

National Deworming Day Report



TRIPURA



Photo Credit: Evidence Action

February 2019

Submitted By

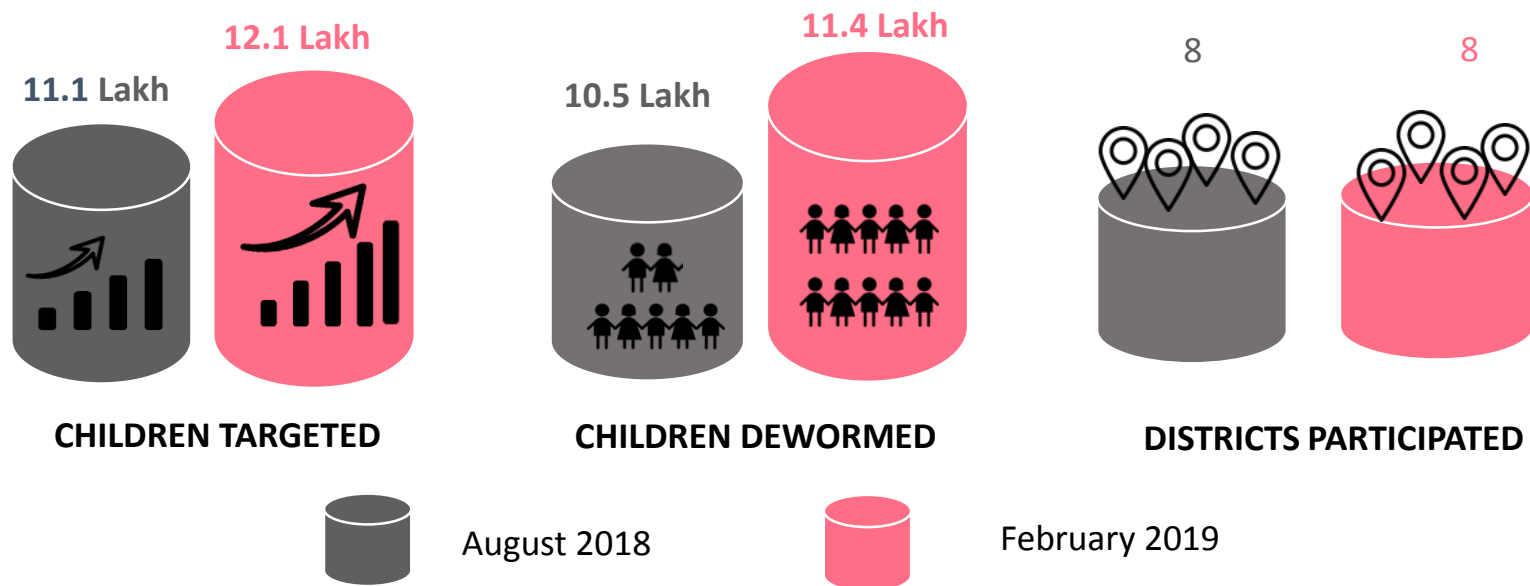
Evidence
Action

Deworm the
World Initiative

ABBREVIATIONS	
ANM	Auxiliary Nurse Midwife
ASHA	Accredited Social Health Activist
AWW	<i>Anganwadi Worker</i>
BNO	Block Nodal Officer
CDPO	Child Development Project Officer
CMO	Chief Medical Officer
DCCM	District Coordination Committee Meeting
DFWPM	Directorate of Family Welfare and Preventive Medicine
DNO	District Nodal Officer
GoI	Government of India
HoD	Head of department
IEC	Information Education and Communication
IM	Independent Monitoring
IP	Internet Protocol
MD	Mission Director
MoHFW	Ministry of Health and Family Welfare
MO	Medical Officer
MPW	Multipurpose Worker
MOU	Memorandum of Understanding
NDD	National Deworming Day
NHM	National Health Mission
OOS	Out-of-school
PMCV	Process Monitoring and Coverage Validation
PIP-FY	Program Implementation Plan-Financial Year
SBM	Swachh Bharat Mission
SCCM	State Coordination Committee Meeting
SNO	State Nodal Officer
STH	Soil Transmitted Helminths
SW and SE	Social Welfare and Social Education
TCs	Tele Callers
WHO	World Health Organization

LIST OF ANNEXURES	
Annexure A	NDD coverage report for February 2019
Annexure B	Findings on print (IEC and training) materials
Annexure C	Detailed PMCV findings
Annexure D	Efforts to deworm hard-to-reach children in Tripura
Annexure E	Coverage reporting through MDM AMS

Executive Summary



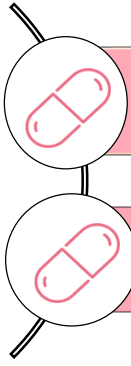
Government of Tripura implemented eighth round of National Deworming Day (NDD) on February 8, 2019 followed by mop-up day on February 14, 2019 across all 8 districts. The nodal implementing agency was National Health Mission (NHM) and Directorate of Family Welfare and Preventive Medicine, in collaboration with the Departments of School Education, Social Welfare and Social Education (SW and SE), Higher Education and Industries and Commerce with technical assistance from Evidence Action.

In February 2019 round, state dewormed 11.4 lakh children aged 1-19 years (89% of census population in 1-19 years age group), thus meeting the WHO global goal of regularly reaching at least 75% of all children in the target group. The state continued its efforts to reach children who are out of formal education system across the state and dewormed 89,976 out of 96,251 targeted children working at brickkiln sites, migrant workers, refugees, urban slum dwellers and children in technical, medical and degree colleges. The state has continued to implement best practices towards improving program quality through engaging with private telecom providers (Airtel and Vodafone), which sent 27.7 lakh NDD awareness SMS to community during NDD February 2019 round.

State Coordination Committee Meeting (SCCM) was held on December 11, 2018 under the chairmanship of Secretary-Health and Mission Director (MD)-NHM with participation of key stakeholders to take decisions for upcoming NDD round. Discussion was centred around increased convergence among all stakeholders and intensifying efforts to increase awareness among private schools and out-of-school children. State also made efforts to reach out to Regional Director, Central Board of Secondary Education (CBSE) and Agartala diocese for enhancement of coverage among CBSE affiliated schools and catholic schools in the state. Panchayat Raj Institutions (PRI), *Nehru Yuva Kendra Sangathan* (NYKS), National Cadet Corps (NCC), National Social Service (NSS), Bharat Scouts and Guides (BSG) were also reached out for inclusion of deworming agenda in their meetings and existing activities. State rolled-out intensive communications campaign including launch by Hon'ble Health Minister Shri Sudip Roy Barman on February 7, 2019 in Khowai district. All districts had participation of public representatives in their respective launch events.

Analysis of NDD February 2019 coverage report reiterates the need for enhanced strategies towards coverage of out-of-school children and unregistered children at *anganwadis*. The role of ASHAs in mobilizing unregistered and out-of-school children needs to be strengthened through initiation of field activities at least two months prior to NDD and thereby providing sufficient time for community mobilization efforts. Program monitoring from stakeholder departments at all levels needs to be enhanced in the upcoming NDD rounds. As a comprehensive approach towards bringing down STH prevalence through the combination of NDD as well as long term preventive strategies, the engagement with *Swachh Bharat* Mission (SBM) needs to be further enhanced in the future NDD rounds promoting sanitation and hygiene. With NDD being included under national level cross-cutting campaigns like Extended *Gram Swaraj Abhiyan*, *Poshan Mah*, *Poshan Abhiyan*, efforts should be made to leverage platforms under the campaign for expanded coverage through efforts such as enhanced community mobilization and program monitoring.

