

OFFICE OF THE DIRECTOR
FAMILY WELFARE AND PREVENTIVE MEDICINE
GOVERNMENT OF TRIPURA
2nd Floor, P N Complex, Agartala

No.F.13 (3-62)-DFWPM/PHS/DEWORM/2018/ (Sub-II)

State Level Coordination Committee Meeting (SCCM) for National Deworming Day (NDD) September 2020 round: Minutes of the meeting

Venue: Conference hall No. I, Secretariat, Agartala

Date: August 3, 2020

The State coordination committee meeting for the NDD September 2020 round was held on August 3, 2020 under the chairmanship of the Additional Chief Secretary, Health and Family Welfare Department, Government of Tripura in the Conference Hall No. I at Secretariat, Agartala and was attended by Mission Director- NHM; Director- Family Welfare and Preventive Medicine, Elementary Education and Higher Education; Joint Director- Secondary Education, Social Welfare and Social Education; Deputy Director- Higher Education; State Nodal Officer- NDD and representatives from Evidence Action state team (**Participant list enclosed in Annexure A**).

At the outset, Additional Chief Secretary, Health & Family Welfare department welcomed all the participants present in the meeting and shared the objective of the meeting. State Nodal officer- NDD, presented an overview of Soil-Transmitted Helminthiasis (STH) infection and its impact, NDD February 2020 at a glance and preparation for upcoming NDD round. He also shared activities, timelines and key decisions on implementing community-based approach for the upcoming NDD. After discussions on the issues pertaining to the program management in terms of implementation strategies amid COVID-19 pandemic, following decisions were undertaken:

Key decisions:

1. Community based approach to drug administration:

- 1.1 Since NDD is implemented through the platforms of schools and *anganwadis* which may remain closed depending on the control of pandemic in coming months, it is important to identify alternate platforms of program delivery that can be leveraged during COVID-19 pandemic to avoid the situation where rapid gains made in STH control are lost due to the current situation. It was decided to implement community-based approach for drug administration in the upcoming NDD round to keep people safe and maintain continuity of deworming efforts in the state while ensuring an effective response to COVID-19.
- 1.2 **Extended week-long NDD program:** State will observe extended week long NDD program through frontline functionaries (ASHA and AWW) who are delivering other essential services at the doorstep during upcoming NDD round from **September 28 to October 5, 2020** across all eight districts.
- 1.3 **Drug administration** will be done **directly by AWW and ASHA/ANM/MPW** in coordination with School Education and Higher Education if the schools and *anganwadis* reopens at that point of time.

2. Sharing of Standard Operating Procedures (SOPs): State health department to draft and share detailed SOPs for implementation of NDD amid COVID-19 with stakeholder departments by **second week of August 2020** for feedback.

3. Target setting: State to set a target of 12.19 lakh children between 1-19 years, aligning 95% with the census population for the upcoming round, which is same as the pre-NDD target set in February 2020 round.

4. Drug procurement status, quality testing plans and management of drug administration for NDD September 2020 round:

- 4.1 13.42 lakh tablets received on June 23, 2020. Drugs quality testing is ongoing.
- 4.2 Drug to be transported till CHC/PHC-level while delivering regular supplies. Existing field visits of Mobile Medical Units (MMU) may be leveraged for transportation and supply of Albendazole tablets till ANM/MPW-level. ANMs/MPWs shall provide the required quantity of Albendazole tablets to ASHAs and AWWs.
- 4.3 **Micro-plan for drug administration:** In consultation with ANM/MPW, ASHA and AWW to prepare a micro-plan for drug administration at least two weeks prior to NDD.
- 4.4 ASHA and AWW will administer Albendazole tablets to all children in the age group of 1-19 years (except children who are sick or under medication) through house-to-house visits in their respective catchment areas.
- 4.5 ICDS supervisor and ASHA facilitator to supervise and monitor the activities of AWW and ASHA respectively to bridge any gaps in the program implementation.
- 4.6 For all home visits, ANM/MPW, ASHA and AWW to ensure adequate social distancing is maintained and masks and sanitizers are used.

5. Printing of IEC and training materials:

- 5.1 State health department will place supply order to Government press for printing of reporting formats only for upcoming NDD round. Timeline for distribution of reporting formats below block-level will be **second week of September 2020**;
- 5.2 State shall start customization of IEC and training materials once received from GoI for dissemination through digital platforms. Dissemination will be started at **least two weeks prior to deworming week**.

6. NDD Planning and inter-departmental coordination:

- 6.1 Given the requirement of maintaining social distancing norms, it is encouraged that district holds virtual meetings with stakeholder departments (Health, Education, Social Welfare and Social Education and other stakeholder departments) for defining the roles and responsibilities at various levels and make key decisions about the program, if possible, by **third week of August 2020** and at blocks during **third to fourth week of August 2020**.
- 6.2 Involvement of District Magistrate cum Collectors in planning, implementation and review of upcoming NDD at district level.
- 6.3 **Appointment of nodal officers:** All three-stakeholder departments to share list of NDD nodal officers' contact details with State Nodal Officer, NDD by **second week of August 2020** for ease of coordination at state, district and block levels.
- 6.4 The state will identify a coordination mechanism for NDD nodal at state and district level and the state COVID-19 task force for NDD so as to have a smooth implementation of NDD while maintaining the norms and guidelines mandated in COVID-19 response. State NDD team will work in close coordination with other teams engaged for COVID -19 preparedness and response for planning and optimal use of existing resources.
- 6.5 All three stakeholder departments, Education (including Higher Education), Health, Social Welfare and Social Education) to work collectively for successful implementation of NDD in terms of creating awareness through their respective platforms for wider awareness and jointly review the program preparedness at all levels.

