

Dated, Agartala, The 21<sup>st</sup> January 2020

**SUBJECT: JOINT DIRECTIVES - NATIONAL DEWORMING DAY, FEBRUARY 2020**

1. 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.
2. 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.
3. Tripura, with more than 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 in the State will be observed on **February 17, 2020** followed by mop-up day on **February 24, 2020**.
4. During NDD August 2019 round (held on August 8, 2019 followed by mop-up day on August 19, 2019), **11,27,325** children were dewormed in Tripura, which includes **1,28,784** children in private schools. State Government of Tripura will carry forward its convergence strategy for forthcoming February round of NDD as implied during August 2019 round of NDD.
5. Since, the reduction in worm prevalence depends on high coverage amongst all children of 1-19 years of age, reiterating to the earlier commitment, Health & Family Welfare Department, Government of Tripura has decided to include children up to 19 years of age enrolled in other categories of educational institutions like Industrial Training Institutes (ITI), polytechnics , vocational/degree colleges, medical, paramedical and other institutes as well for getting deworming benefits.
6. Only your amiable support can help in effective implementation of the NDD round through active participation in all steps of program planning, implementation and monitoring with joint efforts taken by Health and Family Welfare, Education, Social Welfare and Social Education, Industries and Commerce Departments and other stakeholder department.
7. The following steps are required to be undertaken in order to strengthen the coordination amongst Stakeholder Departments at State, District and Block level for achieving high quality and high coverage program: -
  - i. All the key Stakeholder Departments must coordinate with the Department of Health for the effective implementation of NDD scheduled on **February 17** followed by mop-up day on **February 24, 2020**.
  - ii. Department of Health will make available adequate supply of Albendazole to School Education, Higher Education, Social Welfare and Social Education and Industries and Commerce departments for all children 1-19 years age group including those in private schools (including unrecognized pre-primary private schools), migrants brickkilns workers, tea plantation workers, children getting education through non-formal educational systems, private coaching institutes and slum dwellers etc. for conducting NDD.
  - iii. District Level Coordination Committees (DCCM) to be **chaired by District Magistrate & Collectors** to ensure all program components are planned and implemented as per NDD guidelines. This has to be completed between first and second week of January 2020.
  - iv. 153 ASHAs were interviewed during independent survey held on NDD August 2019. Of those, 48% reported administering the deworming drug to children, which is not recommended as per NDD guidelines. Of those interviewed, 68% reported preparing the list of unregistered preschool-age children and out-of-school children. However, on the positive side, 92% of ASHAs conducted meetings with parents to inform them about NDD. It shows a scope of improvement in involvement of ASHA as per the NDD guidelines and a possible reason for this could be gap in orientation of ASHA on their expected role in NDD during block-training. To extend deworming benefits to unregistered preschool-age children (1-5 years) and out-of-school



children (6-19 years) of community, regular orientation of ASHAs on their specific role in community mobilization through existing platforms like Village Health Sanitation and Nutrition Committee, ASHA Varosa Divas and their monthly meetings at cluster and blocks should be capitalized. A letter to district ASHA cell should be sent detailing the expected role of ASHAs during NDD implementation. Further, ASHA cell representative should attend training and coordination committee meetings at Districts and closely monitor ASHA's community mobilization efforts.

