution of all items during state/district/ block level orientation workshop to ensure availability of Albendazole tablets & IEC materials to all Govt./Govt. aided/Pvt. Schools and AWCs timely
- Orient functionaries from Education, SW-SE and Health Dept at State/district/ block level
- Disseminate Adverse Event Management Protocol and guidelines at all levels starting from State to school and AWC
- Provide financial guidelines and budget at different levels

- Will develop IEC strategies to generate awareness amongst community
- Will ensure presence of ASHA workers at AWCs on Deworming Day and Mop Up Day to support deworming of non-enrolled children and adolescents
- Develop and print reporting formats for Education and SW-SE Dept
- Monitor program progress in the field and ensure timely reporting of coverage data

B. Role & Responsibilities of Education Department

- Coordinate with Department of Health and Family Welfare in effective roll-out of National Deworming Day
- Timely Place requisite indent for Albendazole tablet supply to the Department of Health & Family Welfare based on school enrollment figures
- Orient Headmasters/teacher in-charge by organizing block level orientation workshop in convergence with Department of Health. In turn HM, Teacher I/C will train teachers at school on Albendazole administration and also brief them on possible natural adverse events and their management
- Disseminate IEC materials to all schools received from Health dept. & involve school management committees for community mobilization
- Will generate awareness amongst students during prayer & circulate key messages on importance of deworming tablet administration amongst parents during teachers-parents meeting
- Departmental officials will undertake field visits for monitoring and supportive supervision
- Will submit report coverage data to the Department of Health in standardized formats within specified timelines
- Provision for Block Resource Persons (IS) to attend NDD orientation workshop at district level
- Reinforce key messages through bulk SMS in their database, if possible

C. Role & Responsibilities of Social Welfare & Social Education Department

- Coordinate with Department of Health and Family Welfare in effective roll-out of National Deworming Day
- Will create community awareness especially to cover non-enrolled children and adolescents through anganwadi workers
- Timely place requisite indent for Albendazole tablet supply to the Department of Health based on AWC survey figures of registered and unregistered children of pre-school age and out of school children
- Orient anganwadi workers (AWWs) on Albendazole administration at AWC and also brief them on possible natural adverse outcomes and their management organizing block level orientation workshop in convergence with Department of Health
- Disseminate IEC materials to all AWCs received from Health dept. Insist AWWs to take active initiation for mobilizing community by organizing meeting
- Departmental officials will undertake field visits for monitoring and supportive supervision
- Will submit report coverage data to the Department of Health in standardized formats within specified timelines
- Provision for CDPOs to attend NDD training at district level
- Reinforce key messages through bulk SMS in their database, if possible

D. Role & Responsibilities of Tribal Welfare Department

- Will take initiative for maximum coverage among tribal children those enrolled in schools & enrolled/unregistered/out of school children at AWCs under TTAADC areas
- Provide necessary assistance to TTAADC administration for maximum involvement of Pvt. Schools situated under TTAADC area.
- Take active part in community mobilization utilizing existing machineries

E. Role & Responsibilities of DWS Department

- Ensure provision of potable Drinking water

F. Role & Responsibilities of ICA Department

- Proper dissemination of key messages through various media

G. Role & Responsibilities of Evidence Action, Technical Assistant partner on Deworming

- Help in designing micro plan of orientation programme schedule at different level
- Assist in developing community mobilization strategies for increasing awareness and coverage of target beneficiaries
- Provide bulk sms at different level functionaries on key activities
- Arrange Tele calling to know the status of progress
- Engage Independent Monitor to supervise training & programme implementation
- Support in analysis of program monitoring and coverage data

About NDD February 2017 round

Like other state of India, Anganwadi and School based mass deworming Day for Tripura is being planned on February 10, 2017 across 8 District covering 58 Blocks & AMC. NDD will be followed by a mop up day on February 15, 2017 to cover children who might be left out earlier due to sickness or absenteeism, and will ensure maximum coverage with optimal utilization of resources. Total number of targeted children are **11, 73,967**. The activity flow chart for smooth implementation has been prepared.

Accordingly State level Coordination Committee Meeting was already conducted on 16th December'16. The key decisions of the meeting are:

- ❖ Beside the given role of stakeholder department during NDD, previous round following additional responsibilities was assigned to the stakeholder department:

- Health department:

- In convergence with NDD, **new initiative** has taken on promotion of sanitation & hygiene as a part of behavioral change communication through hand washing practice & regular nail clipping along with Albendazole administration. Moreover for replenishment IFA tablets/Syrups will be distributed categorically among each school & AWC to reinforce the WIFS/NIPI programme in view of high prevalence rate of Anemia among children in the State which is 48.3% as per NHFS 4.

