

Annex: Bihar August 2017 NDD PMCV Report

Table 1: Training and source of information about NDD among teachers/headmasters and *anganwadi* workers, August 2017

Indicators	School			<i>Anganwadi</i>		
	Denominator	Numerator	%	Denominator	Numerator	%
Attended training for current round of NDD	131	106	81	133	110	83
Ever attended training for NDD ¹	131	112	85	133	117	88
Never attended training for NDD	131	19	15	133	16	12
Reasons for not attending NDD training (Multiple Response)						
Location was too far away	25	1	4	23	2	9
Did not know the date/timings/venue	25	16	64	23	17	72
Busy in other official/personal work	25	3	12	23	1	4
Attended deworming training in the past	25	6	24	23	7	30
Not necessary	25	1	4	23	0	0
No incentives/no financial support	25	1	4	23	2	8
Trained teacher that provided training to other teachers in their schools						
All other teachers	106	67	63	N.A	N.A	N.A
Few teachers	106	30	28	N.A	N.A	N.A
No (himself/herself only teacher)	106	6	6	N.A	N.A	N.A
No, did not train other teachers	106	3	3	N.A	N.A	N.A
Source of information about current NDD round (Multiple Response)						
Television	131	28	21	133	25	19
Radio	131	21	16	133	16	12
Newspaper	131	41	31	133	40	30
Banner	131	22	17	133	26	20
SMS	131	59	45	133	55	41
Other school/teacher/ <i>anganwadi</i> worker	131	41	31	133	50	38
WhatsApp message	131	11	8	133	6	5
Training	131	77	59	133	77	58
Others	131	10	8	133	7	5
Received SMS for current NDD round	131	96	73	133	85	64

Table 2: Awareness about NDD among teachers/headmasters and *anganwadi* workers, August 2017

Indicators	School			<i>Anganwadi</i>		
	Denominator	Numerator	%	Denominator	Numerator	%
Awareness about the ways a child can get worm infection	131	112	86	133	119	89
Different ways a child can get worm infection (Multiple Response)						
Not using sanitary latrine	112	72	64	119	71	60
Having unclean surroundings	112	86	77	119	99	83

¹ Includes those school teachers and *anganwadi* workers who attended training either for NDD August 2017 or attended training in past.

Consume vegetables and fruits without washing	112	86	77	119	87	73
Having uncovered food and drinking dirty water	112	80	71	119	83	70
Having long and dirty nails	112	78	70	119	82	69
Moving in bare feet	112	82	73	119	78	66
Having food without washing hands	112	87	78	119	83	70
Not washing hands after using toilets	112	82	73	119	74	62
Awareness about all the possible ways a child can get a worm infection²	112	34	30	119	29	24
Perceives that health education should be provided to children	131	128	98	133	132	99
Awareness about correct dose and right way of administration of albendazole tablet						
1-2 years of children (Crush the half tablet between two spoons and administer with water)	N.A	N.A	N.A	133	121	91
2-3 years of children (Crush one full tablet between two spoons, and administer with water)	N.A	N.A	N.A	133	91	68
3-5 years of children (one full tablet and child chewed the tablet properly)	N.A	N.A	N.A	133	118	89
6-19 years of children (one full tablet and child chewed the tablet properly)	131	129	98	133	131	99
Awareness about non-administration of albendazole tablet to sick child						
Will administer albendazole tablet to sick child	131	10	8	133	7	6
Will not administer albendazole tablet to sick child	131	121	92	133	126	94
Awareness about consuming albendazole tablet						
Chew the tablet	131	129	98	133	131	99
Swallow the tablet directly	131	2	2	133	2	2
Awareness about consuming albendazole in school/<i>anganwadi</i>	131	127	97	133	131	99
Awareness about the last date for submitting the reporting form	114	67	59	116	76	66
Awareness about submission date of reporting forms to ANM	131	70	53	133	115	86
Awareness to retain a copy of the reporting form	131	122	93	133	122	92

²Includes those who were aware that a child can get worm infection if she/he does not use sanitary latrine, have unclean surroundings, consume vegetable and fruits without washing, have uncovered food and drinking dirty water, have long and dirty nails, moves in bare fee, have food without washing hands and not washing hands after using toilets.