Deworming Goals

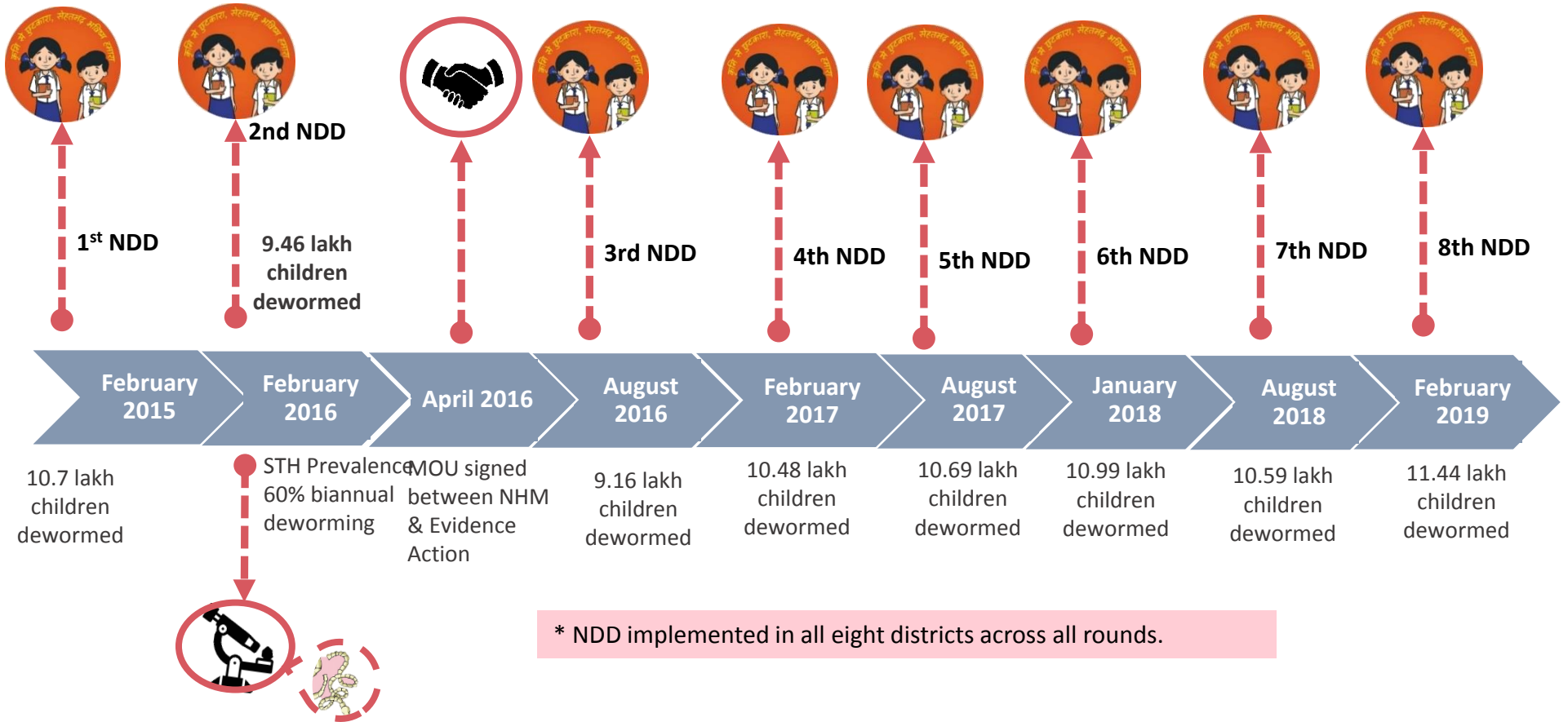


WHO global target is to eliminate morbidity due to STH in children by 2020 through regularly treating at least 75% of school age children in endemic areas.

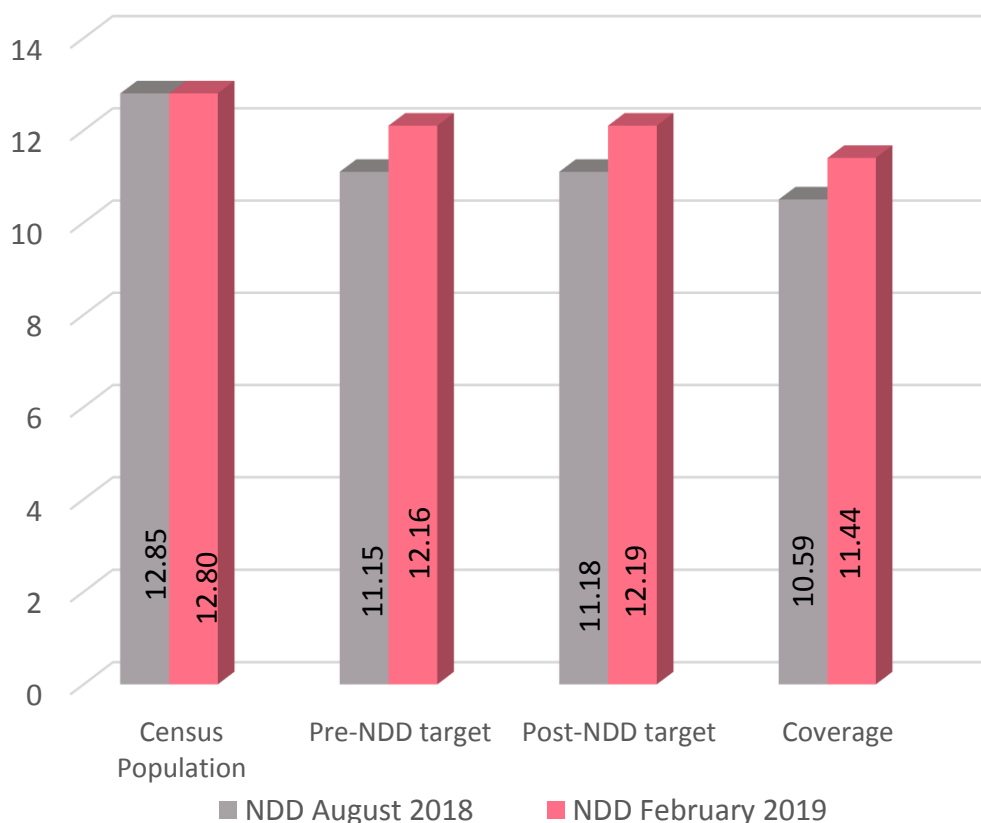
NDD guidelines aims to deworm all children between the ages of 1-19 years through the platform of Government/Government aided and private schools and *anganwadis*.

Source- Eliminating soil-transmitted helminthiasis as a public health problem in children, progress report 2001-2010 and strategic plan 2011-2020 (2012)

Tripura Roadmap



Target Vs Coverage



- In February 2019 round, the state has targeted 95% of the census population.
- Revision in targets is seen across in August 2018 and February 2019 rounds as well. There was a slight increase of around 3000 children in target figure (as reported in the coverage report of August 2018 and February 2019 round) compared to targets set prior to both the NDD rounds.
- Comprehensive target setting of 100% of census population for the target group is critical to bring down STH prevalence. Reporting against the pre-set program target is crucial to gauge program progress.

Source: Coverage report (Annexure A)

(Figures in lakh)

Policy and Advocacy

NDD National Review Meeting organized by Ministry of Health and Family Welfare, Government of India and Evidence Action, was held at New Delhi on January 8, 2019 with participation from State NDD Nodal Officer.

December 11, 2018

Chaired by – Secretary-Health and MD-NHM

Key stakeholders - Department of Social Welfare & Social Education, Department of School Education, Higher Education, *Panchayati Raj*, *Swachh Bharat* Mission, Youth Affairs and Sports, Tribal Welfare, Information and Cultural Affairs, HoD Community Medicine, Agartala Medical college and district level officials of three stakeholders department.

NDD
SCCM

KEY DECISIONS

- Decision on dates of NDD and mop-up day (February 8 and 14, 2019 respectively).
- Strategy to improve coverage of out-of-school children (1-19 years) – migrant brickkiln workers, slum dweller, school drop-out and out-of-school in the other category enrolled under Higher Education, Directorate of Industries and Commerce and other allied department by reaching out to migrant and children living in slums, and children studying in unregistered schools.
- Inclusion of BSG, NCC and NSS in the community mobilization efforts for the first time.
- Continue strategy to improve private school engagement in NDD February 2019 round by engaging private schools at district and block-level NDD trainings and meetings.
- Continue ASHA engagement for community mobilization of un-registered and out of school children and timely release of ASHA incentive.
- Strategy to continue reaching out of Central Board of Secondary Education (CBSE) for better coverage of schools affiliated to CBSE.
- Continue **engagement of PRI and NYKS** in the community mobilization efforts.
- Continue engagement SBM for creating synergies on NDD and focus on prevention strategies.
- Continue leveraging of MDM platform for NDD real time coverage reporting.
- Engage faculty, tutor, medical officer and postgraduate students of community medicine department, Agartala Government Medical College and Tripura Medical College for state level monitoring.
- **Coverage Reporting through MDM:** State continued to leverage MDM platform for NDD reporting for real-time access on coverage/ attendance from MDM schools on NDD and mid-course corrections before mop-up day.

National Deworming Day February 2019



“It is a good program for improving health specially for our students. NDD program eliminates worms and benefits children.”

“The best element of the program is that, one tablet of albendazole can help a child become healthy.”

