

Annex: Telangana August 2017 NDD PMCV Report

Detailed Findings of Process Monitoring

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	250	179	72	250	208	83
Ever attended training for NDD ¹	250	201	80	250	225	90
Never attended training for NDD	250	49	20	250	25	10
Reasons for not attending NDD training (Multiple Response)						
Location was too far away	71	4	5	42	4	10
Did not know the date/timings/venue	71	47	67	42	14	33
Busy in other official/personal work	71	5	7	42	6	14
Attended deworming training in the past	71	22	31	42	17	41
Not necessary	71	0	0	42	1	2
No incentives/no financial support	71	8	12	42	7	17
Trained teacher that provided training to other teachers in their schools						
All other teachers	179	110	62	NA	NA	NA
Few teachers	179	30	17	NA	NA	NA
No (himself/herself only teacher)	179	29	16	NA	NA	NA
No, did not train other teachers	179	10	6	NA	NA	NA
Source of information about current NDD round (Multiple Response)						
Television	250	105	42	250	115	46
Radio	250	37	15	250	45	18
Newspaper	250	118	47	250	89	36
Banner	250	124	49	250	114	46
SMS	250	151	60	250	174	70
Other school/teacher/ <i>anganwadi</i> worker	250	72	29	250	81	32
WhatsApp message	250	97	39	250	44	18
Training	250	100	40	250	109	44
Others	250	14	6	250	15	6
Received SMS for current NDD round	250	195	78	250	221	88

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

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

Indicators	School			Anganwadi		
	Denominator	Numerator	%	Denominator	Numerator	%
Awareness about the ways a child can get worm infection	250	236	94	250	238	95
Different ways a child can get worm infection (Multiple Response)						
Not using sanitary latrine	236	176	75	238	166	70
Having unclean surroundings	236	196	83	238	190	80
Consume vegetables and fruits without washing	236	168	71	238	140	59
Having uncovered food and drinking dirty water	236	138	58	238	140	59
Having long and dirty nails	236	156	66	238	146	61
Moving in bare feet	236	142	60	238	137	58
Having food without washing hands	236	179	76	238	172	72
Not washing hands after using toilets	236	152	65	238	133	56
Awareness about all the possible ways a child can get a worm infection²	236	61	26	238	54	23
Perceives that health education should be provided to children	250	232	93	250	222	89
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)	NA	NA	NA	250	204	82
2-3 years of children (Crush one full tablet between two spoons, and administer with water)	NA	NA	NA	250	153	61
3-5 years of children (one full tablet and child chewed the tablet properly)	NA	NA	NA	250	191	76
6-19 years of children (one full tablet and child chewed the tablet properly)	250	241	96	250	247	99
Awareness about non-administration of albendazole tablet to sick child						
Will administer albendazole tablet to sick child	250	19	8	250	25	10
Will not administer albendazole tablet to sick child	250	231	92	250	225	90
Awareness about consuming albendazole tablet						
Chew the tablet	250	245	98	250	249	99
Swallow the tablet directly	250	5	2	250	1	1
Awareness about consuming albendazole in school/anganwadi	250	248	99	250	245	98

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.

Awareness about the last date (August 28, 2017) for submitting the reporting form	237	121	51	239	104	44
Awareness about submission of reporting forms to ANM by August 28, 2017	250	210	84	250	206	82
Awareness to retain a copy of the reporting form	250	215	86	250	225	90

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	250	110	44	250	102	41
Yes, already done	250	79	32	250	101	40
Yes, after sometime	250	32	13	250	28	11
No, will not administer today	250	29	12	250	19	8
Schools/<i>anganwadis</i> conducted deworming on either of the day³	250	229	92	250	245	98
Schools/<i>anganwadis</i> conducted deworming on NDD⁴	124	114	92	125	123	98
Schools/<i>anganwadis</i> conducted deworming on Mop-Up Day⁵	126	106	84	125	108	86
Reasons for not conducting deworming						
No information	21	7	34	5	1	20
Albendazole tablet not received	21	11	51	5	3	60
Apprehension of adverse events	21	1	7	5	0	0
Others ⁶	21	2	8	5	1	20
Attendance on NDD⁷	18806	15039	80	NA	NA	NA
Attendance on Mop-Up Day⁸	28014	25109	90	NA	NA	NA
<i>Anganwadis</i> having list of unregistered/out-of-school children	NA	NA	NA	250	143	57
Out-of-school children (Age 6-19 years) administered albendazole tablet	NA	NA	NA	250	178	71

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

Unregistered children (Age 1-5 years) administered albendazole tablet	NA	NA	NA	250	207	83
Sufficient quantity of albendazole tablets ⁹	235	218	93	246	241	98

