OFFICE OF THE MISSION DIRECTOR
NATIONAL HEALTH MISSION
GOVERNMENT OF TRIPURA
No.F.13 (3-62)-DFWPM/PHS/DEWORM/2018/ (Sub-I)

Dated January 2020

To
The Chief Medical Officer, District Education Officer, District Inspector of Social Education and District Nodal Officer -West Tripura/ Khowai/ Sepahijala/Gomati/ South Tripura/North Tripura/Unakoti/ Dhalai, Government of Tripura.
Principal Officer, Education and Principal Officer, Social Welfare and Social Education, TTAADC, Government of Tripura

Sub: Directives for increasing treatment coverage of hard-to-reach children in National Deworming Day February 2020

Sir/Madam,

As you are aware that tenth round of National Deworming Day will be observed on February 17, 2020 followed by mop-up day on February 24, 2020 across the state.

As per census, state has substantial number of unregistered children approximately and out-of-school children (15%) out of the total projected population.

Children who are excluded from the education system often face multiple and overlapping disadvantages. These children have been shown to be more heavily infected with Soil Transmitted Helminths (STH) than those who go to school[1]. Due to the poor 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 to prevent 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 mainly in unorganized settings.

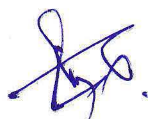
Out-of-school children also includes those who are engaged in other streams of education such as in degree colleges, polytechnics and vocational courses, not engaged with regular public health programs, thus requiring focused engagement with these stakeholders. Often low treatment coverage in this category is due to the lack of effective coordination among the stakeholders. It is important to note that costing implications for covering out-of-school children are marginal given the only additional costs involved are of drugs and community mobilization. Further, the main challenge in NDD was coverage (August 2019) of only 31% of unregistered children and 41% of out-of-school as per census projected population hence there is a significant gap between the NDD coverage in unregistered and out-of-school children category and WHO benchmark of 75% coverage applicable to all categories of NDD.

Defining unregistered children in *anganwadis* (1-5 years):

These are children between age group 1 to 5 years, who are neither enrolled in ***anganwadis* nor in pre-primary private school** including children of migrant brickkiln population, tea plantation workers, urban slum dwellers etc.

Defining out-of-school children in NDD context:

These are children between age group 6 years to 19 years, who neither enrolled in primary nor secondary schools. It also includes those who have never been in school, drop outs, enrolled in private



[1] Husein et al., 1996

coaching institutes, non-formal education institutions run by religious bodies, migrant brickkiln population, urban slum dwellers, enrolled in degree, technical, vocational colleges, polytechnics, ITIs, nursing, medical and paramedical institutes etc.

Strategy for coverage of unregistered and out-of -school children

- **Drug administration:** Primarily, unregistered and out-of-school children are to be dewormed at *anganwadis* trained at block/ cluster/ sector level meetings[2]. However, in Tripura, mobilization and administration of drug for some section of this category like children and adolescent of migrant brickkilns workers, urban slum dwellers and degree colleges, technical, ITIs, medical, nursing, paramedical institutes were done directly by Multi-purpose Workers **(MPWs)** of Health Department on NDD and mop-up day.
- **ASHA's role as community mobilizer:** ASHAs play a key role in generating community awareness and mobilizing unregistered out-of-school children to the AWCs to be dewormed on NDD and mop-up day, for which she is incentivized. 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 of children. They inform community about harmful effects of worm infection, and behaviour change practices to reduce re-infection.
- **Treatment coverage reporting:** Generally, the treatment coverage reporting of unregistered and out-of-school children, is completed by ASHAs at the *anganwadis* on the standard reporting format. The AWWs will include these in the *anganwadis* coverage report and submit to the CDPO through ICDS supervisor[3] for further submission to block, as per state's specific reporting cascade. However, those children and adolescent[4] administered drugs directly by MPWs will report by MPWs themselves to Block Nodal Officer (Health) in prescribed reporting format which will be complied in the block common reporting form.
- **Financial provisions:**
  - ✓ **Drug procurement for unregistered and out-of-school children:** NDD financial guidelines include costs for drug procurement for all population aged 1-19 years, including out-of-school children. The estimation takes into account the census population in the target age group irrespective of their enrollment status.
  - ✓ **Incentivization of ASHAs:** ASHA incentive is INR 100 for listing out-of-school children and mobilizing them to nearest *anganwadi* on NDD. ASHAs need to revisit households with the list to follow up with the children who could not be dewormed on NDD due to sickness and absenteeism. ASHA, while being present at the *anganwadis,* will separately record the details of out-of-school children as per the standard recording format and will submit it to the MPW (documentary evidence for receiving incentive).
  - ✓ **IEC and awareness generation:** NDD resource kit includes specific materials for community awareness including community handbills, ASHA training leaflets. All training materials for teachers and *anganwadi* workers includes content on community mobilization. A detailed IEC resource kit, including mass media activities targeted towards community, is available on MOHFW website.
  - ✓ **Program monitoring:** All NDD monitors from all levels (national, state, district, development partners, independent monitoring) conduct program monitoring on NDD and Mop-up day using a standardized checklist, including key questions on community mobilization. The checklist includes specific questions on ASHAs conducting village sensitization meetings and interpersonal communication prior to NDD for mobilization of children to the *anganwadis.*

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[2] where drugs, IEC and reporting forms are provided

[3] Tripura followed specific reporting cascade unlike national reporting cascade

[4] Brickkilns, urban slum dwellers and degree colleges, ITIs, technical, vocational institutes etc.