Sabita Barman, Teacher,
Rabikumar HS School
Bamutia, Tripura

STATE
COORDINATION
COMMITTEE
MEETING

Second week of December 2018

Second week of December 2018

DISSEMINATION OF
OPERATIONAL PLAN

Third week of November 2018

Third week of December 2018

ISSUANCE OF
JOINT
DIRECTIVES

Fourth week of November 2018

Third week of December 2018

DISTRICT
COORDINATION
COMMITTEE
MEETING

Third week of December 2018

Third week of January 2019 to first
week of February 2019

DISTRICT
LEVEL PRIVATE
SCHOOL
MEETING

Third week of December 2018

Third week of January 2019 to first
week of February 2019

SCHEDULE AS PER OPERATIONAL
PLAN

SCHEDULE FOLLOWED

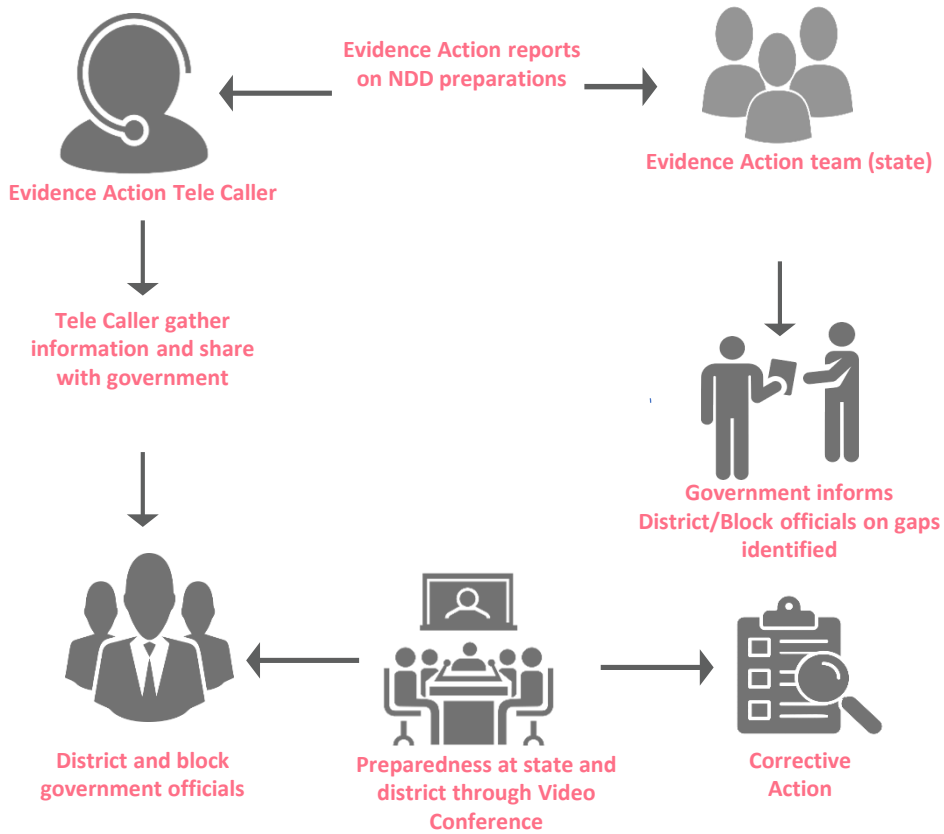


- All 8 districts conducted DCCMs under was chairmanship of District Magistrate cum Collector.
- District-level private school meeting was conducted in all 8 districts as per the directive issued by the Secretary, Health to all District Magistrates.



BUDGET-Budget approved in NHM PIP FY 2019-20 for two NDD rounds – INR 104.64 Lakh.
(As per NDD financial guidelines)

Program Management

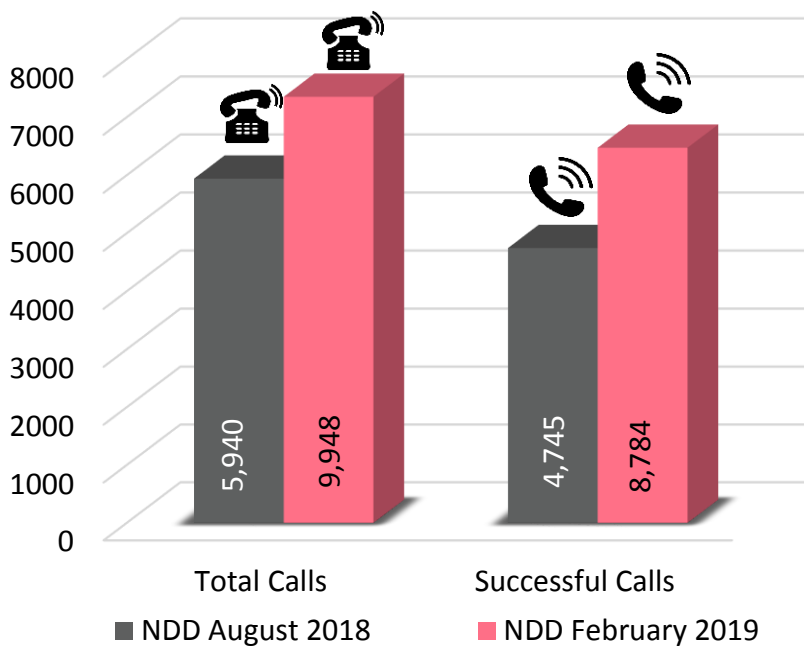


- Evidence Action provided technical assistance through a state based team, one tele caller and one admin assistant with support from national office. Evidence Action shared real time updates with stakeholder departments on program implementation and facilitated corrective actions.
- Tele-calling tracking sheets on different program components (drugs, training and IEC) were shared daily (December 24, 2018 to March 18, 2019) with state-level government officials to initiate corrective actions on identified gaps.

Information flow between Evidence Action team & district and block level officials



Tele-Calling Analysis

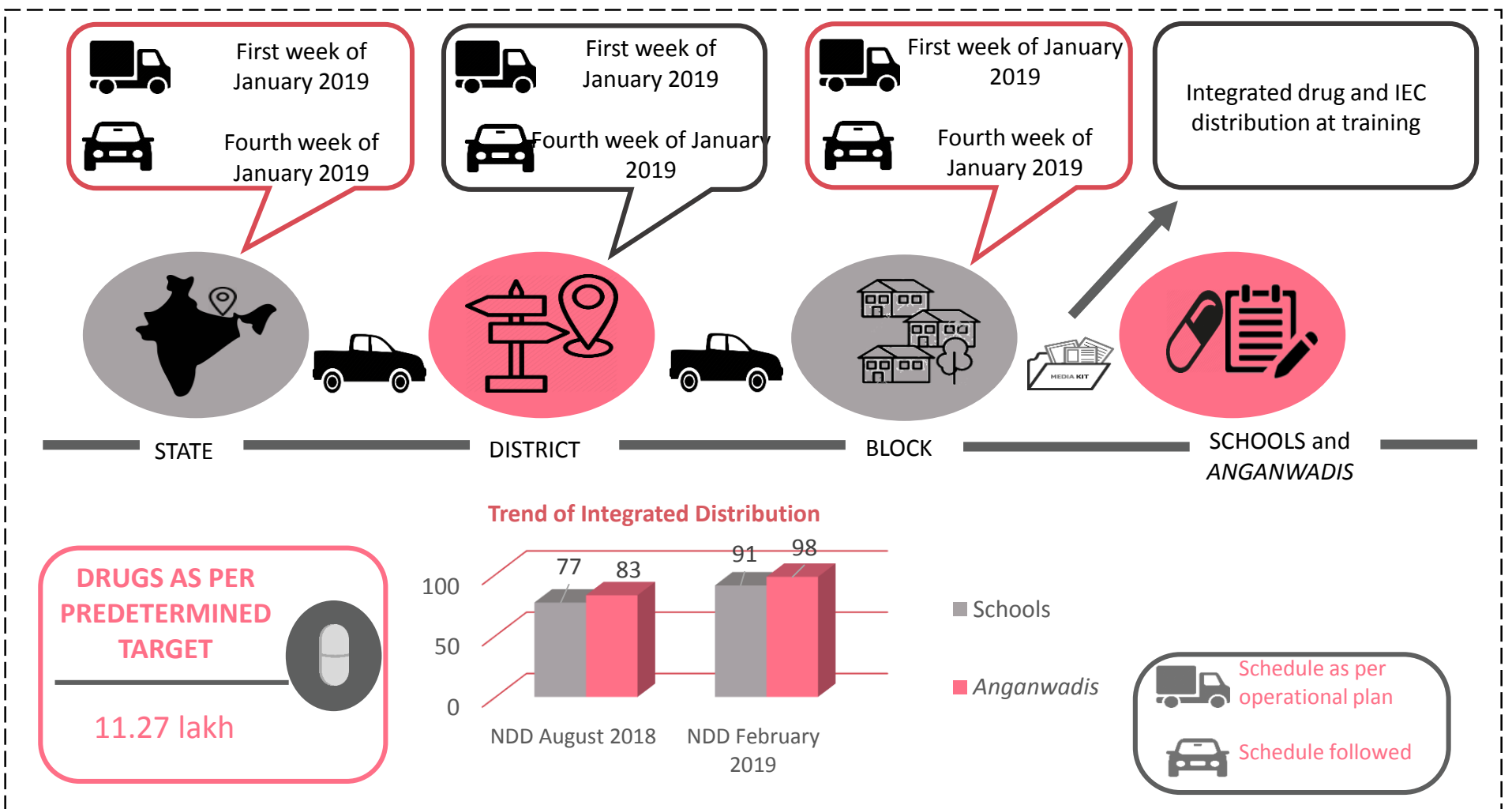


NDD Implementing Districts-	
August 2018- 8	February 2019-8

Government Monitors, NDD February 2019	
Schools visited 190	Anganwadis visited 176

- The rate of successful calls was 88% in this round as compared to 80% in August 2018 round. Improvement in the rate of successful calls is due to availability of updated database.