- School Education Department:
 - **New initiatives** this phase along with NDD implementation – to take up IEC on hand washing and nail clipping. One nail cutter will be distributed at each class of every school by respective school authority. Will also be responsible for disseminating the message of importance of National Iron Plus Initiative (NIPI) programme amongst students & teachers. This dept. will also sensitize the students on importance of hand washing & regular nail cutting.
- Social Welfare & Social Education Department:
 - **New initiatives** this year along with NDD implementation – to take up IEC on hand washing and nail clipping. One nail cutter will be distributed at each AWC by respective SW-SE authority. Will also be responsible for disseminating the message of importance of National Iron Plus Initiative (NIPI) programme amongst students & parents. This dept. will also sensitize the students on importance of hand washing & regular nail cutting.
- Tribal Welfare Department:
 - Ensure maximum coverage of tribal children age group from 1- 19 years (enrolled, unregistered & school dropout) under TTAADC areas
 - Ensure maximum involvement of Pvt. Schools under TTAADC area.
 - Ensure active participation through community mobilization activities by utilizing existing machineries.
 - Disseminate the message on **new initiatives** taken this on hand washing, nail clipping, IFA tablet/syrup distribution for replenishment and nail cutter distribution. Will provide assistance as & when required and will also mobilize the children in tribal areas with the machineries under their jurisdiction
- DWS Department
 - Ensure provision of potable Drinking water
 - Will take up IEC activities on sanitation in convergence with NDD
- ICA Department
 - Ensure proper dissemination of key messages on NDD utilizing media
- Department of Panchayat Raj
 - Ensure participation of PRI bodies at district & block level NDD coordination committee meeting and community mobilization
- Role of DM & Collector
 - Facilitate inter-departmental harmonization through organising district level meeting
 - Supervise quality implementation of proposed orientation training cascade at district level
 - Encourage authority of private schools to participate in NDD implementation
 - Oversee implementation and monitor the progress of NDD
 - Resolve programmatic issues at District level and beyond
- Role of SDM & BDO
 - Assist inter-departmental synchronization through conducting Block level meeting

- Supervise quality execution of proposed orientation training cascade at Block levels
 - Encourage use of common community based platforms like VHNDs, VHSNC meetings, Gram Panchayats for community mobilization and mass awareness
 - Supervise effective implementation of NDD programme at block level
 - Active involvement in monitoring of intervention during the NDD implementation
 - Manage programmatic issues at Block level and beyond.
- ❖ To conduct different level coordination committee meeting as per date scheduled
 - ❖ To conduct different level orientation workshop as per date scheduled
 - ❖ Early release of fund at different level to take up various activities
 - ❖ Joint directives from the departmental heads will be issued for reinforcement
 - ❖ Intensive IEC activities will take up to generate awareness, platforms like VHND, VHSNC, Panchayat meetings will use for this purpose
 - ❖ NDD convergence with WIFS/NIPI and sanitation programme of DWS
 - ❖ Video conference will be convene from state level to know about district preparedness
 - ❖ Press conference will be hold at State as well as district level
 - ❖ NDD inaugural ceremony will be held at state and district level separately
 - ❖ Evidence Action, technical assistance partner of NDD programme will engage independent monitor for process monitoring, rapid monitoring and coverage validation. They also engage tele-caller to obtain day to day progress and send mass sms at different functionalities
 - ❖ Dept. of Health will constitute AEFD management team to tackle adverse events, arises if any
 - ❖ All departments will monitor the programme implementation at their level constituting Monitoring & Supervision team
 - ❖ Coverage Report should be uploaded in the NDD-apps according to stipulated timeline

About Iron & Folic acid (IFA) supplementation under WIFS/NIPI

Objective – Weekly Iron & Folic acid Supplementation (WIFS) programme was launched nationwide during 2012 to reduce the prevalence and severity of nutritional anaemia in adolescent population (10-19 years) both school going boys & girls and out of school girls. Taking cognizance of ground realities GoI had launched National Iron Plus Initiative (NIPI) during 2013 incorporating existing WIFS & IFA supplementation programme amongst pregnant and lactating women and introducing new age groups being preventive strategy against nutritional anaemia by supplementing IFA across the life cycle.

