

Standard Operating Procedures (SOPs) for National Deworming Program Implementation during COVID-19 (September 2020) in Tripura

Overview: The COVID-19 pandemic has posed serious challenges for health systems across India and as it is not yet feasible to define the end point of the pandemic. While the efforts to manage the COVID-19 response are intensive and ongoing at all levels, it is recognized that other ongoing public health programs continue to be implemented in parallel. In doing so the risks to health workers and communities must be minimized and awareness and practice of precautions must be of utmost importance. The COVID-19 pandemic required that program delivery approaches for National Deworming Day (NDD) be adapted. A guidance note on implementation of upcoming NDD 2020 amid COVID-19 pandemic is shared by MoHFW, GOI to all state Health departments on July 17, 2020, which mentions alternate strategies for the deworming program using community-based approach for states to adopt and adapt as appropriate.

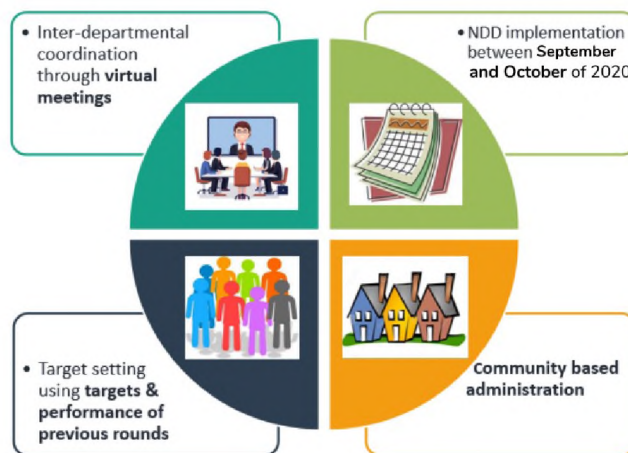
The upcoming National deworming program (September 2020) round in Tripura is aimed for implementation across all 8 districts in the state with necessary flexibility on protocols keeping into consideration the precautions to be taken due to COVID-19. The State SOP recommends exclusion of **containment** zones (areas with active COVID-19 cases) from drug administration. The SOP outlines how frontline workers (i.e. ASHA/AWW/ANM/MPW) will engage for community-based deworming through door-to-door drug administration.

National Deworming Program (NDD) during COVID-19:

With continued closure of schools and *anganwadis*, which are the usual platforms for implementation of the program are being revisited in the state of Tripura for the forthcoming round of deworming. This SOP takes into consideration the requirement to limit in-person interactions for the program to keep providers and community safe, that is, maintain continuity in deworming efforts while ensuring an effective response to COVID-19.

Policy and Planning

- 1. Planning and inter-departmental coordination:** State has conducted State Coordination Committee meeting on August 3, 2020. Given the requirement of maintaining physical distancing norms, at district level, all coordination meetings are to be held through digital platforms with stakeholder departments to define the roles and responsibilities at various levels under the COVID-19 situation.
- 2. Implementation Timelines:** State will conduct the second round of NDD in September 2020 during the September 28 – October 5, 2020 over a span of 7 days.
- 3. Implementation Approach:** Given the requirement of maintaining physical distancing norms which does not allow for following a fixed day approach of NDD, the state will conduct an extended (7 days) implementation schedule for Albendazole administration by undertaking community based approach of Albendazole tablets through engaging frontline functionaries (ASHA and AWW) with door to door administration approach. However, in identified containment zones/ houses that are quarantined, NDD will be conducted after they are de-notified by district and/ or state administration. FLWs (AWWs/ASHAs/ANM) will follow prescribed safety measures in the context of COVID-19.



4. **Target Setting for NDD September 2020 round:** State has set program targets based on 95% of census population (12.19 lakh children) extrapolated for 2020 in the targeted age group of 1-19 years for all 8 districts which is same as the pre-NDD target set during NDD February 2020. **Block-wise target is enclosed in Annexure A**

Drug Procurement Planning and Distribution

1. **Demand Estimation:** State estimated the quantity of tablets for procurement using the targets setting approach as advised in the policy and planning section.
2. **Drug Procurement:** Requisite drugs of 13.42 lakh tablets are procured and stationed at state ware house.
3. **Drug Quality Testing:** State has engaged government certified testing laboratory for undertaking independent quality testing of the procured Albendazole tablets prior to its distribution to the blocks.
4. **Drug distribution and Administration:**
 - Vehicles from PHC will be leveraged for movement of the drugs from district to Primary health Sub-centre. On receipt of drugs at PHC /PHSC level stock details are to be entered.
 - ANM will collect the drugs from PHCs/PHSC and distribute to ASHAs and AWWs based on the drug bundling plan shared. **(Drug bundling plan enclosed in Annexure B)**
 - ASHAs and AWWs will administer albendazole tablets to children and adolescents (1-19 years) through a door-to-door approach, as per dosage guidelines.
 - In containment zones/ houses quarantined, NDD program will be implemented once the zones/ houses are de-notified. In remaining areas (Including Buffer Zone), the state will administer Albendazole through door-to-door visits by ASHAs/ AWWs.
 - Albendazole administration to be undertaken with complete adherence to physical distancing norms as prescribed under COVID-19 guidelines