Drug Procurement, Storage and Transportation



State procured 11.27 lakh albendazole tablets for February 2019 round which were transported to the districts in the fourth week of January 2019. Additionally 1.27 lakh tablets available from prior stock stored at various facilities at district and blocks were also utilized. All received drugs were tested at government approved and empanelled NABL (National Accreditation Board of Laboratories) laboratory before distribution to the districts.

Adverse Event Management

To effectively manage any incidence of adverse events, the state adapted the adverse event management protocols from NDD operational guidelines. The medical team of each district and blocks was put on alert to facilitate emergency response. Pharmacovigilance number was also shared for management of adverse events. No serious adverse event was reported in NDD February 2019.

Assessing Quantity of Left-over Drug Stock

An official communication was released from NHM to all districts on February 14, 2019 regarding recall of the left over drug stock to block-level. All NDD implementing districts provided relevant information by March 15, 2019. Total number of left over albendazole tablets inside sealed strips were around 89,448 (in used and unused strips) in district storehouse.

Integrated Drug and IEC Distribution

NDD KIT COMPONENTS		ALBENDAZOLE
		IEC/ TRAINING MATERIAL
		REPORTING FORMS








Integrated distribution of NDD kits for this round increased 14% in schools and 7% in *anganwadis* in comparison to NDD August 2018. Consistent reinforcement to official of various level at the time where block level training are being scheduled.

Drug availability at schools and *anganwadis* was facilitated through:

- Conducting special meeting of teachers by respective Inspectorate of Schools (IS).
- Conducting special meeting of *anganwadis* workers by respective ICDS (Integrated Child Development Scheme) supervisors and Child Development Project Officers (CDPOs).

State adopted integrated distribution of drugs and print materials (IEC, training material) at the trainings of teachers and *anganwadis*, which is a best practice as per NDD guidelines to help ensure availability of materials at the schools, *anganwadis* in a cost-effective manner.

Public Awareness and Community Mobilization

AS PER NDD OPERATIONAL PLAN	IMPLEMENTATION SCHEDULE
 <p>First week of December 2018</p>	<p>PRINTING DONE AT STATE LEVEL</p> <p>Third week of January 2019</p>
<p>Fourth week of January 2019 to third week of February</p>	<p>MASS MEDIA CAMPAIGN</p>  <p>Fourth week of January 2019</p>
 <p>Fourth week of January 2019</p>	<p>SOCIAL MEDIA CAMPAIGN</p> <p>Fourth week of January 2019</p>
<p>February 6, 2019</p>	<p>STATE LEVEL PRESS SENSITIZATION MEETING</p>  <p>February 6, 2019</p>
<p>February 7, 2019</p> 	<p>STATE-LEVEL LAUNCH</p> <p>February 7, 2019</p>
<p>February 7, 2019</p>	<p>DISTRICT-LEVEL LAUNCH</p>  <p>February 7, 2019</p>
<p>Fourth week of November 2018</p> 	<p>ASHA ENGAGEMENT FOR COMMUNITY MOBILIZATION</p> <p>First week of December 2018</p>



State launch by Honorable Health Minister in Khowai district on February 7, 2019.



Radio jingles were relayed on All India Radio and Big FM. Talk show was broadcasted on Doordarshan and local TV channels from January 31 to February 14, 2019.



Public announcements (miking) in all 8 districts on February 6, 7 and 13, 2019



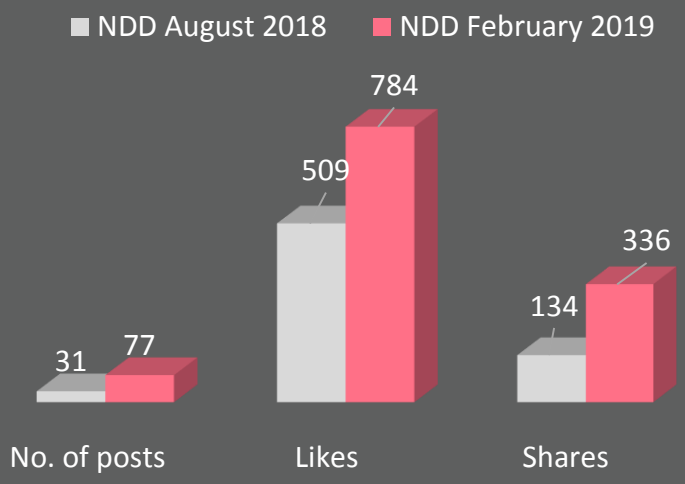
NDD message/appeals published on February 8 and 14, 2019, and rallies conducted on February 8 and 14, 2019

Social media plays a significant role in generating awareness among stakeholders and in engaging the community to a cause. It's been said that information is power and without the means of distributing information, people cannot harness that power and with the effective use of social media, we harness that potential and make it possible to access information at the click of a button. Effective social media engagement has been a key activity for National Deworming Day. The social media landscape is competitive and the social media plan for states is designed in a manner to tell an effective story that enhances awareness, breaks myths and engages the audience to build and drive the discourse around NDD.

77

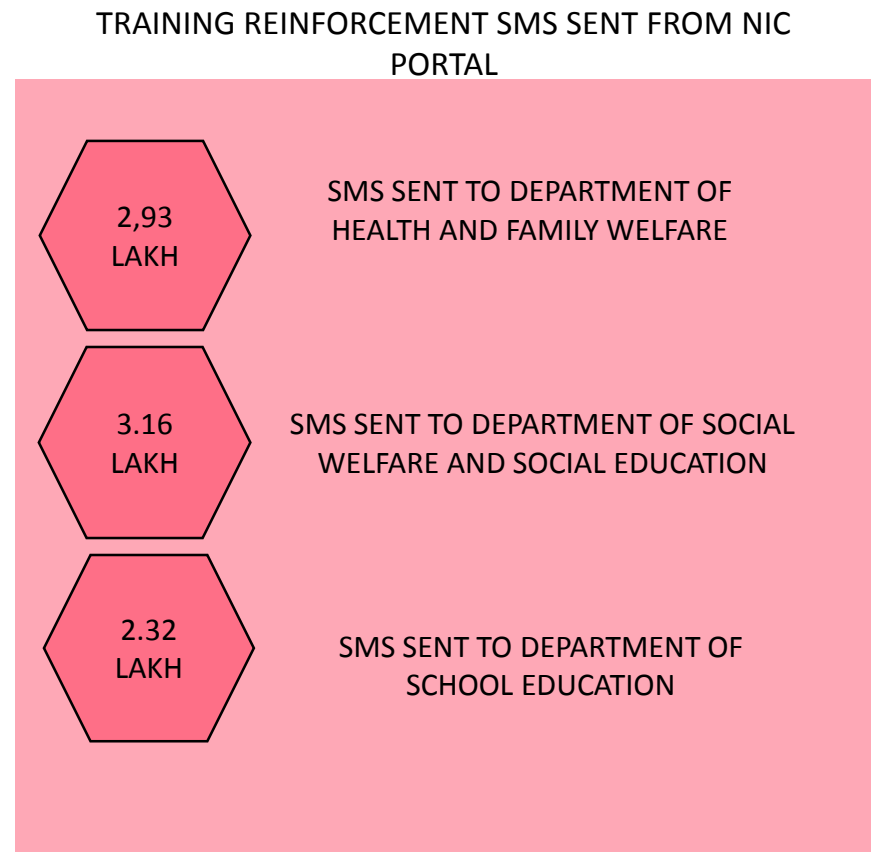
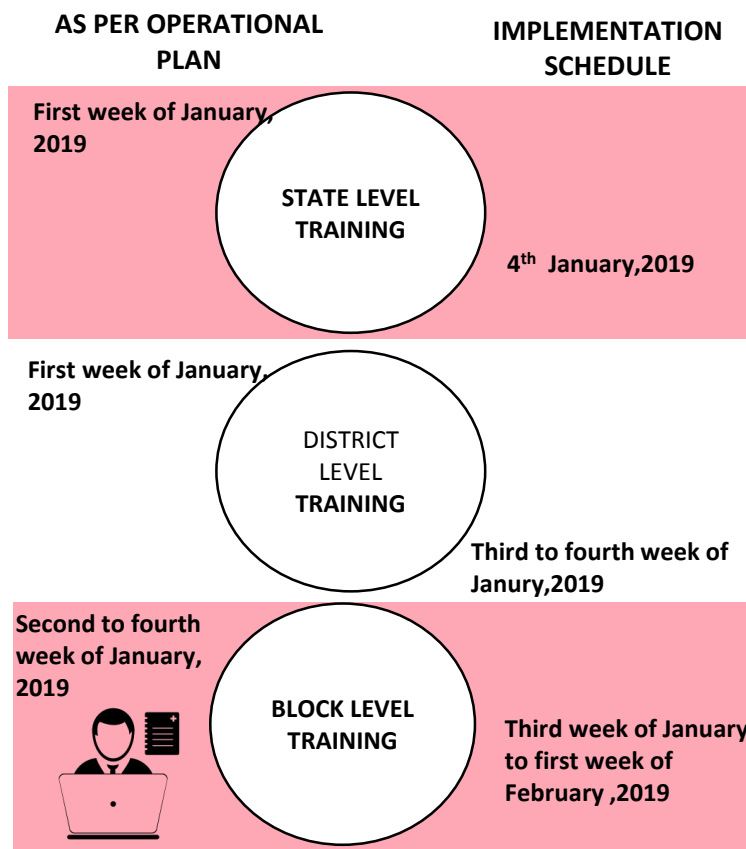
The social media plan is designed with an objective of enhancing awareness and dialogue. States needs to focus on publishing approved posts that are in line with social media plan incorporating the correct hashtags.