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	250	235	94	250	246	98
Poster/banner	250	219	88	250	231	92
Handouts/ reporting form	250	203	81	250	216	86
Received all materials	250	196	78	250	209	84
Items verified during Independent Monitoring						
Albendazole tablet	235	233	99	246	243	99
Poster/banner	219	216	99	231	229	99
Handouts/ reporting form	203	190	93	216	200	93
Received all materials	196	182	93	209	191	91
No of school teachers/anganwadi worker attended training and received items during training						
Albendazole tablet	235	171	73	246	197	80
Poster/banner	219	170	78	231	192	83
Handouts/ reporting form	203	145	71	216	169	78
Received all materials	196	140	71	209	166	79
Integrated Distribution of albendazole tablet, IEC and training materials ¹⁰	250	140	56	250	166	66

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	110	108	98	102	99	97
Albendazole tablets were administered by						
Teacher/headmaster	110	88	80	102	0	0

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

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

<i>Anganwadi</i> worker	110	0	0	102	89	87
ASHA/Sahiya	110	5	4	102	6	6
ANM	110	16	15	102	7	7
Student	110	1	1	102	0	0
Followed any recording protocol¹¹	189	164	87	203	191	94
Protocol followed						
Putting single/double tick	164	143	88	191	161	84
Put different symbols	164	10	6	191	13	7
Prepare the separate list for dewormed	164	10	6	191	17	9
Visibility of poster/banner during visits	219	198	90	231	218	94

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	250	95	38	250	84	34
Awareness about possible adverse events (Multiple Response)						
Mild abdominal pain	95	80	84	84	65	77
Nausea	95	45	47	84	54	64
Vomiting	95	79	83	84	69	82
Diarrhea	95	12	13	84	21	25
Fatigue	95	43	46	84	41	49
All possible adverse event ¹²	95	5	5	84	13	16
Awareness about mild adverse event management						
Make the child lie down in open and shade/shaded place	250	179	71	250	190	76
Give ORS/water	250	154	62	250	153	61
Observe the child at least for 2 hours in the school	250	152	61	250	155	62
Don't know/don't remember	250	5	1	250	14	6
Awareness about severe adverse event management						
Call PHC or emergency number	250	210	84	250	209	84

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.

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.

Take the child to the hospital /call doctor to school	250	167	67	250	165	66
Don't know/don't remember	250	4	1	250	5	2
Available contact numbers of the nearest ANM or MO-PHC	250	221	88	250	240	96
Asha present in Anganwadi center	NA	NA	NA	250	190	76

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

Indicators ¹³	Denominator	Numerator	%
Attended training for current round of NDD	97	70	73
Received albendazole tablets	97	84	87
Sufficient quantity of albendazole tablets	84	73	87
Received poster/banner	97	77	79
Received handouts/ reporting form	97	72	75
Received SMS for current NDD round	97	57	59
Albendazole administered to children	97	83	86
Reasons for not conducting deworming			
No information	14	5	34
Albendazole tablets not received	14	9	66
Others ¹⁴	14	0	0
Albendazole tablet administered to children by teacher/headmaster ¹⁵	40	34	85
Perceive that health education should be provided to children	97	91	94
Awareness about correct dose and right way of albendazole administration	97	92	96
Awareness about non-administration of albendazole tablet to sick child	97	89	92
Opinion of occurrence of an adverse event after taking albendazole tablet	97	38	39
Awareness about occurrence of possible adverse events			
Mild abdominal pain	38	33	88
Nausea	38	23	61
Vomiting	38	32	84
Diarrhea	38	5	12
Fatigue	38	17	44
Awareness about mild adverse event management			
Let the child rest in an open and shaded place	97	70	72
Provide clean water to drink/ORS	97	56	57

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

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.

Contact the ANM/nearby PHC	97	60	62
Available contact numbers of the nearest ANM or MO-PHC	97	75	77
Followed correct¹⁶ recording protocol	51	47	92

¹⁶Correct recording protocol implies putting single tick (✓) on NDD and double tick (✓✓) for all those children administered albendazole tablets.

Detailed Findings of Coverage Validation

Table CV1: Findings from School and *Anganwadi* Coverage Validation Data

Sr. No.	Indicators	Schools			<i>Anganwadis</i>		
		Denominator	Numerator	%	Denominator	Numerator	%
1	Percentage of schools/<i>anganwadis</i> Conducted deworming¹⁷	625	583	93	625	621	99
	Percentage of government schools conducted deworming	349	347	99	NA		
	Percentage of private schools conducted deworming	276	236	86	NA		
1a	Percentage of School and <i>anganwadis</i> administered albendazole on day of - (Multiple Response)						
	a. National Deworming Day	583	570	98	621	615	99
	b. Mop-Up Day	583	375	64	621	397	64
	c. Between NDD and Mop-Up Day	583	93	16	621	108	17
	d. Both days (NDD and Mop-Up day)	583	368	63	621	394	64
1b	Reasons for not conducting deworming						
	a. No information	42	21	50	5	2	46
	b. Drugs not received	42	19	46	5	0	0
	c. Apprehension of adverse events	42	2	4	5	0	0
	d. Others ¹⁸	42	0	0	5	3	54
2	Percentage of schools and <i>anganwadis</i> left over with Albendazole tablet after deworming	583	353	61	621	367	59
2a	Number of albendazole tablets left after deworming						
	a. Less than 50 tablets	353	298	84	367	346	94
	b. 50-100 tablets	353	36	10	367	15	4
	c. More than 100 tablets	353	19	6	367	6	2
3	Copy of reporting form was available for verification	583	267	46	621	276	44
3a	Reasons for non-availability of copy of reporting form						
	a. Did not received	317	28	9	345	20	6
	b. Submitted to ANM	317	251	79	345	299	87
	c. Unable to locate	317	36	11	345	23	7
	d. Other ¹⁹	317	2	1	345	3	1
4	<i>Anganwadish</i> having list of unregistered children (Aged 1-5 years)	NA			621	228	37