Table 3: Deworming activity, drug availability, and list of unregistered and out-of-school children, August 2017

Indicators	School			<i>Anganwadi</i>		
	Denominator	Numerator	%	Denominator	Numerator	%
Albendazole tablet administered on the day of visit						
Yes, ongoing	131	94	71	133	88	66
Yes, already done	131	17	13	133	29	22
Yes, after sometime	131	10	8	133	8	6
No, will not administer today	131	10	8	133	8	6
Schools/<i>anganwadis</i> conducted deworming on either of the day³	131	121	92	133	128	96
Schools/<i>anganwadis</i> conducted deworming on NDD⁴	76	70	92	76	74	96
Schools/<i>anganwadis</i> conducted deworming on Mop-Up Day⁵	55	51	93	55	51	89
Reasons for not conducting deworming						
No information	10	6	60	8	1	13
Albendazole tablet not received	10	3	30	8	3	38
Apprehension of adverse events	10	0	0	8	0	0
Others ⁶	10	1	10	8	1	13
Attendance on NDD⁷	27786	15200	55	NA	NA	NA
Attendance on Mop-Up Day⁸	13541	7332	54	NA	NA	NA
<i>Anganwadis</i> having list of unregistered/out-of-school children	NA	NA	NA	133	77	58
Out-of-school children (Age 6-19) administered albendazole tablet	NA	NA	NA	133	111	83
Unregistered children (Age 1-5) administered albendazole tablet	NA	NA	NA	133	120	90
Sufficient quantity of albendazole tablets⁹	122	103	84	129	125	97

³Schools/*anganwadis* administered albendazole tablet to children either on NDD or Mop-Up Day

⁴Based on the samples visited on NDD.

⁵Based on the samples visited on Mop-Up Day only.

⁶School administer the albendazole tablet to children a day before holiday, children/student absent, postponed due to festival.

⁷Based on those schools conducted deworming on NDD

⁸Based on those schools conducted deworming on Mop-Up-Day

⁹This indicator is based on the sample that received albendazole tablet.

Table 4: Integrated distribution of albendazole tablets and IEC materials, August 2017

Indicators	Schools			<i>Anganwadi</i>		
	Denominator	Numerator	%	Denominator	Numerator	%
Items received by school teacher and anganwadi worker						
Albendazole tablet	131	122	93	133	129	97
Poster/banner	131	91	69	133	87	65
Handouts/ reporting form	131	104	79	133	110	83
Received all materials	131	83	63	133	80	60
Items verified during Independent Monitoring						
Albendazole tablet	122	119	98	129	127	98
Poster/banner	91	88	97	87	82	94
Handouts/ reporting form	104	97	93	110	99	90
Received all materials	83	75	90	80	68	85
No of school teachers/anganwadi worker attended training and received items during training						
Albendazole tablet	122	102	84	129	107	83
Poster/banner	91	83	91	87	76	87
Handouts/ reporting form	104	85	82	110	85	77
Received all materials	83	70	84	80	63	79
Integrated Distribution of albendazole tablet, IEC and training materials ¹⁰	131	70	53	133	63	47

Table 5: Implementation of deworming activity and observation of monitors, August 2017

Indicators	Schools			<i>Anganwadi</i>		
	Denominator	Numerator	%	Denominator	Numerator	%
Deworming activity was taking place	94	90	96	88	83	94
Albendazole tablets were administered by						
Teacher/headmaster	94	94	100	88	5	6
<i>Anganwadi</i> worker	94	0	0	88	81	92
ASHA /Sahiya	94	0	0	88	2	2
ANM	94	0	0	88	0	0
Student	94	0	0	NA	NA	NA
Followed any recording protocol¹¹	111	106	96	117	106	91
Protocol followed						
Putting single/double tick	106	96	90	106	87	82

¹⁰ Integrated distribution of NDD kits includes albendazole, banner/poster and handout/reporting forms and provided to schools and AWC during the trainings.

¹¹Any recording protocol implies putting single tick (✓), double tick (✓✓), any other symbol or preparing separate list for all those children administered albendazole tablets on NDD or Mop-Up Day.

Put different symbols	106	3	3	106	4	4
Prepare the separate list for dewormed	106	7	7	106	15	14
Visibility of poster/banner during visits	91	70	77	87	71	82

Table 6: Awareness about Adverse events and Its Management, August 2017

Indicators	Schools			<i>Anganwadi</i>		
	Denominator	Numerator	%	Denominator	Numerator	%
Opinion of occurrence of an adverse event after administering albendazole tablet	131	57	44	133	67	50
Awareness about possible adverse events (Multiple Response)						
Mild abdominal pain	57	54	95	67	60	90
Nausea	57	37	65	67	38	57
Vomiting	57	49	86	67	61	92
Diarrhea	57	28	49	67	25	37
Fatigue	57	32	56	67	34	51
All possible adverse event ¹²	57	14	25	67	7	10
Awareness about mild adverse event management						
Make the child lie down in open and shade/shaded place	131	112	86	133	116	87
Give ORS/water	131	76	58	133	73	55
Observe the child at least for 2 hours in the school	131	61	47	133	58	44
Don't know/don't remember	131	13	10	133	11	8
Awareness about severe adverse event management						
Call PHC or emergency number	131	109	83	133	123	92
Take the child to the hospital /call doctor to school	131	86	66	133	80	60
Don't know/don't remember	131	7	5	133	1	1
Available contact numbers of the nearest ANM or MO-PHC	131	100	76	133	112	84
Asha present in Anganwadi center	NA	NA	NA	133	73	55

¹²Includes those who are aware that a mild abdominal pain and nausea and vomiting and diarrhea and fatigue can be reported by a child after taking albendazole tablet.