Social media activity



Facebook
January 15, 2019 to February 14, 2019

Training and Distribution Cascade



- State and district-level trainings were conducted for officials of Health, Education and SW and SE departments.
- Training cascade was implemented across 8 districts and 59 blocks and a total of 5,026 school teachers, 9,911 *anganwadi* workers, and 7200 ASHA were trained and oriented for NDD February 2019.
- With both the district and block-level trainings ending only a day before NDD, it adversely impacted program preparations, such as teachers having insufficient time to train other teachers at schools and sensitizing parents in community on deworming benefits.
- A total of 27.7 lakh NDD awareness SMS were sent by Airtel and Vodafone to their respective customers.
- 78% of schools and 75% of *anganwadis* received NDD program related SMS during NDD February 2019 round.

Screenshot of SMS

< VK-TRFWPM

Subject :National Deworming Day, National Deworming Day is on 8 February 2019 and Mop up Day on 14 February 2019. All children 1-19 will be dewormed in school and *anganwadi*. Please ensure preparedness

Vodafone 3:51 PM

Jan 22

Subject :জাতীয় কৃমি-নাশক দিবস, জাতীয় কৃমি-নাশক দিবস ৮ ফেব্রুয়ারী এবং মপআপদিবস হল ১৪ ফেব্রুয়ারী। সকল ১-১৯ বৎসরের বাচ্চাদের কৃমি-নাশক ঔষধ স্কুল খাওয়ানো হবে দয়া করে প্রস্তুতি রাখুন।

Vodafone 11:36 AM

Training and Distribution Cascade



NDD August 2018

93% ASHAs trained#

66% ASHAs prepared list of unregistered and out of school children*

NDD February 2019

98% ASHAs trained#

57% ASHAs prepared list of unregistered and out of school children*

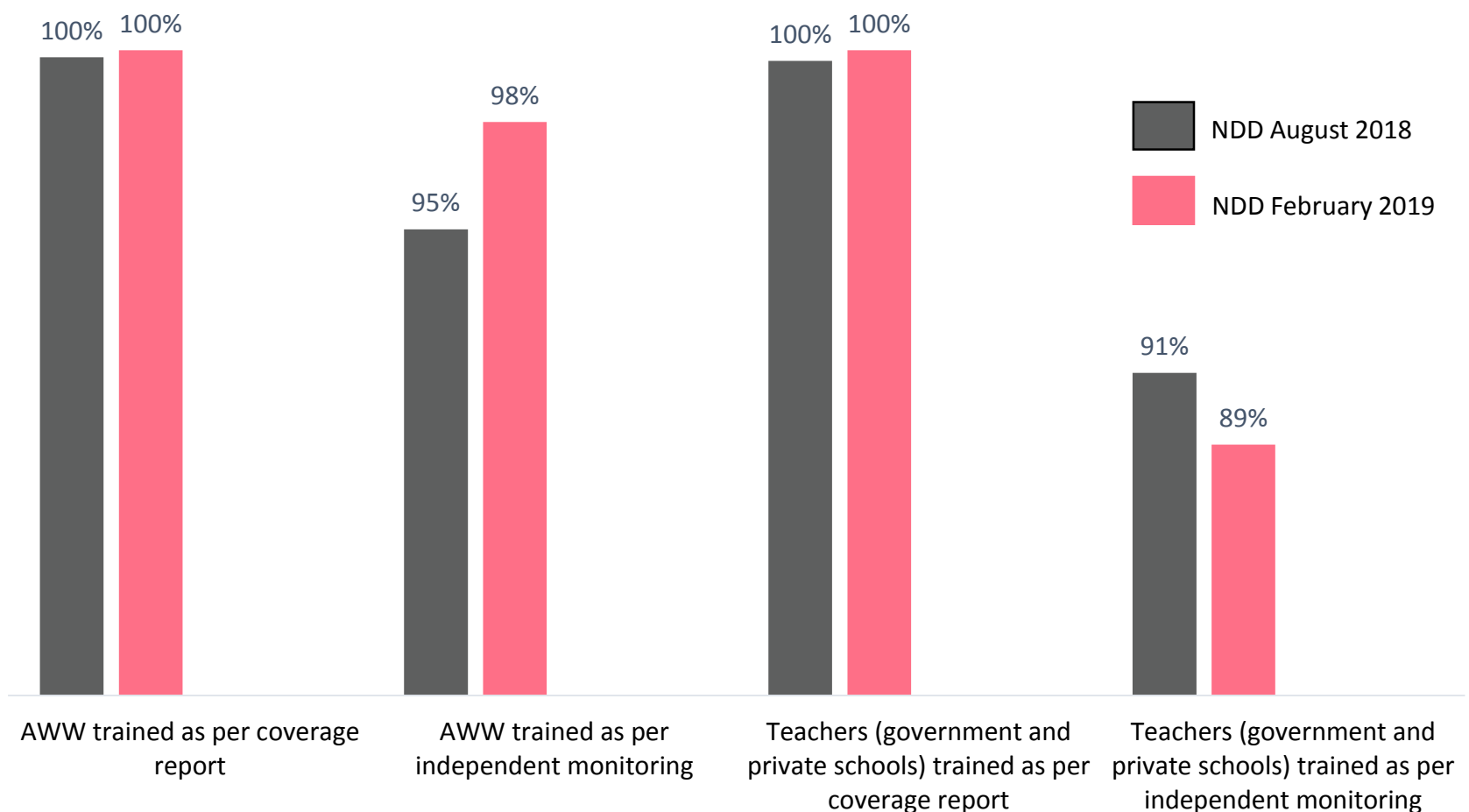
- During February 2019 round, 98% ASHAs were oriented on NDD, increase of 5% was observed as compared to August 2018 round. As observed during independent monitoring visit on NDD and mop-up day, 63% ASHAs were present at *anganwadi* centres during NDD February round.
- A decrease of 9% was observed in the proportion of ASHAs who prepared the list of out-of-school and unregistered children at *anganwadis* in NDD February 2019 (57%) in comparison to NDD August 2018 (66%) round.
- 91% of the ASHAs who were interviewed during independent monitoring reported to have conducted meetings with parents regarding NDD February 2019 while it was 96% in August 2018.