Key pointers for ASHAs/ AWWs during door-to-door administration

COVID- 19 risk management

The ASHA/ AWW while visiting the household for deworming of children and adolescents will ensure all safety precautions as below.

- Physical distancing: a distance of at least 6 feet should be maintained with other individuals during home visits.
- She must wear a mask at all times that protects her mouth, nose and chin.
- She must ensure that all individuals present at the household during her visit must wear a mask as well.
- Hand hygiene practice: regularly and thoroughly wash hands with soap and water/liquid soap solution, or clean them with a hand sanitizer before and after physical contact with any individuals or objects.
- ASHA /AWW who belong to groups at higher risk of transmitting COVID-19 including COVID-19 cases, people with symptoms suggestive of COVID-19, and their contacts (e.g. those living in their same household) must not engage in drug administration activity.

Deworming Administration:

- All children and adolescents in the age group 1-19 years will be dewormed at the household level by the ASHA/AWW.
- ANM/MPW provides a required quantity of drug to each ASHA / AWW based on the number of children and adolescents in their catchment area.

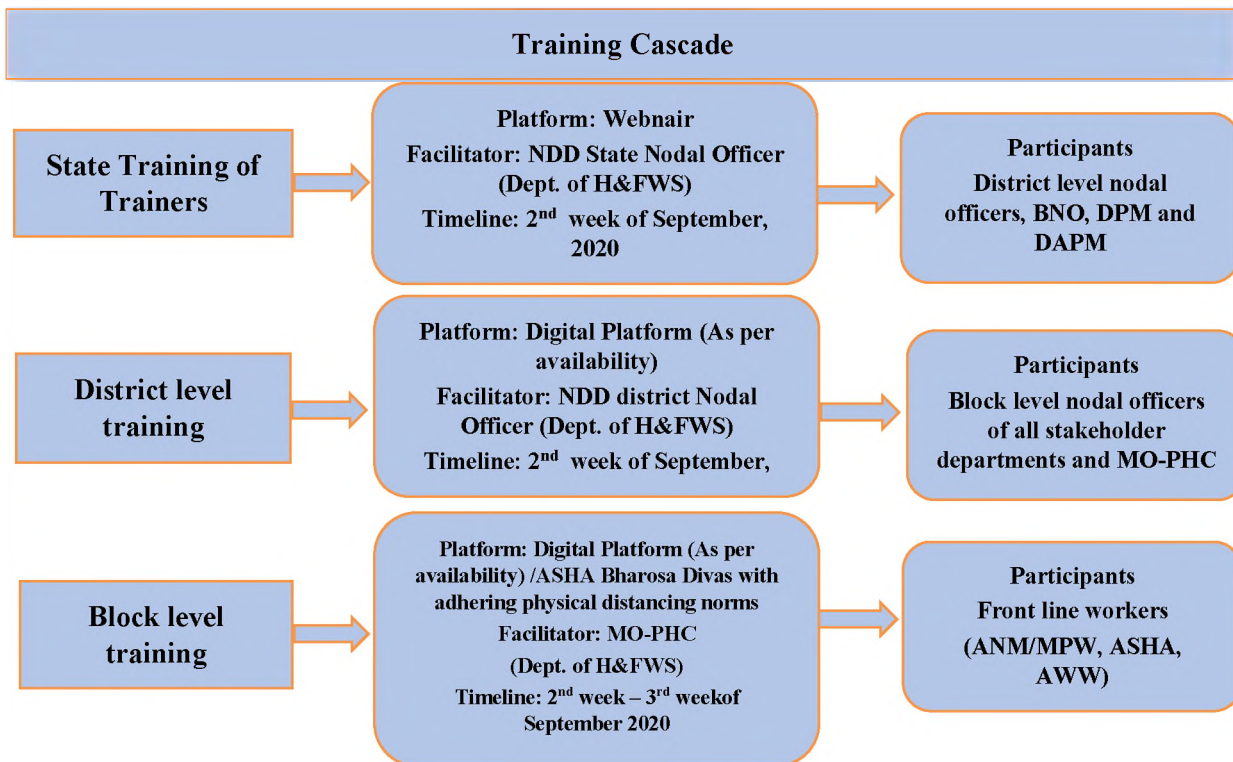
- ASHA/AWW will provide age specific dosages of Albendazole (400 mg) tablets for each child in the household visited in the presence of the parent/ guardian/caregiver maintaining adequate COVID- 19 safety precautions.
- Prior to drug administration the ASHA/AWW will seek information from the parents/guardians on the current health and other medical history of the children to be dewormed.
- Deworming will only be done for children who are not sick and are not taking any other medication.
- ASHA/ AWW will ask for a clean spoon and safe drinking water and place tablet directly into the spoon while ensuring that there is no physical contact by her. She will ensure water consumption by the child after chewing the tablet.
- The child will chew the tablet under supervision of ASHA / AWW.
- ASHA/ AWW will record data of children who were administered deworming at the respective household in her register.
- ASHA will compile coverage data received from AWW as well in ASHA reporting format and submit to ANM/MPW.