Approach – Revised administration schedule under NIPI

- Bi-weekly iron supplementation for pre-school children 6 months to 5 years
- Weekly supplementation for children from 1st to 5th grade in Govt. & Govt. Aided schools
- Weekly supplementation for out of school children (5–10 years) at AWC
- Weekly supplementation for out of school adolescent girls (10–19 years) at AWC

- Weekly supplementation for school going adolescent boys & girls (10–19 years) at Govt. schools
- Pregnant and lactating women
- Weekly supplementation for women in reproductive age

Protocol

Category	Intervention/Dose	Regime	Service delivery
6-60 months children	20 mg of elemental iron & 100 µg folic acid	1 ml IFA syrup – Bi-weekly throughout the period of 6-60 months	At home under direct supervision of ASHA & AWCs
5-10 years (School enrolled /out of school)	Tablets of 45 mg elemental iron and 400 µg of folic acid	1 pink tablet - Weekly throughout the period of 5–10 years age	In school by teachers and at AWC for out-of school children
10-19 years (out of school) adolescent girls	Tablet of 100 mg elemental iron & 500 µg folic acid	1 blue tablet - Weekly throughout the period of 10–19 years age	Anganwadi Centers (AWCs) by AWWs
10-19 years (School enrolled) boys & girls			Govt./Govt. aided Schools by Nodal teacher
Pregnant and lactating women		1 red tablet daily for 180 days, starting after the first trimester, at 14–16 weeks of gestation. To be repeated for 180 days post-partum.	ANC/ ANM /MPW/ ASHA Inclusion in MCP card
Women in reproductive age (WRA) group		2 red tablet - Weekly throughout the reproductive period	Through ASHA during house visit for contraceptive distribution

A. Role & Responsibilities of Health Department

- A District WIFS Advisory Committee is there involving District Health Officer (DHO), DEO & DISE
- Monitor status of implementation of the programme and timeliness of the submission of monthly reports
- Facilitate convergence and ensure use of community based platform like VHNDs for community mobilization and awareness
- Organise reorientation Training
- Timely send requisition to State Health & FW Society to maintain adequate stock for distributing IFA on requirement of DEO
- Provision and usage of IEC materials
- WIFS monitoring committee to monitor the programme
- Recently new reporting formats in Bengali version have developed from SHFWS.

B. Role & Responsibilities of Education Department

- Each school will designate two teachers as the WIFS nodal teachers

- In every school, a school WIFS committee is to be formed headed by the Principal /Head Master with participation of the Nodal teachers, Student representatives and ANM/MPW for regular monitoring and management of the programme.
- Nodal teachers will ensure supervised ingestion of IFA tablets by adolescents enrolled in classes 6th to 12th on a fixed day preferably Monday at a fixed time after Mid-Day Meal (where applicable)/lunch. Teachers will also be encouraged to consume IFA.
- Teachers will screen adolescents for presence of moderate/severe anaemia by assessing nail bed and tongue pallor and refer anaemic adolescents to appropriate health facility for management of anaemia.
- Before the school closes for vacations, the children can be given the requisite number of IFA tablets for consumption during the holidays under parental supervision.
- The nodal teacher (s) for each school will estimate annual requirements for IFA tablets using formula. **IFA tablets for the year** = (52 x Total number of children in 6-12th standards) + (52 tablets /per teacher/year) with an additional 20 % stock as buffer will be added and send the requisition to respective designated Block Education Officer.
- The nodal teachers would consolidate all the information from the class reporting formats on the monthly school-reporting format and submit it to the school principal. The school principal will review the information in the monthly school reporting format, counter sign it and submit it to the block level officials on a monthly basis. A copy of this monthly school report will also be sent to the ANM.
- Block Education Officer will consolidate requirements from schools for block supply and share with district level to ensure uninterrupted supply of IFA tablets.
- Block Education Officer will also consolidate monitoring data received from schools and share with district on monthly basis. Will responsible for conducting quarterly meeting to review the programme and ensure display of IEC material in schools.
- DEO will consolidate the requirement of IFA tablets received from designated Block Officer and place before DHO for ensure uninterrupted supply to Schools & AWCs.
- DEO will ensure completion of training/orientation sessions of block officers, teachers and display of IEC material in the school. DEO will also responsible to share the compiled monitoring data with District Health Dept. received from block by end of every month,

C. Role & Responsibilities of Social Welfare & Social Education Department

- AWW will maintain a register for out of school adolescent girls.
- AWW will ensure supervised ingestion of IFA tablets by registered out of school adolescent girls on a fixed day preferably Monday. AWW will also be encouraged to consume IFA.
- At the end of the month, the AWW will need to compile the information on the number of girls who have taken 4 IFA tablets per month. The AWW would also need to record the IFA stock in the register at the end of the month.
- Anganwadi worker will submit the monthly report to the Supervisors who will be responsible for consolidating the information for the entire village and

forwarding this information in prescribed format to the next level for sector level (block) compilation with a copy to ANM/MPW.