Source:

#Total number of ASHAs trained as per coverage report/ Total number of ASHAs in the state as per PIP 2018-19

* Independent monitoring

Participation at Block-level Trainings

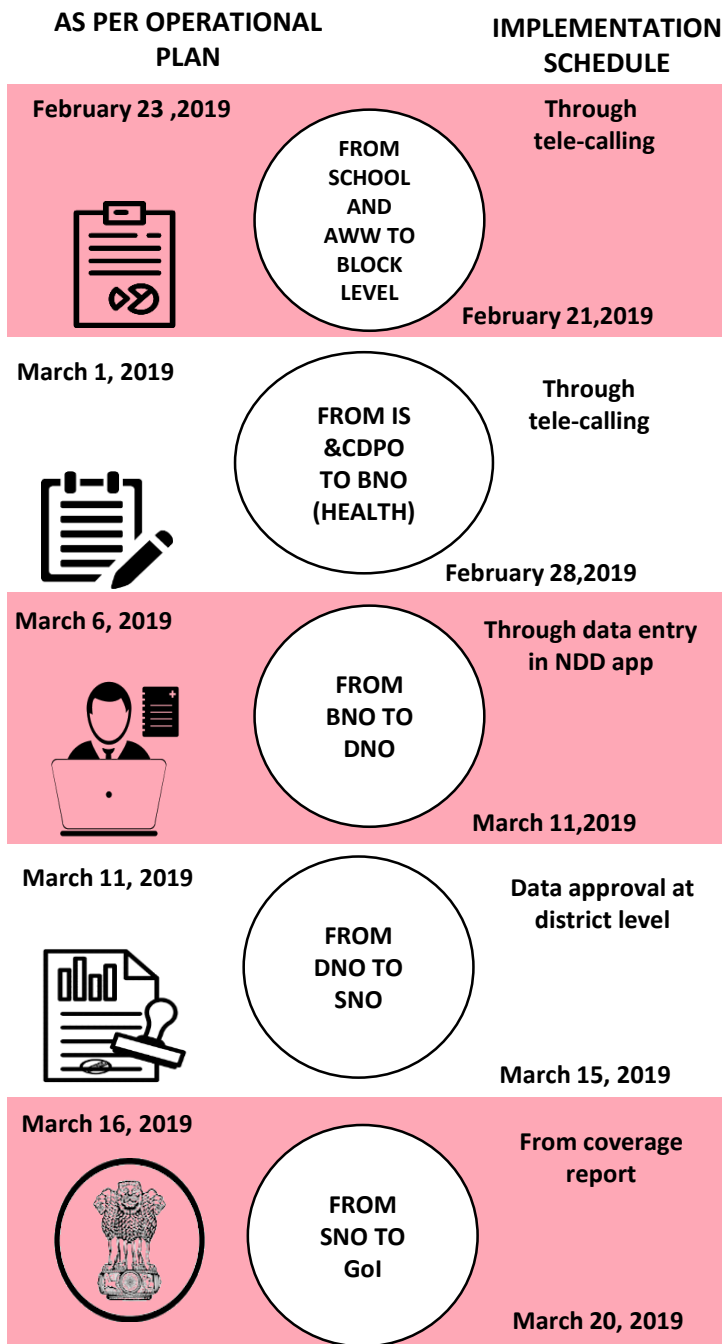


Source: Independent Monitoring, Coverage Report

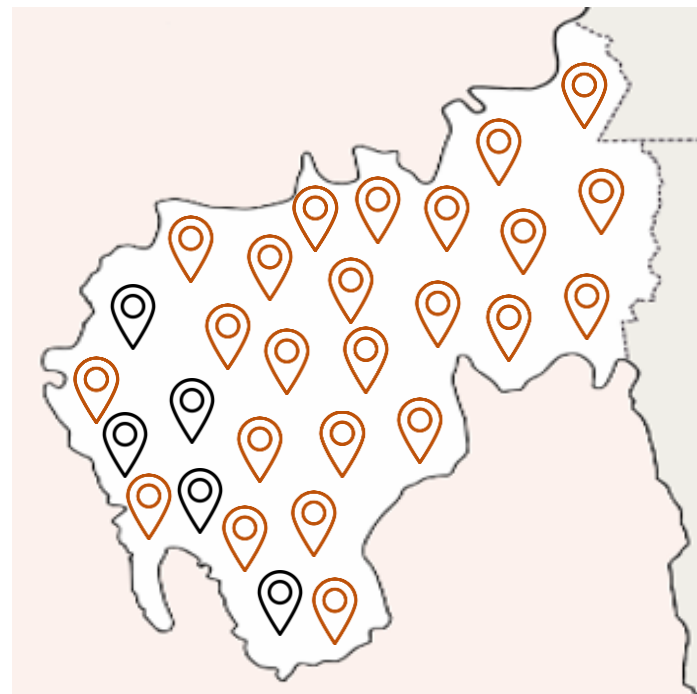
- 100% of private schools participated in block-level trainings in NDD February 2019 as compared to 99% in August 2018 round as per coverage report.
- Low attendance of teacher in training was observed in February 2019 in comparison to August 2018 because of some teachers assigned on election duty.
- Emphasis on high quality trainings at the block level is required. Block trainings to be planned and communicated to teachers/*anganwadi* workers in advance.

Program Monitoring and Supervision

Reporting cascade and timelines



Monitoring visits by government officials, Evidence Action and Independent surveyors



30 schools and anganwadi visits by Evidence Action



80 Independent surveyors made 323 visits to schools and anganwadi

366 visits by Government officials from all stakeholder departments

50 Government officials as per report submitted

80 surveyors and 16 supervisors

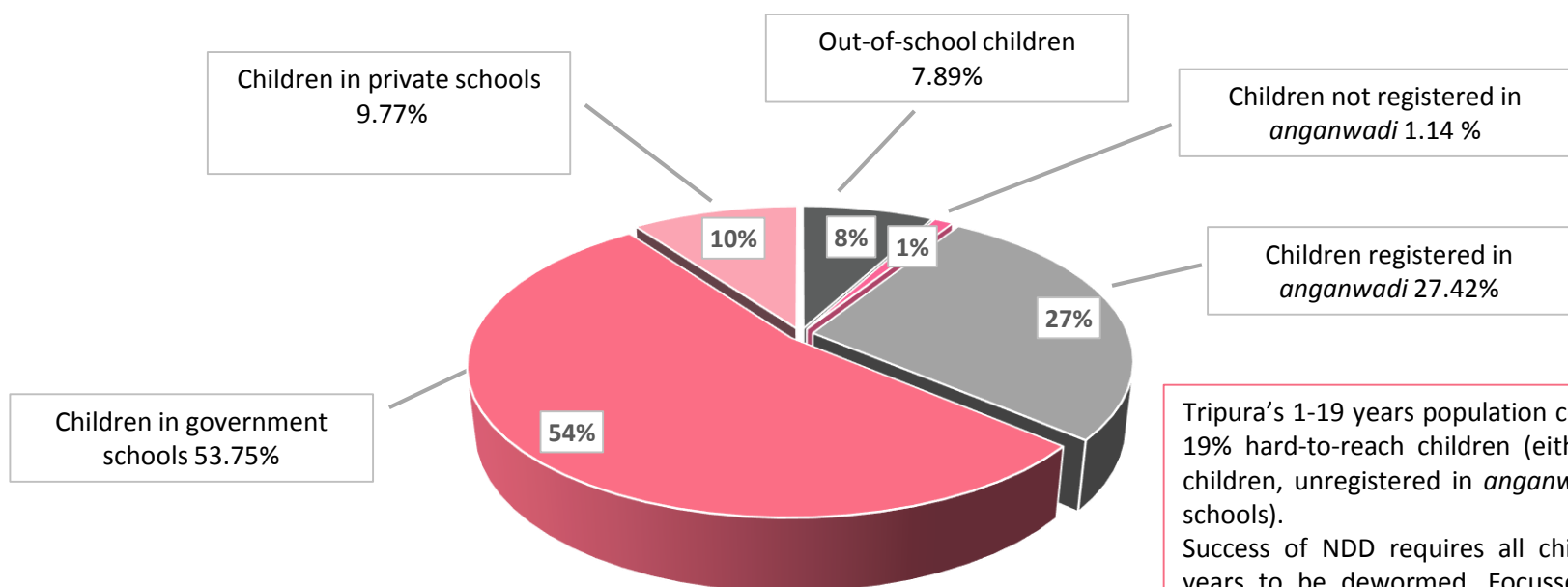
564 visits to schools and 565 visits to anganwadis