✓ **Coverage reporting:** Reporting on unregistered and out-of-school children is done from the *anganwadis* except brickkilns, urban slum dwellers, colleges etc *anganwadis* will record the numbers of unregistered and out-of-school children in *Anganwadi* Reporting Format. At the end of both NDD and mop-up day, ASHA along with the *anganwadis* will report to the MPW, as per the state specific NDD guidelines.

Designing and implementing strategies to improve coverage of unregistered and out-of -school children

Stakeholder engagement and roles:

Mapping of out-of-school children is key step towards designing a robust implementation strategy for unregistered and out-of-school children. District Coordination committee meetings (DCCM) are an important platform to engage stakeholders towards designing a robust implementation strategy. Key pointers, pertaining to out-of-school engagement to be considered at DCCMs:

1. Mapping out-of-school children through inputs from multiple stakeholders (government partners, community-based organizations, urban health programs) and presenting data at the DCCMs to help guide strategy formulation **(action to be taken by Health, School Education and Social Welfare and Social Education department).**
2. Stakeholders like *Nehru Yuva Kendra, Panchayati Raj* Insitutions, Tripura Rural Livelihood Mission, Indian Medical Association (state branch) and other grassroot level organizations that help build community participation must be engaged in the NDD planning and implementation at district and block level (**action to be taken by Health department).**
3. Engagement with district labour department is important to design strategies for reaching out-of-school children especially migrant brickklin population and tea plantation workers (**action to be taken by Health department).**
4. Mobilization of private coaching institutes and non-formal education institutions runs by religious bodies (**action to be taken by Health department).**
5. Urban health functionaries and district urban development should be engaged in NDD planning implementation (DCCMs, trainings, program monitoring). Greater convergence will lead to more insights into the hard-to-reach areas (Under NUHM GIS mapping of slum pockets and vulnerable areas is being conducted in states[5]) (**action to be taken by Health department).**
6. Reaching out and mapping of private schools including pre-primary private schools whose name are not listed under UDISE and engaged them in the NDD planning and implementation at district and block level (**action to be taken by Health department).**
7. Discussions on low attendance, sharing of school drop-outs list with health department and operational issue and challenges is important to be discussed at district level through engagement of senior leadership - (**action to be taken by Education department).**
8. Engagement of ASHAs cell at district level and facility level need to be enhanced, NDD nodal officer, State ASHA Program Manager, District ASHA Program manager to use of program monitoring data and gaps to pave way for strengthened strategy (**action to be taken by Health department).**

Engagement of teachers, *anganwadis* and ASHAs:

- There is a need to strengthen ASHA engagement in NDD program with an overall objective of increased mobilization of out-of-school children to receive deworming treatment at nearest *anganwadis.*
- Existing platforms like School Management Committees which involve teachers, parents, local community members should be leveraged for reaching out to the community/parents of out-of-school children.
- Engagement of local stakeholders like Panchayati Raj Institutions (village -level governance system), Urban Local Bodies and community-based structures (household meetings by field-level functionaries,

[5] 20 states are the focused states for NUHM priority viz. Maharashtra, UP, WB, TN, Delhi, Andhra Pradesh, MP, Karnataka, Telangana, Gujarat, Rajasthan, Assam, Kerala, Bihar, Haryana, Punjab, Chhattisgarh, Odisha, Jharkhand and Tripura

self-help groups under Tripura Rural Livelihood Mission) could play a vital role in spreading awareness about benefits of the program.

- Increased emphasis on trainings of teachers and *anganwadi* workers on community mobilization and awareness component and on better use of available NDD IEC materials (community handbills) for disseminating information should be targeted.

Using strengthened community mobilization campaign:

- This group cannot be reached easily, and thus a mix of audio-visual (TV, radio, miking/ public announcement) and interpersonal channels (ASHAs) can be used for mobilization. These channels should be employed till the program is more established, and coverage of this group increases.
- More localized activities like *prabhat pheris* and rally in schools, launch event gathering local community members prior to NDD round will help spread awareness across communities.

State of Tripura has an overall STH prevalence of 60% (prevalence survey report shared with Government). It is critical to conduct consistent high coverage NDD rounds to reduce prevalence and intensity and to slow reinfection. Without comprehensive coverage of at least 75% of WHO benchmark, goals of STH morbidity control will not be met. Therefore, continued efforts need to be made towards reaching out to all children aged 1-19 years as per census projected population.

All District Nodal Officers are hereby requested to share details action taken report with state by January 25, 2020 via email at nddtripura@gmail.com as per enclosed format.

Yours Faithfully,

Mission Director (NHM)
Government of Tripura

Copy to:

1. All District Magistrates cum Collector - North, South, West, Khowai, Unakoti, Dhalai, Sepahijala & Gomati Government of Tripura for kind information and instruction to all concerned district officials
2. The Chief Executive Officer, TTAADC, Tripura for kind information and instruction to all concerned officials under TTAADC.
3. The Director, Family Welfare & Preventive Medicine, Government of Tripura for information
4. The State Nodal Officer, NDD, Government of Tripura for information and necessary action.
5. State ASHA Program Manager, NHM Government of Tripura for information and necessary action.
6. The District ASHA Program Manager- Dhalai/Khowai/Gomati/North/Sepahijala/South/Unakoti & West Tripura for information and necessary action.
7. The State Program Manager, Evidence Action, State Office, Tripura for information

Copy forwarded to: -

1. PS to the Secretary, Health and Family Welfare Department, Government of Tripura for kind information to the Secretary.

Mission Director (NHM)