Annex: Jharkhand August 2017 NDD PMCV Report

Detailed findings from process monitoring

Table PM1: Training and source of information about NDD among teachers/headmasters and anganwadi workers, August 2017

Indicators		School			anwadi	
	Denominator	Numerato	%	Denominator	Numerator	%
		r				
Attended training for current round of NDD	200	125	62	200	142	71
Ever attended training for NDD ¹	200	147	74	200	162	80
Never attended training for NDD	200	53	26	200	40	20
Reasons for not attending NDD training (N	Multiple Respo	nse)				
Location was too far away	75	4	6	58	4	7
Did not know the date/timings/venue	75	49	65	58	49	84
Busy in other official/personal work	75	12	15	58	4	7
Attended deworming training in the past	75	23	30	58	18	31
Not necessary	75	16	21	58	7	12
No incentives/no financial support	75	3	4	58	1	2
Trained teacher that provided training to o	ther teachers	in their sc	hools			
All other teachers	125	59	47	NA	NA	N A
Few teachers	125	16	13	NA	NA	N A
No (himself/herself only teacher)	125	34	27	NA	NA	N A
No, did not train other teachers	125	16	13	NA	NA	N A
Source of information about current NDD	round(Multip	le Respons	e)	l		
Television	200	29	15	200	33	17
Radio	200	18	9	200	19	10
Newspaper	200	63	32	200	50	25
Banner	200	78	39	200	79	40
SMS	200	66	33	200	66	33
Other school/teacher/anganwadiworker	200	82	41	200	89	45
WhatsApp message	200	27	13	200	13	7
Training	200	120	60	200	136	68
Others	200	0	О	200	0	О
Received SMS for current NDD round	200	93	46	200	90	45

Table PM2: Awareness about NDD among teachers/headmasters and *anganwadi* workers, August 2017

Indicators	School			Anganwadi				
	Denominato	Numerator	%	Denominato	Numerato	%		
	r			r	r			
Awareness about the ways a child can get worm infection	200	166	83	200	166	83		
Different ways a child can get worm	Different ways a child can get worm infection (Multiple Response)							

 $^{^{\}scriptscriptstyle 1}$ Includes those school teachers and anganwadi workers who attended training either for NDD August 2017 or attended tanning in past.

NT	-//	T	1	-//	T	1 / -
Not using sanitary latrine	166	119	72	166	114	69
Having unclean surroundings	166	145	87	166	143	86
Consume vegetables and fruits	166	127	77	166	114	69
without washing		,	-			
Having uncovered food and drinking	166	137	83	166	131	79
dirty water	-//		-	-//		
Having long and dirty nails	166	112	67	166	120	72
Moving in bare feet	166	116	7	166	122	73
Having food with out weeking hands	166	140	0	166	126	
Having food without washing hands		140	85	100	136	82
Not washing hands after using toilets	166	141	85	166	128	77
Awareness about all the possible						
ways a child can get a worm	166	71	12	77	77	100
infection ²	100	71	43	71	71	100
Perceives that health education			+			
	200	190	95	200	192	96
should be provided to children	d wight war	 f administ	rotion	of albordage	olo tablot	
Awareness about correct dose and	NA			or amendaz(TE LADIEL	
1-2 years of children(Crush the	NA	NA	N			
half tablet between two spoons			A	200	173	87
and administer with water)						
2-3 years of children(Crush one	NA	NA	N			
full tablet between two spoons,			A	200	109	55
and administer with water)						
3-5 years of children(one full	NA	NA	N			
tablet and child chewed the			A	200	167	84
tablet properly)					,	
6-19 years of children (one full						
tablet and child chewed the	200	195	98	200	197	99
tablet properly)	200	193	90	200	197	99
Awareness about non-administratio	n of albendar	ole tablet to	gick ch	:14		
Will administer albendazole tablet	ii oi aibeiidaz		SICK CII.	iiu		
to sick child	200	18	9	200	17	9
Will not administer albendazole						
tablet to sick child	200	182	91	200	183	91
Awareness about consuming albenda	azole tablet					
Chew the tablet	200	100	50	200	99	40
Swallow the tablet directly	200	100	50	200	101	49 51
Awareness about consuming	200	100	9	200	101	31
albendazole in school/anganwadi	200	198	9	200	197	99
Awareness about the last date			9			
(August 22, 2017) for submitting	200	50	25	200	62	31
the reporting form	200			200	02	"
Awareness about submission of						
reporting forms to ANM by	200	95	48	200	130	65
August 22, 2017	200	7.7	40	200	1,0	
Awareness to retain a copy of the						
reporting form	200	168	84	200	170	85
		1			_1	