- v. Coverage of out-of-school and unregistered preschool children in NDD is less than WHO benchmark of 75% when compared to census target. Apart from mobilization by ASHAs, intensive efforts will be made by all stakeholder department in the state to reach out children enrolled in unrecognized pre-primary private schools, tea plantation workers, brickkilns, orphanage, non-formal education runs by religious institutions, urban slum dwellers, private coaching institutes etc.
- vi. Reinforce private school engagement through conducting exclusive district-level private school meetings and strengthening the participation of private school representative/s at the District-level Coordination Committee Meetings. Related communication from the state to all District Magistrates must be facilitated at least two months prior, notifying them about importance of engaging private schools in the NDD program including issuing directives for increased participation of private schools at block/below block-level trainings. These engagement efforts have shown good results in their overall participation for the program and should be continued in future NDD rounds as well.
- vii. State commitment towards improving hygiene and sanitation practices with more extensive campaign should be continued in collaboration with **Swachh Bharat Mission** to bring a sustainable impact in schools and community.
- viii. Continued efforts should be made by department of Health & Family Welfare for engagement of **Labour department, Panchayati Raj Institutions, Nehru Yuva Kendra Sangathan, National Cadet Corps, Bharat Scouts and Guide, National Social Service, Tripura Rural Livelihood Mission, state chapter of Indian Medical Association** in community mobilization efforts in the upcoming NDD round.
- ix. All stakeholder departments will include **NDD as one of the agenda items in their periodic meetings from December 2019 to February 24, 2020** to reinforce key messages for the NDD program, to ensure effective planning, conduct review and fill gaps if any to facilitate high coverage.
- x. Reorientation of functionaries from School Education and Social Welfare & Social Education Departments to be supported by Health Department at state level, while block level orientation of teachers and *anganwadis* to be led by respective departments. District and block level officials of stakeholder departments should plan reorientation workshop as per timelines scheduled on **fourth week of January 2020 to first week of February 2020** (block/sectoral level training). Further district officials of three stakeholder department to share training scheduled with State Nodal Officer, NDD, Health & Family Welfare Department for necessary coordination. Ensure integrated distribution of NDD kits (Albendazole tablets, IEC materials and reporting formats) during block/sectoral level orientation workshop.
- xi. All stakeholder departments to disseminate information about safety of Albendazole tablet which can be administered in empty stomach (WHO Guideline) also. Adverse event management protocol and the IEC material provided by the Department of Health to the schools, *anganwadis* and community should be used appropriately for increasing program awareness and facilitate greater coverage.
- xii. All *anganwadis* must administer Albendazole to the children aged 1-5 years covering both registered/unregistered Children (1-5 years) and out-of-school children (6-19 years) under their supervision and ensure hand washing and nail trimming (as per requirement) before administration of Albendazole tablet.
- xiii. All school teachers must administer Albendazole 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. under direct supervision and ensure hand washing and nail trimming if required before administration of Albendazole tablet.
- xiv. **Multi-purpose workers (MPWs)** will administer Albendazole tablet under their direct supervision to out of school children in the age 1- 19 years of age group enrolled in other educational institutes ( pre-primary private schools, ITI, Polytechnics, Vocational, Technical, Medical, Para-medical, degree colleges, ICFAI, NIT, Animal husbandry, Agriculture, Fishery etc), brickkilns sites, urban slum dwellers, railway stations, bus stand, Market area, tea plantation workers, children imparting education through non-formal education, private coaching institutes, orphanage etc. on NDD and mop-up day. Coverage reports of these institutions will also be collected by MPWs through prescribed formats as per state specific reporting cascade and timelines.
- xv. Department of Health and Family Welfare will organise NDD launch events at state and districts on February 14, 2020 to create awareness among general masses.
- xvi. Officials of all the Stakeholder Departments are mandated to undertake **field monitoring visits** for supportive supervision on NDD and mop-up day and submit the duly filled monitoring form to [nddtripura@gmail.com](mailto:nddtripura@gmail.com) within 5 days from the date of completion of visits or upload monitoring data into google monitoring form directly.



- xvii. Adverse Event Management team has to be formed at state, district and block level on National Deworming day and mop-up day. School principals/headmasters/teachers and *anganwadis* must be vigilant for any Adverse Events (AE), if any in their respective sites by ensuring that the Adverse Event Protocol and Emergency Numbers are readily available and must alleviate any reported cases based on the Adverse Event Management Protocol (AEMP). Further, ensure the **involvement of block level mobile teams of RBSK** with proper orientation to manage such adverse events if occur any during implementation of NDD (February 17, 2020) and mop-up day (February 24, 2020). In addition, RBSK teams will also create awareness on National Deworming Day during their regular visits by sharing the benefits of deworming, promotion of hygiene and sanitation practices and information on implementation day to ensure high attendance of children in schools and *anganwadis*.
- xviii. State to continue leveraging Mid-Day Meal platform (AMS) for NDD real time coverage reporting in NDD February 2020 round as well to have real time coverage data from MDM schools so that corrective actions can be taken before mop-up day
- xix. Reporting has to be done as per reporting cascade and the specified timelines shared by the state and all block officials should refer block wise targets while reporting.
- xx. All the left over Albendazole tablets from schools and *anganwadis* should be submitted along with reporting forms after mop-up day as per the state's reporting cascade and timelines.
- xxi. With a view to improve physical fitness as well as academic performance, Government of India has introduced **National Physical Fitness Program** among school children in the age group of 10-18 years. Under this program, physical fitness level of children is measured in terms of endurance, speed, strength, flexibility and body mass index (BMI). Implementation of National Deworming Day (NDD) and National Physical Fitness Program (NPPF)- Fit India are supplementary to each other in addressing sustainable impact on physical and mental growth of children.