Adverse Event (AE) Management: Awareness on adverse event management will be included in all virtual training sessions as part of the training cascade. The community will also be made aware on adverse events as well as management at home and timely referral if required.

- RBSK teams/ Mobile medical units will be engaged in response. Additional guideline including AEM protocol for engagement of RBSK teams to be issued.
- Contact number of nearest PHC /health facility will be provided by ASHA/AWW during the tablet administration to the parent/ guardian.
- ASHA/AWW will sensitize parents/guardian on possible side effects of deworming and management at home.
- If the child still feels uneasy, parents/ guardian should call the ANM /ASHA or the nearest PHC for medical assistance.
- Districts to ensure that Ambulance services (108) are available at PHC for emergency during the deworming period.
- Manage the Adverse Events as per protocol- call Toll Free Number of Pharmacovigilance Program of India (PVPI) 1800 180 3024 for assistance in reporting of Adverse Drug Reactions (ADR) and its management. In addition to this there are 2 (two) Adverse Event Monitoring Centres that have been set up in Tripura at AGMC, Tripura Medical College & Dr. BRAM Teaching Hospital, Heptania, Agartala to track and promptly respond to any such case in the field during program implementation. Since state have no helpline number hence ASHA/AWW to immediately reach out to ANM/MPW/ MOIC of the nearest health facility if any adverse case reported in the community.
- The adverse event management should be done promptly and communication of the same to be done on priority basis within the Health Department.

Training and Re- orientation:

With the requirement of physical distancing norms during COVID-19, Tripura will leverage technology enabled solutions to impart training to various administrative levels and to frontline functionaries including ASHAs, ANMs, MPWs and AWWs.



1. Training of SToT to be conducted through digital platforms such as google meet or webinars.
2. Training of district and below block (ANM, MPW ASHA and AWW) to be conducted through videos and other available digital platforms.
3. COVID-19 safety precautions to be integrated with the deworming agenda.
4. Customizing existing training material content for virtual/online training in NDD material as needed for virtual platform- small training videos shall be developed which can be shared with AWWs and ASHAs as smartphone modules, WhatsApp videos and infographics etc. (including on dosage of albendazole based on age group, importance of clean drinking water, details of state helpline number and nearest health facility).
5. All training material package to be provided to districts by the first week of September 2020 and uploaded on NHM website.
6. State will continue sending of bulk SMS to be used as a mechanism to communicate key dates of the program and DOs and DON'Ts during field level implementation through NIC portal.
7. State will continue leverage private telecom service providers for this round to send community messages across state for National Deworming Program (SMS regarding duration of deworming program, delivery approach for deworming) to their subscribers.
8. Facebook and WhatsApp group for govt. functionaries and deworming nodal officials can be used for sharing of training videos along with reminders and any other important message that needs to be shared in quick-time.
9. YouTube channels will be used for uploading training videos, PPTs for different functionaries (block, district and media)
10. WhatsApp Videos for functionaries that target community, children and adolescents, parents, health workers and different departments (Social Welfare & Social Education, PRI, Education)
11. Short videos and images to be shared in WhatsApp groups for functionaries and they are asked to upload these as their stories that are visible to all their contacts for 24 hour.

Information Education and Communication (IEC) and Awareness

The role of awareness generation, and community sensitization, are crucial in maintaining high coverage levels in the deworming program. With implications arising due to COVID-19, a locally relevant and contextualized awareness activity that primarily relies on use of technology to reach the last level will be used.