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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 PM3: Deworming activity, drug availability, and list of unregistered and out-of-school children, August 2017

Indicators	:	School		Ang	ganwadi	
	Denominat	Numerato	%	Denominat	Numerato	%
	or	r		or	r	
Albendazole tablet administered on the c	lay of visit					
Yes, ongoing	200	138	69	200	129	65
Yes, already done	200	17	8	200	20	10
Yes, after sometime	200	7	4	200	4	2
No, will not administer today	200	38	19	200	47	23
Schools/anganwadis conducted deworming on either of the day ³	200	170	85	200	162	81
Schools/anganwadis conducted deworming on NDD ⁴	100	86	86	100	82	82
Schools/ <i>anganwadis</i> conducted deworming on Mop-Up Day ⁵	100	76	76	100	71	71
Reasons for not conducting deworming						
No information	30	14	46	38	11	29
Albendazole tablet not received	30	16	54	38	27	71
Attendance on NDD ⁶	23355	17570	75	NA	NA	NA
Attendance on Mop-Up Day ⁷	18282	12719	70	NA	NA	NA
Anganwadis having list of unregistered/out-of-school children	NA	NA	NA	200	72	36
Out-of-school children (Age 6-19 years) administered Albendazole tablet	NA	NA	NA	200	128	64
Unregistered children (Age 1-5 years) administered Albendazole tablet	NA	NA	NA	200	151	76
Sufficient quantity of albendazole tablets ⁸	172	153	89	165	147	89

Table PM4: Integrated distribution of albendazole tablets and IEC materials, August 2017

Indicators		Schools		An	Anganwadi		
	Denominat	Numerator	%	Denominato	Numerator	%	
	or			r			
Items received by school teacher	r and anganwad	i worker					
Albendazole tablet	200	172	86	200	165	83	
Poster/banner	200	117	59	200	128	64	
Handouts/reporting form	200	116	58	200	114	57	
Received all materials	200	90	45	200	86	43	
Items verified during Independe	nt Monitoring						
Albendazole tablet	172	170	99	165	159	96	
Poster/banner	117	113	97	128	123	96	
Handouts/ reporting form	116	101	87	114	106	93	
Received all materials	90	74	83	86	77	90	

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.

⁶Based on those schools conducted deworming on NDD

⁷Based on those schools conducted deworming on Mop-Up-Day

 $^{^{\}rm 8}$ This indicator is based on the sample that received albendazole tablet.

No of school teachers/anganwadi worker attended training and received items during training							
Albendazole tablet	172	108	64	165	113	68	
Poster/banner	117	83	73	128	98	77	
Handouts/ reporting form	116	80	80	114	88	77	
Received all materials	90	60	67	86	65	76	
Integrated Distribution of albendazole tablet, IEC and training materials ⁹	200	60	30	200	65	33	

Table PM5: Implementation of deworming activity and observation of monitors, August 2017

Indicators	Sc	Schools Anganwadi				
	Denominato	Numerato	%	Denominato	Numerato	%
	r	r		r	r	
Deworming activity was taking place	138	135	98	129	124	96
Albendazole tablets were admin	istered by					
Teacher/headmaster	200	195	98	200	0	О
<i>Anganwadi</i> worker	200	О	0	200	180	90
Sahiya	200	1	1	200	17	9
ANM	200	2	1	200	3	2
Student	200	1	1	NA	NA	NA
Followed any recording protoc ol ¹⁰	155	120	77	149	108	72
Protocol followed			•			
Putting single/double tick	120	87	73	108	70	65
Put different symbols	120	7	6	108	8	7
Prepare the separate list for dewormed	120	26	21	108	30	28
Visibility of poster/banner during visits	117	99	84	128	91	71