We are confident that with your cordial 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.



(Dr. Debasish Basu)  
Secretary  
Dept. of Health & FW



(Smt. Saumya Gupta)  
Secretary  
Dept. of School Education



(Shri. Chaitanya Murty)  
Secretary  
Dept. of Edu. (SW & SE)

To

All DMs, CMOs, DEOs, DISE, PO- Education, SW&SE, Health, TTAADC, DNOs, BNO, CDPOs, Inspector of School, All Director, ITI, Polytechnics, Vocational, Medical, Para-medical, degree colleges, ICFAI, NIT, Animal husbandry, Agriculture, Fishery institute, All Headmasters/principal (Govt. & Pvt. Schools)/All *Anganwadis*, Supervisors/ASHAs and concerned officials.

Copy to:


1. PS to the Pr. Secretary, Tribal Welfare, Government of Tripura for kind information to the Pr. Secretary
2. PS to the Pr. Secretary, DWS, Government of Tripura for kind information to the Pr. Secretary
3. PS to the Pr. Secretary, Panchayat Raj, Government of Tripura for kind information to the Pr. Secretary
4. PS to the Pr. Secretary, Industries & Commerce, Government of Tripura for kind information to the Pr. Secretary
5. PS to the Secretary, Youth Affairs and Sports, Government of Tripura for kind information to the Secretary
6. PS to the Special Secretary, Urban development department, Government of Tripura for kind information to the Special Secretary
7. The Mission Director, NHM, Government of Tripura for information and necessary action.
8. The CEO, TTAADC, Government of Tripura for information and necessary action.
9. The CEO, Tripura National livelihood Mission, Government of Tripura for information and necessary action
10. The Commissioner and Secretary, Directorate of labour department
11. The Director, Family Welfare and PM, Government of Tripura for information and necessary action
12. The Director of Secondary Education, Government of Tripura for information and necessary action.
13. The Director of Elementary Education, Government of Tripura for information and necessary action.





14. The Director of Higher Education, Government of Tripura for information and necessary action.
15. The Director of Social Welfare & Social Education, Government of Tripura for information and necessary action.
16. The Director of Industries & Commerce, Government of Tripura for information and necessary action
17. The Director of Panchayats, Government of Tripura for information and necessary action
18. The Director of Tribal Welfare, Government of Tripura for information and necessary action
19. The Director, Urban development department, Government of Tripura for information and necessary action
20. The Director of ICA, Government of Tripura for information and necessary action
21. The Director of Drinking Water & Sanitation, Government of Tripura for information and necessary action
22. The Chief Engineer of Swachh Bharat Abhiyan, Government of Tripura for information and necessary action
23. The Director, Youth Affairs & Sports, Government of Tripura for information and necessary action
24. The Director, SCERT, Government of Tripura for information and necessary action
25. The Lieutenant Colonel, Offg. Commanding Officer, 13 Tripura Bn NCC for information and necessary action
26. The State Director, NYKS, Government of Tripura for information and necessary action
27. The State Secretary, Bharat State Scouts and Guides, Tripura for information and necessary action
28. The General Secretary, IMA, Tripura State Branch, Agartala for information and necessary action
29. The State National Social Service officer, Government of Tripura for necessary action
30. The Deputy Director, Mid-May Meal, Government of Tripura for information and necessary action
31. The State Program Officer, RCH, NHM, Government of Tripura for information and necessary action
32. The State Nodal Officer (Deworming Intervention), Government of Tripura for information and necessary action
33. In-charge, State IEC cell, NHM, Government of Tripura for information and necessary action.
34. The Nodal officer, RBSK, NHM, Government of Tripura for information and necessary action
35. The State Program Manager, NHM, Tripura
36. The State ASHA Program Manager, NHM, Government of Tripura for information and necessary action.
37. The State Finance Manager, NHM, Government of Tripura for information and necessary action
38. The State Program Manager, Evidence Action, Tripura for information and facilitation

**Copy also forwarded to :-**

1. PS to the Chief Secretary, Government of Tripura for kind information to the Chief Secretary
2. Jt. Secretary, RMNCH+A, MoHFW, GoI, New Delhi for kind information.
3. DC-I/C, Child Health, Ministry of Health & Family Welfare, GoI, New Delhi for kind information.
4. DC-CH, Ministry of Health & Family Welfare, GoI, New Delhi for kind information.
5. Deworming secretariat, CH, MoHFW GoI, New Delhi for kind information.
6. Country Director, Evidence Action, New Delhi for kind information.

  
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