Following are the IEC and awareness efforts for deworming round:

1. Existing IEC material will be modified based on changes in distribution format and convert those into PDFs and GIFs.
2. GIF/Video version of posters and handbill will be shared through WhatsApp, Facebook and other social media channels that have penetration till community level, and IEC contents will also ensure critical health messaging in the context of COVID-19.
3. Relevant radio script will be developed for deworming to reinforce messaging on hygiene, handwashing and albendazole consumption.
4. Although communication material (Paper based) and activities like Printing of poster and miking is not recommended due to COVID-19. However, state may decide these activities with all the COVID precautionary measures in non-containment zone only.
5. Continue leveraging NIC portal for sending bulk SMS (SMS regarding date of NDD, benefits of deworming, location of tablet availability, dosage)



Program Management

1. The state will identify a coordination mechanism for deworming nodal at state and district level and the state COVID-19 task force so as to have a smooth implementation of NDD while maintaining the norms and guidelines mandated in COVID-19 response.
2. Deworming team at state and districts will work in close coordination with COVID-19 task force for planning and optimal use of existing resources. The teams would jointly work on reallocation and work distribution of frontline functionaries.
3. State will schedule google meet/webinar with districts to review deworming preparedness.
4. Deworming nodal officers at district, block level to keep track of all program components and facilitate overcoming barriers related to logistics, administration and field level implementation.

Coverage Reporting

The coverage reporting will be undertaken basis the revised National deworming guidance amid COVID 19 shared by the MoHFW, Government of India, the existing NDD App/Web portal will continue to be used for coverage reporting from Blocks.

The following is the reporting cascade for collection of coverage data to be used by State:

1. For community-based door to door administration of Albendazole tablets under the deworming program, ASHA will compile data, number of children covered by ASHA and AWWs in the ASHA Reporting Format and submit it to ANM/MPW.

2. ANM/MPW will compile the data of all the ASHAs in her catchment area in ANM/MPW Reporting Format and submit to the block.
3. Blocks will aggregate the coverage data received from all the ANM/MPWs and enter directly in the NDD app in the Block Reporting Form (digital format only).
4. District officials will review and approve the data on the NDD app directly.

Program Monitoring

With the requirement of maintaining physical distancing norms during COVID-19, state & partners may not have the opportunity to conduct in person monitoring and surveys for the next NDD round. In this situation, a centralized tele-calling system will be adopted for NDD program monitoring. The monitoring data will be collected to capture the process and performance indicators.

Process:

- Evidence Action as part of its technical assistance, will continue to provide support to NHM, by setting up a tele-calling system for NDD monitoring.
- Calls will be made to district, block and FLWs (AWWs, ASHAs, ASHA facilitators, ANMs/MPWs) in all the NDD implementing districts on a sample basis to ensure geographical representation.
- The findings shared from tele-calling on a daily basis will be used for necessary real time corrective actions.
- No in-person monitoring visit is recommended due to the pandemic. Checklists to monitor NDD preparedness and implementation will be used during tele calling which will involve
 - Preparatory monitoring: Frontline workers (ASHA/AWW/ANM/MPW) will be contacted on a daily basis 8-10 days prior to deworming round to assess preparedness. State to ensure corrective actions based on gaps emerged from this preparatory monitoring.
 - Implementation monitoring: Frontline workers (ASHA/AWW) will be contacted during community-based door to door deworming round to assess the NDD implementation.

Role and Responsibility of stakeholder departments: All the stakeholder departments, Health, Social Welfare & Social Education/ ICDS, 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. **Stakeholder departments responsibilities is enclosed in Annexure C**

Role of Evidence Action and Development Partners

Development partners working at different levels may actively contribute to NDD implementation at various levels in the state. With implications posed by COVID-19, the role of partners becomes more critical in supporting states with innovative and simplified ways of conducting various program activities like training, IEC, monitoring and reporting. Proposed activities for their engagement are:

1. Facilitate virtual planning and review meetings of stakeholder departments at state and district level.
2. Support state in development and customization of IEC and training material in formats that can be shared by technology channels (social media, WhatsApp etc.) till the last level.
3. Support state in tracking of drug distribution cascade and implementation monitoring at district, block, facility level and relevant frontline functionaries like ANM/MPW, ASHA, AWW through tele-calling.
4. Follow-up with officials at every level to ensure timely reporting of coverage data as per state's specific reporting cascade;
5. Conduct independent monitoring of NDD implementation through a third party.

Evidence Action as the technical assistance partner for NDD will support the state in development, adaptation and roll out of technological solutions as identified in sections above and operational planning keeping in view the COVID-19 situation.