Table PM6: Awareness about Adverse events and Its Management, August 2017

Indicators	So	Schools			anwadi	
	Denominato	Numerato	%	Denominator	Numerato	%
	r	r			r	
Opinion of occurrence of an adverse event after administering albendazole tablet	200	40	20	200	49	25
Awareness about possible adve	erse events (Mu	ltiple Respor	ıse)			
Mild abdominal pain	40	28	70	49	29	59
Nausea	40	22	56	49	31	63
Vomiting	40	29	72	49	39	80
Diarrhea	40	12	30	49	17	35
Fatigue	40	12	30	49	14	29

 $^{^\}circ$ Integrated distribution of NDD kits includes albendazole, banner/poster and handout/reporting forms and provided to schools and AWC during the trainings.

 $^{^{10}}$ Any recording protocol implies putting single tick (\checkmark), double tick (\checkmark), any other symbol or preparing separate list for all those children administered albendazole tablets on NDD or Mop-Up Day.

All possible adverse event ¹¹	40	5	14	49	11	22
Awareness about mild adverse	event manager	nent				
Make the child lie down in open and shade/shaded place	200	153	77	200	143	72
Give ORS/water	200	83	42	200	99	50
Observe the child at least for 2 hours in the school	200	98	49	200	88	44
Don't know/don't remember	200	24	12	200	32	16
Awareness about severe advers	se event manag	ement				
Call PHC or emergency number	200	141	71	200	139	70
Take the child to the hospital /call doctor to school	200	144	72	200	146	73
Don't know/don't remember	200	19	10	200	16	8
Available contact numbers of the nearest ANM or MO- PHC	200	108	54	200	148	74
Asha present in Anganwadi center	NA	NA	NA	200	101	51

Table PM7: Selected Indicators of Process Monitoring in Private Schools, August 2017

Indicators ¹²	Denominat or	Numerato r	%
Attended training for current round of NDD	45	27	61
Received albendazole tablets	45	31	69
Sufficient quantity of albendazole tablets	31	28	91
Received poster/banner	45	25	56
Received handouts/reporting form	45	28	63
Received SMS for current NDD round	45	19	43
Albendazole administered to children	45	31	68
Reasons for not conducting deworming			
No information	14	5	37
Albendazole tablets not received	14	9	63
Already dewormed all children on deworming day ¹³	2	2	100
Others ¹⁴	13	6	48
Albendazole tablet administered to children by teacher/headmaster ¹⁵	45	45	100
Perceive that health education should be provided to children	45	39	87
Awareness about correct dose and right way of albendazole administration	45	45	100
Awareness about non-administration of albendazole tablet to sick child	45	39	88
Opinion of occurrence of an adverse event after taking albendazole tablet	45	11	25

¹¹Includes 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.

¹²These 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

¹³Based on the samples that did not conduct deworming on Mop-Up Day.

¹⁴School administer the albendazole tablet to children a day before holiday, children/student absent, postponed due to festival

¹⁵This indicator is based on samples where deworming was ongoing.

Awareness about occurrence of possible adverse events			
Mild abdominal pain	11	11	100
Nausea	11	6	51
Vomiting	11	8	73
Diarrhea	11	6	53
Fatigue	11	О	О
Awareness about mild adverse event management			
Let the child rest in an open and shaded place	45	34	76
Provide clean water to drink/ORS	45	8	17
Contact the ANM/nearby PHC	45	19	43
Available contact numbers of the nearest ANM or MO-PHC	45	22	49
Followed correct ¹⁶ recording protocol	28	22	81

