

**NO.F.13 (3-62)-DFWPM/PHS/DEWORM/2016
GOVERNMENT OF TRIPURA**

Dated, Agartala, the ----- June, 2017

MEMO

Soil Transmitted Helminths (STH), also called parasitic worms is a significant public health concern for India. Around 68% children of 1-14 years of age (22 crore) are estimated to be at risk of parasitic intestinal worm infestation. Evidence shows detrimental impact of STH infestation on physical growth, anemia, under nutrition and cognitive development as well as poor attendance at school.

To combat this issue, in 2015 the Government of India launched the National Deworming Day to deworm all children aged 1-19 years. It aims to improve the health and well-being of pre-school age and school age children by reducing STH infection through mass deworming. The National Deworming Day is conducted in all States/UTs on February 10 every year, with a mop-up day on February 15. States/UTs based on prevalence conduct a bi-annual round on 10 August. During NDD February 2017 round, Tripura State reported it dewormed 1048719 children, which includes 64948 children in private schools.

Tripura, with 60% STH prevalence has to conduct biannual round of deworming as per the Government of India's notification and WHO recommended treatment strategy. The next round of National Deworming Day will be observed in the State on forthcoming 10 August, 2017 followed by mop-up round on 17th August, 2017.

State Govt. of Tripura will carry forward its convergence strategy for forthcoming August round of NDD as implied during Feb round of NDD.

We seek your support for the effective implementation of the incoming NDD round through active participation in all steps of programme planning, implementation and monitoring with combined efforts taken by Health, School Education and SW-SE Departments. Concerted efforts between stakeholder departments are required at State, District and Block level to ensure successful implementation and enhanced coverage of NDD.

The following steps are required to be undertaken in order to strengthen the coordination amongst the three stakeholder Departments for achieving high quality and high coverage programme.

- 1 All the key stakeholder Departments should coordinate with the Department of Health for the effective implementation of school and anganwadi based NDD scheduled on 10 August and mop-up day on 17 August, 2017.
- 2 School Education & Social Welfare and Social Education Departments to provide the Department of Health with the desired numbers of target population under their respective age groups so that adequate supplies of Albendazole tablet is made available for all children 1-19 years age group including those in private schools, for conducting NDD.
- 3 State and District level Coordination Committees (SCC/DCC) to be chaired by the Principal Secretary, Health and District Magistrate & Collectors respectively to ensure all programme components are planned and implemented as per NDD guidelines

- 4 From monitoring visits, it was found that only 47% of anganwadis had the list of unregistered and out-of-school children. Only 69% out-of-school children and 63% unregistered children were dewormed in the NDD, February 2017 round. To ensure that no child is left out from receiving the benefits of deworming, it is essential that ASHAs prepare a list of unregistered children (1- 5 years) and out of school children (6- 19 years) of the community and share with anganwadi workers prior to NDD. Department of Health should sensitization ASHAs on their specific roles in community mobilization utilizing existing platforms like VHND, VHNSC and ASHA Bharosa divas. State and District ASHA cell should actively monitor ASHAs engagement in community mobilization for improving awareness about the programme in the community. Letter to District's ASHA cell should be sent detailing the expected roles of ASHA during NDD implementation. Additionally, updated contact database of ASHAs should be used so that training reinforcement messages are being successfully delivered to them.
- 5 State commitment towards improving hygienic practices with more extensive campaign should be continued in collaboration with Swachh Bharat Abhiyan to bring a sustainable impact in schools and community.
- 6 Department of School Education in consultation with Health Department should take lead role for greater involvement of private schools in the upcoming NDD round. NDD February 2017 monitoring findings shows that only 76% of private schools had attended training and received posters, banners, handouts and reporting formats etc. Remaining 24% of private schools did not received IEC & training materials due to absence in the training whereas 100% private schools had received sufficient quantity of Albendazole tablets. **Further, only 47% of private school followed recording protocol and only 27% of private schools received NDD related SMS.** To enhance private school engagement from planning to implementation, the Department has to facilitate for issuance of private school engagement letter signed by the District Magistrate & Collector and also provide update contact details of private schools to Evidence Action, the Technical Assistance Partner of Govt. of Tripura for NDD.
- 7 All the Departments will include NDD as one of the agenda items in their periodic meetings from June to August 2017 to reinforce key messages for the NDD programme, to ensure effective planning, conduct review and filling up gaps if any, to facilitate high coverage
- 8 Training of functionaries from School Education and Social Welfare & Social Education Departments to be supported by Health Department at State and District level, while Block level training of teachers and anganwadi workers to be led by respective Departments. District and Block level officials of stakeholder Department should plan training following guideline and timeline and the same has to be shared with Health Department for necessary coordination. **To prevent inconvenience all the stakeholder Departments are requested to timely notify changes in training schedule.**
- 9 All stakeholder Departments to disseminate information about safety of Albendazole tablet which can be administered on empty stomach also, Adverse Event Management Protocol and the IEC material provided by the Department of Health to the schools, anganwadis and community as appropriate for increasing programme awareness and facilitate greater coverage. **All Districts should ensure District level launch on August 9, 2017 for increasing acceptability of the programme among community members. All medical facilities and helpline numbers has to be alerted on NDD and mop-up day so that Adverse Events are managed as per NDD operational guideline.**

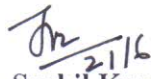
- 10 All the Departments at District are required to include NDD campaign along with reinforcement messages on IFA supplementation program and promotion of hygienic practices as an agenda in regular monthly meetings in July 2017 including private school participation as one of the agenda in their periodic meetings to reinforce key messages.
- 11 Ensure integrated distribution of NDD kits during Block level orientation training.
- 12 All anganwadi workers should administer Albendazole to the children aged 1-5 years covering both anganwadi registered/unregistered Children (1-5 years) and out-of-school children (6-19 years) and ensure hand washing & nail trimming if required before administration of Albendazole tablet.
- 13 All school teachers should administer Albendazole tablet to the children aged 6- 19 years enrolled in State Government schools, Central Government schools, local body run schools, Private schools, Aided schools, Madrasas, etc. and ensure hand washing and nail trimming, if required before administration of Albendazole tablet.
- 14 Officials of all the stakeholder Departments are mandated to undertake field monitoring visits for supportive supervision on NDD and Mop up Day. On National De-Worming day and mop-up day, school principals, teachers and anganwadi workers should be vigilant for any Adverse Events (AE), if any in their respective sites by ensuring that the Adverse Event Management Protocol (AEMP) and Emergency numbers are readily available and must alleviate any reported cases based on the AEMP.
- 15 Reporting has to be done as per reporting cascade and the specified timelines share by the State.

Roles and responsibilities of stakeholder departments are elaborated and enclosed in **Annexure**.

We are confident that with your support for the NDD campaign, we will collectively be able to reach out to all the children in the age group 1-19 years and help improve their quality of life with improved health and educational outcomes.



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To

The Pr. Secretary, Tribal Welfare/Pr. Secretary, DWS/Pr. Secretary, Panchayat Raj/All DM & Collectors (North, Unakoti, Dhalai, Khowai, West, Sepahijala, Gomati, South)/CEO, TTAADC/All Headmasters (Govt. & Pvt. Schools)/All Anganwadi Supervisors