Table 7: Selected Indicators of Process Monitoring in Private Schools, August 2017

Indicators ¹³	Denominator	Numerator	%
Attended training for current round of NDD	11	5	45
Received albendazole tablets	11	5	45
Sufficient quantity of albendazole tablets	5	5	100
Received poster/banner	11	4	36
Received handouts/ reporting form	11	4	36
Received SMS for current NDD round	11	7	64
Albendazole administered to children	11	5	45
Reasons for not conducting deworming			
No information	6	3	50
Albendazole tablets not received	6	3	50
Already dewormed all children on deworming day ¹⁴	6	0	0
Others ¹⁵	6	0	0
Albendazole tablet administered to children by teacher/headmaster ¹⁶	5	5	100
Perceive that health education should be provided to children	11	10	92
Awareness about correct dose and right way of albendazole administration	11	10	91
Awareness about non-administration of albendazole tablet to sick child	11	5	45
Opinion of occurrence of an adverse event after taking albendazole tablet	11	5	45
Awareness about occurrence of possible adverse events			
Mild abdominal pain	5	4	80
Nausea	5	5	100
Vomiting	5	4	80
Diarrhea	5	3	60
Fatigue	5	3	60
Awareness about mild adverse event management			
Let the child rest in an open and shaded place	11	7	64
Provide clean water to drink/ORS	11	8	73
Contact the ANM/nearby PHC	11	2	18
Available contact numbers of the nearest ANM or MO-PHC	11	5	45

¹³These indicators are based on small samples; therefore, precautions should be taken while interpreting the results as these are not representative of all private schools in the state

¹⁴Based on the samples that did not conduct deworming on Mop-Up Day.

¹⁵School administer the albendazole tablet to children a day before holiday, children/student absent, postponed due to festival

¹⁶This indicator is based on samples where deworming was ongoing.

Followed correct ¹⁷ recording protocol	5	5	100
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Table CV1: Findings from School and *Anganwadi* Coverage Validation Data

S.No	Indicators	Schools			<i>Anganwadis</i>		
		Denominator	Numerator	%	Denominator	Numerator	%
1	Percentage of schools/<i>anganwadis</i> Conducted deworming¹⁸	693	640	92	693	683	97
	Percentage of government schools conducted deworming	622	606	97	NA		
	Percentage of private schools conducted deworming	71	34	48	NA		
1a	Percentage of School and <i>anganwadis</i> administered albendazole on day of - (Multiple Response)						
	a. National Deworming Day	640	637	99	683	674	99
	b. Mop-Up Day	640	486	76	683	543	80
	c. Between NDD and Mop-Up Day	640	69	11	683	106	16
	d. Both days (NDD and Mop-Up)	640	485	76	683	540	79
1b	Reasons for not conducting deworming						
	a. No information	53	40	75	10	5	50
	b. Drugs not received	53	10	19	10	4	40
	c. Apprehension of adverse events	53	1	2	NA	NA	NA
	d. Others ¹⁹	53	2	4	10	1	10
2	Percentage of schools and <i>anganwadis</i> left over with Albendazole tablet after deworming	640	218	34	683	385	56
2a	Number of albendazole tablets left after deworming						
	a. Less than 50 tablets	218	117	54	385	163	42

¹⁷Correct recording protocol implies putting single tick (✓) on NDD and double tick (✓✓) for all those children administered albendazole tablets.

¹⁸Schools and *anganwadis* that conducted deworming on NDD or Mop-Up Day.

NA is Not Applicable

¹⁹ Other includes mainly not aware about NDD program.

	b. 50-100 tablets	218	65	30	385	144	37
	c. More than 100 tablets	218	36	16	385	78	20
3	Copy of reporting form was available for verification	640	456	71	683	457	67
3a	Reasons for non-availability of copy of reporting form						
	a. Did not received	184	59	32	226	68	30
	b. Submitted to ANM	184	56	30	226	104	46
	c. Unable to locate	184	36	20	226	27	12
	d. Other ²⁰	184	33	18	226	27	12
4	Anganwadis having list of unregistered children (Aged 1-5 years)	NA			683	358	52
5	Anganwadis having list of out-of-school children (Aged 6-19 years)	NA			683	323	47

Table CV2: Selected indicators based on ASHA's interview at *Anganwadi* Centre, Coverage Validation Data