564 Teacher interviews

565 AWW interviews

1192 Children interviews

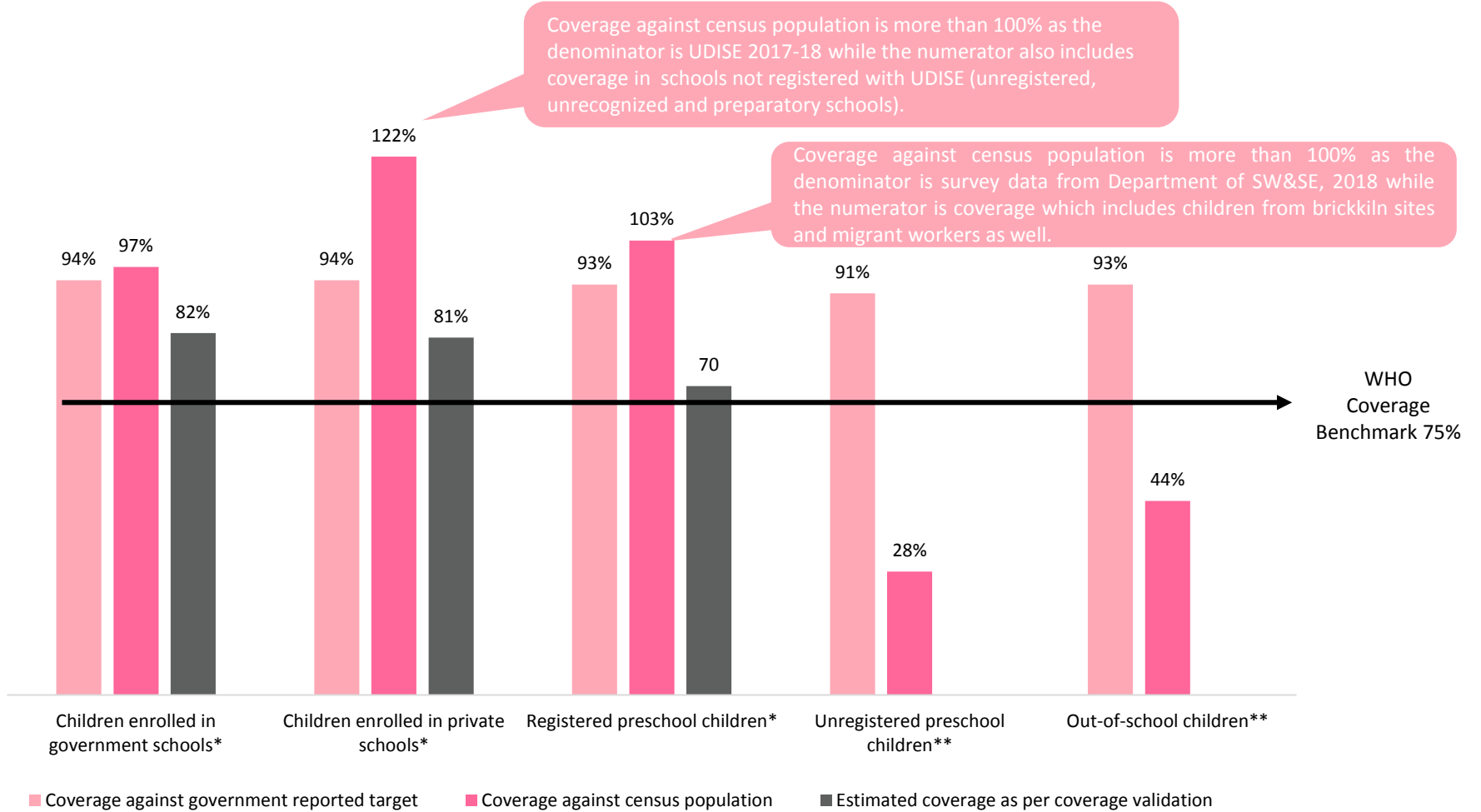
Category-wise distribution of target (children aged 1-19 years)*



Tripura's 1-19 years population consists of around 19% hard-to-reach children (either out-of-school children, unregistered in anganwadis and private schools). Success of NDD requires all children aged 1-19 years to be dewormed. Focussed strategies for reaching these sections of target is required for comprehensive coverage. (Details in Annexure D)

*Source: Target numbers are as reported in the state coverage report of February 2019

Gap in coverage* (government, census and validated coverage) from WHO benchmark



Coverage against census population is more than 100% as the denominator is UDISE 2017-18 while the numerator also includes coverage in schools not registered with UDISE (unregistered, unrecognized and preparatory schools).

Coverage against census population is more than 100% as the denominator is survey data from Department of SW&SE, 2018 while the numerator is coverage which includes children from brickkiln sites and migrant workers as well.

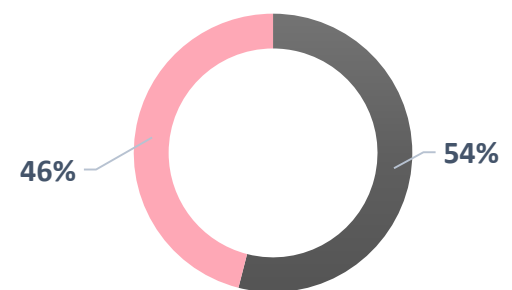
*Source for children enrolled in government and private schools is U-DISE 2017-18, for registered preschool children is survey data of April, 2018 shared by Department of Social Welfare and Social Education. Census population for unregistered preschool children (1-5 years) and out-of-school children (6-19 years) was calculated by subtracting registered preschool children and enrolled children from projected census population for these age groups respectively.

**Since the denominator for unregistered preschool children and out-of-school children is not predetermined, thus coverage validation cannot be estimated in these categories.

Coverage report snapshot

- 11.44 lakh children were dewormed (89% of the census population).
- As per coverage validation conducted by Evidence Action, estimated coverage in government schools was 82%, 81% private schools and 70% at *anganwadi* centers.
- As per coverage report, 93% out-of-school children (6-19 years) and 91% children unregistered at *anganwadi* centers (1-5 years) were dewormed during NDD February 2019 round.

Internet Protocol (IP) Address Usage for NDD App



■ Blocks entering data from Non-Exclusive IP Address
 ■ Blocks entering data from Exclusive IP address

NDD app/web application provide access of data entry to blocks and approvals at district level using exclusive IP address. Blocks entering data from non-exclusive IP address means that more than one block have reported using same IP address. IP address usage data at each level facilitate state to streamline data reporting process with districts and blocks. As compared to August 2018 round, there is a drop of 5% in the percentage of total blocks entering data from exclusive IP address.

S.N.	Particular	Number
1	Number of Govt. and Govt. aided schools who implemented NDD	91,727
2	Number of Private schools who implemented NDD	23,228
3	Number of <i>anganwadi</i> centres who implemented NDD	111,986
4	Number of 1-5 years children who were administered albendazole	6,927,758
5	Number of out of school children who were administered albendazole	686,068
6	Number of school going children who were administered albendazole	19,430,545
7	Total Children administered albendazole	27,044,352

National Deworming Day 2019

India has the highest burden of STH in the world, with 241 million children at risk of parasitic worm infections. Under-nutrition and anaemia in children has been well documented in India: almost 7 in 10 children in the 6-59 months age group are anaemic, with even higher rates of anaemia in rural areas.

To combat this situation, in February 2015, the Ministry of Health and Family Welfare (MoHFW) Government of India launched the National Deworming Day (NDD) as part of National Health Mission ...Read more

Login Here

username: evidenceaction password: []

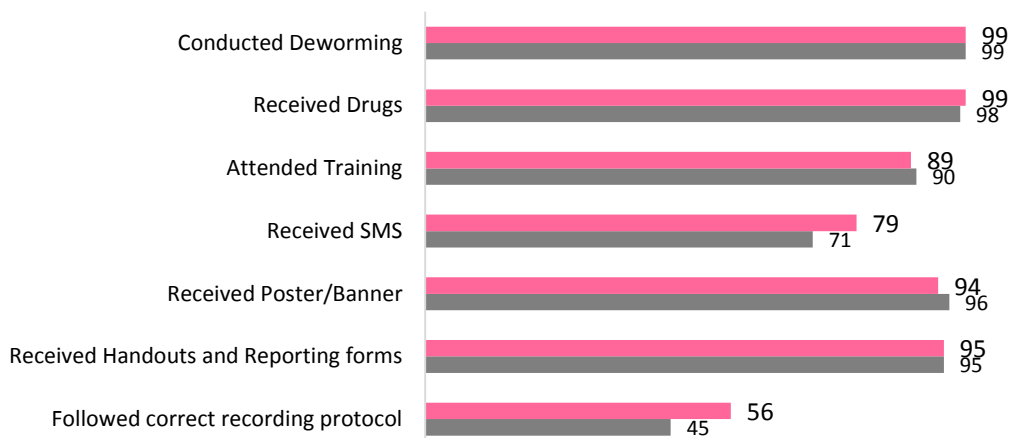
Instruction

- Compatible Browsers
- Strictly Recommended - After completion of your task, please logout