- The supervisor will compile the information including IFA requirement received from all the AWCs on monthly reporting format and submit it to the concerned CDPO. In turn CDPO will share the compiled monthly data to the DISE using the block level reporting format with a copy to designated Block Officer for calculating requirement of IFA.
- DISE & Block CDPO are jointly responsible for training of AWWs, supply of logistics including IEC materials, timely submission of monthly report and programme monitoring.

About Importance of Hand washing and Nail trimming as a part of behaviour change in maintaining personal Hygiene

Introduction – During normal activities our hands frequently get dirty. There are many situations in which microorganisms are likely to attach to our hands along with the dirt. Number of germs on fingertips doubled after using the toilet. Yet up to half of all men and a quarter of women fail to wash their hands after they've been to the toilet. There are many communicable diseases that follow the route of faeco-oral transmission.

On the other hand a nail is hard tissue that constantly grows. Long fingernails tend to accumulate or trap dirt on the underside. The dirt could be as a result of defecation or touching infected and contaminated surfaces.

Cleanliness of our hands is very important in all our daily activities. Clip nails short along their shape but do not cut them so close that it damages the skin. Razor blades and fingernail cutters or scissors are used to cut nails.

Objective – Hand hygiene through hand washing practice plays an important role to prevent any transmission and keeping nails trimmed & in good shape weekly prevent accumulation of dirt underside, responsible for contamination. Hence observing these practices help in maintaining good health.

Approach – In course of observance of Intensified Diarrhoea Control Fortnight (IDCF) from 27th July to 8th August every year,

- Demonstration on hand washing is carried out along with other awareness session on sanitation & hygiene by ANM during home visit.
- Hand washing demonstration in schools is also carried out
 - i. By providing a poster on steps for effective hand washing for pasting at the hand washing area.
 - ii. After the morning assembly / prayers, message on importance of hand washing is delivered to all the students by concerned teacher.
 - iii. Before mid-day-meal, all children are encouraged to wash hands following the steps as per poster with water and soap.
- Undertake intensive IEC activities through TV, Radio, miking, placing banners & posters at strategic locations disseminating message on importance of hand washing with other relevant messages.

A. Recommendation

Hygienic hand washing involves the mechanical removal of microorganisms from contaminated hand surfaces using soap or detergent. Hand washing should involve more than a quick rinse under a tap (faucet) or in running water. The following hand washing technique ensures that the hands are properly washed and it doesn't take long to complete.

Only advocacy of School & Anganwadi authority is enough to adopt this simple technique of hygienic hand wash by the students. But source of water and supply of soap is to be ensured by respective school & AWC.

Steps of hand washing:

- First wet hands with clean water and lather with a bar of soap.
- Next rub hands together vigorously and scrub all surfaces up to wrists.
- Clean under fingernails.
- Continue this process for 15–30 sec.
- Soap combined with the scrubbing action helps dislodge and remove germs.
- Rinse hands well with clean running water (pour from a jug or tap).
- Dry hands in the air to avoid recontamination on a dirty towel – do not touch anything until hands are dry.

Hands must be washed before & after:

- Before taking food of any type and any time
- After using the toilet
- After handling raw food
- After coughing, sneezing, eating, drinking or smoking
- After licking fingers
- After every break
- After touching pimples or sores
- After handling waste
- After carrying out cleaning duties
- After changing soiled clothes
- After touching ears, nose, hair, mouth, or other bare body parts
- After handling animals
- After any other unhygienic practice

Weekly trimming of fingernails avert accumulation of dirt underside, hence a simple measure to prevent from contaminated disease.

Only advocacy of School & Anganwadi authority is enough to adopt this simple technique of clipping nails in maintaining personal hygiene. 1 (one) nail cutter will be distributed in each class of every school and at every AWC during NDD, February 2017 round, to encourage students for weekly nail trimming.

D. Role & Responsibilities of Education, SW-SE and Tribal Welfare Department

- Demonstration of this simple technique of hygienic hand wash by teachers at school level and by AWWs at AWC level is the only way to encourage

students to be adopted with this hygienic practice as a part of behavioural change. To get clean hands,

- ✓ One must POUR the water over hands
- ✓ Never dip in a bowl!
- School & AWC authority will arrange to replace the nail cutter or additional supply, if required and also keep provision of adequate soap round the year utilizing their funds.