1.	ASHA present at <i>Anganwadi</i> Centre during visit of Independent monitoring ²¹	NA	683	326	48
2.	ASHA conducted meetings with parents to inform about NDD	NA	326	266	82
3.	ASHA prepared list of unregistered and Out of school children	NA	326	224	69
4.	ASHA shared the list of unregistered and Out of school children with <i>Anganwadi</i>	NA	224	217	97
5.	ASHA administered albendazole to children	NA	326	274	84
6.	ASHA received incentive for NDD Feb 2017 round	NA	326	63	19

Table CV3: Recording protocol, verification, inflation and attendance in schools and *anganwadis*

S. No	Indicators	Schools/Children			<i>Anganwadis/Children</i>		
		Denominator	Numerator	%	Denominator	Numerator	%

²⁰Other includes mainly already submitted and availability of blank form.

²¹ Monitors were advised to call ASHA at *anganwadi* centers during coverage validation and collect relevant information.

1	Followed correct ²² recording protocol	640	446	70	683	447	65
2	Followed partial ²³ recording protocol	640	25	4	683	69	10
3	Followed no ²⁴ recording protocol	640	169	26	683	167	25
4	State-level verification factor ²⁵ (Children enrolled)	108999	82466	76	57147	63502	111
	a. Children registered with <i>anganwadis</i>	NA			22317	21644	97
	b. Children unregistered with <i>anganwadis</i> (Aged 1-5)	NA			18514	22287	120
	c. Out-of-school children (Aged 6-19)	NA			16316	19571	119
6	Attendance on previous day of NDD (Children enrolled)	203069	138190	68	NA		
7	Attendance on NDD (Children enrolled)	203069	142542	70	NA		
8	Attendance on Mop-Up Day (Children enrolled)	203069	105526	52	NA		
9	Children who attended on both NDD and Mop-Up Day (Children enrolled)	203069	83014	41	NA		
10	Maximum attendance of children on Deworming Day and Mop-Up Day ²⁶ (Children enrolled)	203069	165054	81	NA		
12	Estimated NDD coverage ^{27,28}	70			84		

Table CV4: Description on children (6-19 years) interviewed in the schools (640) during coverage validation

²²Correct recording protocol includes schools where all the classes put single tick (✓) on NDD and double tick (✓✓) on Mop-Up Day to record the information of dewormed children.

²³Partial recording protocol includes schools where all the classes did not follow correct protocol, put different symbols and prepared separate list to record the information of dewormed children.

²⁴No protocol includes all those schools where none of the classes followed any protocol to record the information of dewormed children.

²⁵Ratio of recounted value of the dewormed children to the reported value. This calculation is based on only those schools (n=267) and *anganwadis* (n=276) where deworming was conducted and copy of reporting form was available for verification.

²⁶ Maximum attendance refers to the total attendance of children who were exclusively present in school either on NDD or Mop-Up Day and children who attended school on both days.

²⁷ This was estimated on the basis of NDD implementation status, attendance on NDD and Mop-Up Day, whether child received albendazole and its supervised administration. Since no child interview is conducted at *anganwadis*; this has not been estimated for *anganwadis*.

²⁸ This was estimated by implying state-level verification factor on government reported coverage for 1-5 years registered children in AWC.

S.No	Indicators	Denominator	Numerator	%
1	Children received Albendazole tablets	1920	1878	98
2	Children aware about the Albendazole tablets	1878	1607	86
3	Source of information about deworming (Multiple response)			
	a. Teacher/school	1607	1517	94
	b. Television	1607	289	18
	c. Radio	1607	208	13
	d. Newspaper	1607	292	18
	e. Poster/Banner	1607	393	25
	f. Parents/siblings	1607	355	22
	g. Friends/neighbors	1607	185	12
4	Children aware about the worm infection	1878	1339	71
5	Awareness about different ways a child can get worm infection (Multiple response)			
	a. Not using sanitary latrine	1339	876	65
	b. Having unclean surroundings	1339	844	63
	c. Consume vegetables and fruits without washing	1339	901	67
	d. Having uncovered food and drinking dirty water	1339	837	63
	e. Having long and dirty nails	1339	914	68
	f. Moving in bare feet	1339	805	60
	g. Having food without washing hands	1339	812	61
	h. Not washing hands after using toilets	1339	638	48
6	Children consumed Albendazole tablet	1878	1870	100
7	Way children consumed the tablet			
	a. Chew the tablet	1870	1837	98
	b. Swallow tablet directly	1870	33	2
8	Supervised administration of tablets	1870	1796	96
9	Reasons for not consuming Albendazole tablet			
	a. Feeling sick	8	2	25
	b. Afraid of taking the tablet	NA	NA	NA
	c. Parents told me not to have it	8	4	50
	d. Do not have worms so don't need it	NA	NA	NA
	e. Did not like the taste	8	2	25