¹⁷Schools and *anganwadis* that conducted deworming on NDD or Mop-Up Day.

NA is Not Applicable

¹⁸ Other includes mainly strike of *anganwadi* worker and no incentives for deworming.

¹⁹ Other includes mainly principal absent reporting and form kept at home.

5	Anganwadishaving list of out-of-school children (Aged 6-19 years)	NA	621	153	25
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Table CV2: Selected indicators based on ASHA's interview at Anganwadi Centre, Coverage Validation Data

Sr. No.	Indicators	Anganwadis		
		Denominator	Numerator	%
1	ASHA present at Anganwadi Centre during visit of Independent monitoring ²⁰	621	287	46
2	ASHA conducted meetings with parents to inform about NDD	287	214	75
3	ASHA prepared list of unregistered and Out of school children	287	183	64
4	ASHA shared the list of unregistered and Out of school children with Anganwaditeacher	183	151	82
5	ASHA administered albendazole to children	287	265	92
6	ASHA received incentive for NDD Feb 2017 round	287	77	27

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

Sr. No.	Indicators	Schools/Children			Anganwadis/Children		
		Denominator	Numerator	%	Denominator	Numerator	%
1	Followed correct ²¹ recording protocol	583	399	68	621	448	72
2	Followed partial ²² recording protocol	583	77	13	621	63	10
3	Followed no ²³ recording protocol	583	107	18	621	110	18

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

NA is Not Applicable

²¹ Correct 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.

²² Partial 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.

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

4	State-level verification factor ²⁴ (Children enrolled)	46618	29934	64	10300	12349	120
	a. Children registered with <i>anganwadis</i>	NA			7296	8047	110
	b. Children unregistered with <i>anganwadis</i> (Aged 1-5)	NA			1626	2393	147
	c. Out-of-school children (Aged 6-19)	NA			1378	1909	138
5	Attendance on previous day of NDD (Children enrolled)	125400	105444	84	NA		
6	Attendance on NDD (Children enrolled)	125400	109897	88	NA		
7	Attendance on Mop-Up Day (Children enrolled)	125400	108692	87	NA		
8	Children who attended on both NDD and Mop-Up Day (Children enrolled)	125400	95911	76	NA		
9	Maximum attendance of children on Deworming Day and Mop-Up Day ²⁵ (Children enrolled)	125400	122678	98	NA		
10	Estimated NDD coverage ^{26,27}	82			105		

Table CV4: Description on children (6-19 years) interviewed in the schools (583) during coverage validation

Sr. No	Indicators	Denominator	Numerator	%
1	Children received Albendazole tablets	1750	1720	98
2	Children aware about the Albendazole tablets	1720	1584	92
3	Source of information about deworming (Multiple response)			
	a. Teacher/school	1584	1505	95
	b. Television	1584	304	19

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.

NA is Not Applicable

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 registered children in AWC.

	c. Radio	1584	172	11
	d. Newspaper	1584	268	17
	e. Poster/Banner	1584	534	34
	f. Parents/siblings	1584	357	23
	g. Friends/neighbors	1584	252	16
4	Children aware about the worm infection	1720	1311	76
5	Children awareness about different ways a child can get worm infection (Multiple response)			
	a. Not using sanitary latrine	1311	843	64
	b. Having unclean surroundings	1311	792	60
	c. Consume vegetables and fruits without washing	1311	716	55
	d. Having uncovered food and drinking dirty water	1311	637	49
	e. Having long and dirty nails	1311	635	49
	f. Moving in bare feet	1311	518	39
	g. Having food without washing hands	1311	749	57
	h. Not washing hands after using toilets	1311	495	38
6	Children consumed Albendazole tablet	1720	1715	99
7	Way children consumed the tablet			
	a. Chew the tablet	1715	1676	98
	b. Swallow tablet directly	1715	40	2
8	Supervised administration of tablets	1715	1582	92
9	Reasons for not consuming Albendazole tablet			
	a. Feeling sick	5	4	86
	b. Afraid of taking the tablet	5	0	0
	c. Parents told me not to have it	5	1	14
	d. Do not have worms so don't need it	5	0	0
	e. Did not like the taste	5	0	0