Detailed findings from Coverage Validation

Table CV1: Findings from School and Anganwadi Coverage Validation Data

	Indicators	Scl	nools			nwadis	
S.No		Denominator	Numerator	%	Denominator	Numerator	%
1	Percentage of						
	schools/ <i>anganwadis</i>	500	436	87	500	472	94
	Conducted deworming ¹⁷						
	Percentage of			0.0			
	government schools	478	419	88	ľ	NA	
	conducted deworming						
	Percentage of private		,	,		т А	
	schools conducted	22	16	76	Γ	NA	
	deworming	- «	mistored albo	- do-	ala an day of 1	M1431	
1a	Percentage of School and a Response)	nganwadis adini	mstered aibe.	nuazo	one on day of - (1	viuitipie	
	a. National						
	Deworming Day	436	417	96	472	448	95
	b. Mop-Up Day	436	370	85	472	393	83
	c. Between NDD		370		7/2	373	0,5
	and Mop-Up Day	436	22	5	472	44	9
	d. Both days (NDD and Mop-Up)	436	356	82	472	375	80
1b	Reasons for not conducti	ng deworming					
	a. No information	64	51	79	28	12	43
	b. Drugs not received	64	9	14	28	9	32
	c. Apprehension of	64	2	•	0	0	0
	adverse events	04	2	3	U	0	U
	d. Others ¹⁸	64	2	4	28	7	25
2	Percentage of schools						
	and <i>anganwadis</i> left	436	275	63	472	249	53
	over with Albendazole	7 5℃	2/5	0,5	7/4	477	55
	tablet after deworming						
2a	Number of albendazole ta	blets left after	deworming				
	a. Less than 50 tablets	275	217	79	249	182	73

 $^{^{\}text{16}}\text{Correct}$ recording protocol implies putting single tick (\$\checkmark\$) on NDD and double tick (\$\\$\checkmark\$) for all those children administered albendazole tablets.

 $^{^{\}scriptscriptstyle 17} S chools$ and anganwadis that conducted deworming on NDD or Mop-Up Day. NA is Not Applicable

¹⁸ Other includes mainly not aware about NDD.

	b. 50-100 tablets	275	28	10	249	46	18
	c. More than 100 tablets	275	30	11	249	21	9
3	Copy of reporting form was available for verification	436	224	51	472	210	45
3a	Reasons for non-availabi	lity of copy of r	eporting for	m			
	a. Did not received	212	89	42	262	74	28
	b. Submitted to ANM	212	72	34	262	149	57
	c. Unable to locate	212	18	8	262	17	7
	d. Other ¹⁹	212	33	16	262	22	8
4	Anganwadis having list of unregistered children (Aged 1-5 years)	NA			472	133	28
5	Anganwadis having list of out-of-school children (Aged 6-19 years)	NA			472	141	30

Table CV2: Mid-day meal findings from School and *Anganwadi* Coverage Validation Data

	Inc	dicators	Schools			Anganwadis	
S.No			Denominator	Numerator	%	Denominator Numerator %	
1	School covered under Mid- day Meal Scheme		436	404	93	NA	
2	School reported number of dewormed children through MDM		404	257	64	NA	
3	Days of IVR	S/SMS reporting					
	•	for National orming Day	257	27	10	NA	
	2. Only	for Mop-up day	257	7	3	NA	
	_	ooth deworming and Mop-up	257	223	87	NA	
4	Reasons for	not doing IVRS/S	SMS reporting				
		ool closed on the n day	147	3	2	NA	
	2. No N	MDM organized	147	5	3	NA	
		got onnected/message not deliver	147	54	37	NA	
	•	ool closed due to le teacher/local e	147	6	4	NA	
	5. Othe	ers	147	79	54	NA	

Table CV3: Selected indicators based on ASHA's interview at *Anganwadi* Centre, Coverage Validation Data

¹⁹Other includes mainly already submitted and availability of blank form.