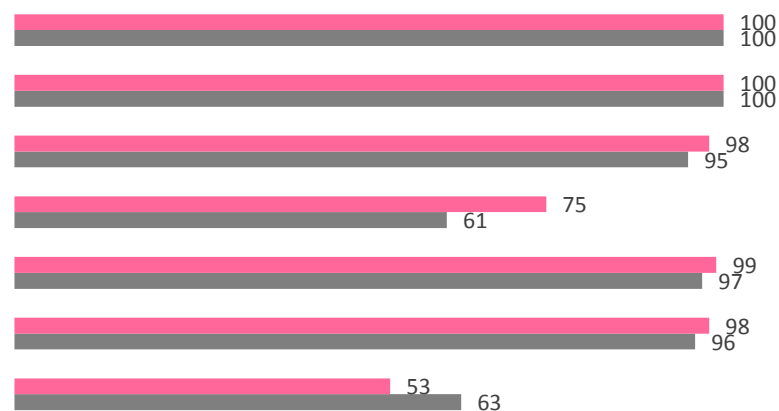
Number of login Web 1: and Mobile : 0

KEY INDICATORS (%)- NDD AUGUST 2018 AND FEBRUARY 2019

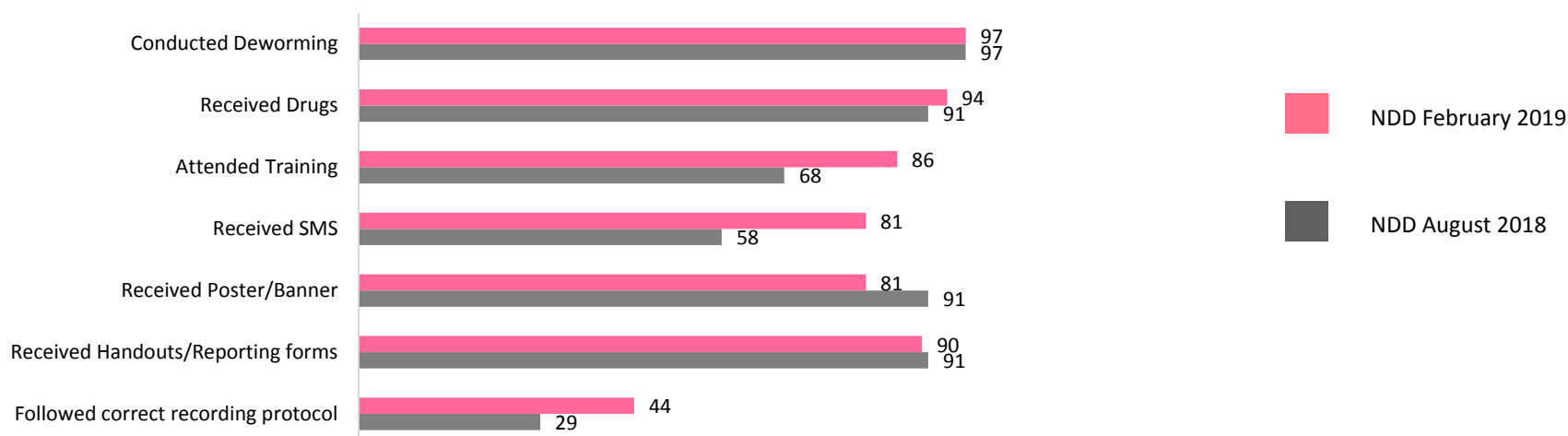
I. All Schools*



II. Anganwadis



III. Private Schools



Source: Independent Monitoring

Note- Indicator on “conducted deworming and followed correct recording protocol in schools and *anganwadis*” are from coverage validation (406 schools and 408 *anganwadis* visited). All other indicators are from process monitoring, conducted across 163 schools (including 23 private schools) and 160 *anganwadis*.

*All schools include all government, government aided and private schools.

INDICATORS (As per Independent Monitoring)	Percentage	Denominator
Attendance on NDD (children enrolled)	68	61929
Attendance on Mop-Up Day (Children Enrolled)	76	61929
Children who attended both on NDD and MUD (Children enrolled)	57	61929
Maximum attendance of children on deworming and mop-up day (children enrolled)	87	61929
Children received albendazole tablets	99	1192
Children consumed tablet	99	1174
Supervised administration of tablets	98	1169
State level verification factor school*	62	38533
State level verification factor <i>anganwadi</i> *	81	7745
Estimated/Adjusted NDD coverage school**	84	
Estimated/Adjusted NDD coverage <i>anganwadi</i> **	70	


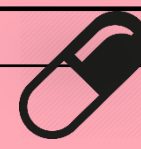


*Ratio of recounted value of the dewormed children to the reported value. This calculation is based on only those schools (n=252) and *anganwadis* (n=275) where deworming was conducted and reporting form was available for verification.

**Coverage is estimated for schools on the basis of NDD implementation status, maximum attendance on NDD and mop-up day, children received albendazole and supervised administration. In absence of children interview in *anganwadis* the government reported coverage was adjusted by implying state level verification factor.

KEY FINDINGS

- 99% schools and 100% *anganwadis* conducted deworming either on NDD or mop-up day in February 2019 NDD round. In case of schools, the proportion was higher in government schools (98%) as compared to private schools (97%).
- Integrated distribution was reported higher with 86% in schools and 96% in *anganwadis* as compared to August 2018 (77% in schools and 83% *anganwadis*).
- 99% schools and 100% *anganwadis* received drugs. 94% of total private schools covered received drugs, of which 91% reported that drugs were in sufficient quantity.
- Participation of *anganwadi* workers at block trainings (98%) was higher than teachers (89%).
- 191 ASHAs were interviewed during survey. Of those, 68% reported administering the deworming drug to children, which is not recommended as per NDD guidelines. Of those interviewed, 43% reported not preparing the list of unregistered preschool-age children and out-of-school children. Only 56% ASHAs who were interviewed reported to receive incentive for NDD August 2018 round. On the positive side, 91% of ASHAs conducted meetings with parents to inform them about NDD.
- Only 79% of school teachers and 75% of *anganwadi* workers received SMS during this round. Out of those who didn't receive SMS, "mobile numbers not registered to receive such messages" (around 43% and 14% in schools and *anganwadis* respectively) was cited as the most common reason.

Note- Please refer detailed independent monitoring findings given in Annexure C.

Deworming	
School- 99%	
Anganwadi-100%	
Drugs Status	
School- 99%	
Anganwadi-100%	
94% schools and 97% anganwadi reported sufficient availability.	
Training Status	
Teachers- 89%	
Anganwadi-98%	
SMS Status	
Teachers- 79%	
Anganwadi-75%	

RECOMMENDATIONS



- Efficient planning for drug procurement (completed at least four months prior to NDD) and IEC printing (at least a month prior to NDD) is required to ensure integrated distribution in block-level trainings and timely availability at all schools and *anganwadis* on NDD.
- Program execution as per pre-set timelines is crucial for assuring program quality and thus higher coverage. Operational plan should be available with stakeholder departments and districts at least three months prior to NDD.
- Strengthening efforts towards increasing school attendance in order to maximize coverage and outreach through engagement with Education Department. Parents-teachers meeting platform can be utilized to sensitize and mobilize parents
- Convergence meeting must be held on a monthly basis in the months (three) prior to NDD at state and district-level amongst the nodal officers of Department of Health, Education and SW and SE led by Health department to facilitate better alignment and timely execution of NDD activities.
- Engagement of ASHAs needs to be strengthened with focus on ensuring presence of all ASHAs at respective *anganwadis* on NDD and mop-up day. Dissemination of guidelines related to role of ASHA (including guidance on disbursement of ASHA incentive) to blocks at least two months prior to NDD round. Strengthening ASHA engagement in the NDD rounds through strategies such as enhancing training of ASHAs through participation in block-level trainings, sensitizing them in their regular monthly meeting and ASHA *Bharosa Divas*, needs to be envisaged.
- Continue building on the efforts made towards engagement of private schools on NDD August, 2019 round. Strategic dialogues should continue with Department of Education to ensure strengthened private school involvement through participation of their representatives in district and block-level coordination committee meetings and trainings. From the state, communication to the District Magistrates must be facilitated at least two months in advance intimating them about engaging private schools in the program.



- Mandate monitoring visits by officials of Department of Health, Education and SW and SE during trainings and on NDD and mop-up days.
- Specific guidelines for engaging Technical Institutes/colleges in the NDD program needs to be sent to districts atleast two months prior to the NDD round for comprehensive coverage and reporting from these institutes.
- Updating contact database of department functionaries must be taken up by the concerned stakeholder departments three months prior to the NDD round for effective communication and information sharing on the NDD and ensure effective NDD preparedness tracking and delivery of training reinforcement SMS to all the functionaries.