7. Training and capacity building:

- 7.1 To reduce exposure to COVID-19 and following social distancing practices, no printing of IEC and training material is recommended for the current NDD round, except reporting formats. However, do's and don't related to COVID-19 and drug administration can be incorporated in the back side of the reporting format.
- 7.2 State to conduct virtual training of master trainers by **third week of August 2020**.
- 7.3 There will be increased emphasis on use of digital tools and platforms (such as Zoom, WebEx) for training and capacity building activities.
- 7.4 The conventional paper-based IEC and training materials may be replaced with SMS, videos, GIFs, audios, jingles for sharing through WhatsApp.

- 7.5 ASHA and AWW to be trained on ASHA *Bharosa Divas* by their respective ASHA facilitator and ICDS supervisor during second week of September 2020 as virtual training will not be possible for them.
- 7.6 State health department to continue using NIC portal for sending training reinforcement SMS to all concerned officials of three stakeholder departments (health, education and Social welfare and social education) and frontline functionaries as per approved SMS plan by **second week of September 2020 to second week of October 2020.**
- 8. IEC and awareness activities including mass-media and social media:**
 - 8.1 State to continue mass media activities (Radio Jingle, TV spot, newspaper advertisements, from **third week of September to October 5, 2020.**
 - 8.2 Private telecom operators' platform will be leveraged for sending community awareness SMS to their users in the upcoming NDD round as well. State health department to reach out for the same by **first week of September 2020.**
 - 8.3 State to continue social media campaign from second week of September to **second week of October 2020.**
 - 8.4 Digitization/use of technology should be promoted for awareness generation.
 - 8.5 All frontline workers to be sensitized through SMS, short videos (easily shareable through WhatsApp). Schools WhatsApp groups to be leveraged for dissemination of information to parents.
- 9. Joint directives and financial guidelines:** Issuance of joint directives to all districts by third week of August 2020 and financial guideline by **fourth week of August 2020.**
- 10. Engagement of ASHA and AWW for community mobilization and administration of drug:**
 - 10.1 State and district level officials of health and Social welfare and social education to be more actively engage in planning and in dissemination of necessary communication/guidelines released from state health department;
 - 10.2 Existing incentivization of ASHA @ Rs. 100 will be applicable for AWW as well for the upcoming NDD. However, state health department will explore the feasibility of provisioning the fund for AWW from the existing fund available for NDD program or from NHM flexi pool.
- 11. Adverse Event Management:** State to issue additional guideline for engagement of RBSK teams
- 12. Higher political engagement:** State health department to explore the highest level of political engagement in NDD like issuance of encouragement letter to field functionaries- AWW, ASHAs ASHA facilitators, ANMs, MPWs, MPSs by Hon'ble Health Minister/Chief Minister.
- 13. State-level video conference:** Video conference with district officials of stakeholder departments between **second week and third week of September 2020** to review and reinforce program preparedness and key messages.
- 14. NDD program monitoring:** With the requirement of maintaining social distancing norms during COVID-19, state and partners may not have the opportunity to conduct in-person monitoring and surveys for the next NDD round. In this situation, state based tele-calling system is being suggested for the NDD program monitoring.
- 15. Coverage reporting:**
 - 15.1 Upon drug administration, ASHA and AWW will record data of total children dewormed in the prescribed format provided by the district.
 - 15.2 ASHA and AWW will compile coverage data in the prescribed format and share with their assigned ASHA facilitator or assigned ANM/MPW (where there is no ASHA facilitator in the area of operation.
 - 15.3 ASHA facilitator/ ANM/MPW will compile coverage data and severe adverse event reported in her areas received from ASHAs of their assigned area in the prescribed format and share with ANM/MPW.
 - 15.4 ANM/MPW will share information compiled based on all the data received from ASHA facilitators and submit to the block NDD nodal for reporting in the NDD App.

- 15.5 Data entry in the NDD App will be at block-level, remaining reporting cascade will remain the same. The existing user ID and passwords will be used for coverage reporting in the NDD App.

16. Role of Evidence Action:

- 16.1 Facilitate coordination and review meetings and training of stakeholder departments at state level.
- 16.2 Support in development and customization of state specific IEC and training material based on the community-based deworming model and incorporating the COVID-19 necessities in the formats that can be shared by digital channels (social media, WhatsApp etc.) till the last level.
- 16.3 Support state in tracking of drug distribution cascade and implementation monitoring at all levels through tele calling system.
- 16.4 Follow-up with officials at every level to ensure timely reporting of coverage data as per state's reporting cascade.

The meeting closed with the Additional Chief Secretary thanking all the participants and further reiterated on quality interdepartmental coordination among stakeholder departments.

*Done
10.8.2020*

Dr. (Mrs) Radha Debbarma
Director, Family Welfare and Preventive Medicine
Government of Tripura

To:
All concerned.....

Copy also forwarded to: -

1. PS to the Additional Chief Secretary, Health & Family Welfare Department Government of Tripura for kind information to the Additional CS.
2. PS to the Secretary, Education Department, Government of Tripura for kind information to the Secretary.
3. PS to the Special Secretary, Social Welfare and Social Education Department, Government of Tripura for kind information to the Secretary.
4. Deworming secretariat, CH, MoHFW GoI, New Delhi for kind information.
5. Country Director, Evidence Action, New Delhi for kind information.

*Done
10.8.2020*

Director, Family Welfare and Preventive Medicine
Government of Tripura