	Indicators	Schools	Anganwadis		
S.No		Denominator Numerator %	Denominator	Numerator	%
1.	ASHA present at Anganwadi Centre during visit of Independent monitoring ²⁰	NA	472	438	93
2.	with parents to inform about NDD	NA	438	304	70
3.	ASHA prepared list of unregistered and Out of school children	NA	438	136	31
4.	ASHA shared the list of unregistered and Out of school children with <i>Anganwadi</i>	NA	136	117	86
5.	ASHA administered albendazole to children	NA	304	232	76
6.	ASHA received incentive for NDD Feb 2017 round	NA	304	41	14

Table CV4: Recording protocol, verification, inflation and attendance in schools and anganwadis

S.		Schools/Children			Anganwadis/Children			
No	Indicators	Denominato	Denominate Numerator %		Denominat Numerator		%	
		r			or			
1	Followed correct ²¹ recording protocol	436	7	2	412	146	31	
2	Followed partial ²² recording protocol	436	262	60	412	161	34	
3	Followed no ²³ recording protocol	436	167	38	412	165	35	
4	State-level verification factor ²⁴ (Children enrolled)	48193	23838	49	16676	17306	104	
	a. Children registered with anganwadis	NA NA NA			10377	9618	93	
	<i>b.</i> Children unregistered with anganwadis (Aged 1-5)			2960	3824	129		
	c. Out-of-school children (Aged 6-19)			3338	3864	116		

NA is Not Applicable

NA is Not Applicable

²⁰ Monitors were advised to call ASHA at *anganwadi* centers during coverage validation and collect relevant information.

²¹Correct recording protocol includes schools where all the classes put single tick (\checkmark) on NDD and double tick (\checkmark \checkmark) on Mop-Up Day to record the information of dewormed children.

²²Partial 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.

²³No protocol includes all those schools where none of the classes followed any protocol to record the information of dewormed children.

²⁴Ratio 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.

5	Attendance on previous day of NDD (Children enrolled)	103510	71954	70	NA
6	Attendance on NDD (Children enrolled)	103510	71022	69	NA
7	Attendance on Mop-Up Day (Children enrolled)	103510	77114	74	NA
8	Children who attended on both NDD and Mop-Up Day(Children enrolled)	103510	59023	57	NA
9	Maximum attendance of children on Deworming Day and Mop-Up Day ²⁵ (Children enrolled)	103510	89112	86	NA
10	Estimated NDD coverage ²⁶²⁷		71		87

Table CV5: Description on children (6-19 years) interviewed in the schools (436) during coverage validation

S.N	Indicators	Denominator	Numerator	%			
0							
1	Children received Albendazole tablets	1307	1307	100			
2	Children aware about the Albendazole tablets	1307	1102	84			
3	Source of information about deworming (Multiple response)						
	a. Teacher/school	1102	1086	99			
	b. Television	1102	60	5			
	c. Radio	1102	26	2			
	d. Newspaper	1102	61	6			
	e. Poster/Banner	1102	204	19			
	f. Parents/siblings	1102	128	12			
	g. Friends/neighbors	1102	117	11			
4	Children aware about the worm infection	1307	720	55			
5	Awareness about different ways a child can get wor	m infection (M	ultiple respon	se)			
	a. Not using sanitary latrine	720	372	52			
	b. Having unclean surroundings	720	451	63			
	c. Consume vegetables and fruits without washing	720	344	48			
	d. Having uncovered food and drinking dirty water	720	339	47			
	e. Having long and dirty nails	720	366	51			
	f. Moving in bare feet	720	282	39			
	g. Having food without washing hands	720	393	55			
	h. Not washing hands after using toilets	720	326	45			
6	Children consumed Albendazole tablet	1307	1305	99			
7	Way children consumed the tablet						

²⁵ 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.

²⁶ 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*.

²⁷ This was estimated by implying state-level verification factor on government reported coverage for 1-5 years registered children in AWC.

	a. Chew the tablet	1305	1188	91
	b. Swallow tablet directly	1305	117	9
8	Supervised administration of tablets	1305	1238	95
9	Reasons for not consuming Albendazole tablet			
	a. Feeling sick	2	1	58
	b. Parents told me not to have it	2	1	58