

Annex: Tripura August 2017 NDD PMCV Report

Detailed findings from 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	160	150	94	160	160	100
Ever attended training for NDD ¹	160	152	95	160	160	100
Never attended training for NDD	160	8	5	160	0	0
Reasons for not attending NDD training (Multiple Response)						
Location was too far away	10	0	0	160	0	0
Did not know the date/timings/venue	10	4	41	160	0	0
Busy in other official/personal work	10	5	44	160	0	0
Attended deworming training in the past	10	2	22	160	0	0
Not necessary	10	0	0	160	0	0
No incentives/no financial support	10	0	0	160	0	0
Trained teacher that provided training to other teachers in their schools						
All other teachers	150	45	30	160	0	0
Few teachers	150	65	43	160	0	0
No (himself/herself only teacher)	150	18	12	160	0	0
No, did not train other teachers	150	23	15	160	0	0
Source of information about current NDD round (Multiple Response)						
Television	160	62	39	160	61	38
Radio	160	7	4	160	10	6
Newspaper	160	61	38	160	35	22
Banner	160	31	20	160	39	24
SMS	160	69	43	160	37	23
Other school/teacher/ <i>anganwadi</i> worker	160	39	24	160	46	29
WhatsApp message	160	8	5	160	0	0
Training	160	101	63	160	98	61
Others	160	14	9	160	26	16
Received SMS for current NDD round	160	95	59	160	61	38

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

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	160	145	91	160	154	96
Different ways a child can get worm infection (Multiple Response)						
Not using sanitary latrine	145	81	56	154	87	57
Having unclean surroundings	145	87	60	154	88	57
Consume vegetables and fruits without washing	145	49	34	154	67	44
Having uncovered food and drinking dirty water	145	77	53	154	68	44
Having long and dirty nails	145	73	50	154	89	58
Moving in bare feet	145	100	69	154	105	68
Having food without washing hands	145	106	73	154	114	74
Not washing hands after using toilets	145	83	57	154		
Awareness about all the possible ways a child can get a worm infection²	145	11	7	154	8	5
Perceives that health education should be provided to children	160	159	99	160	158	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)	NA	NA	NA	160	152	95
2-3 years of children (Crush one full tablet between two spoons, and administer with water)	NA	NA	NA	160	98	61
3-5 years of children (one full tablet and child chewed the tablet properly)	NA	NA	NA	160	144	90
6-19 years of children (one full tablet and child chewed the tablet properly)	160	159	99	160	159	99
Awareness about non-administration of albendazole tablet to sick child						
Will administer albendazole tablet to sick child	160	5	3	160	2	1
Will not administer albendazole tablet to sick child	160	155	97	160	158	99
Awareness about consuming albendazole tablet						

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.

Chew the tablet	160	157	98	160	155	97
Swallow the tablet directly	160	3	2	160	5	3
Awareness about consuming albendazole in school/ <i>anganwadi</i>	160	159	100	160	159	99
Awareness about the last date (August 28, 2017) for submitting the reporting form	160	83	52	160	71	44
Awareness about submission of reporting forms to ANM by August 28, 2017	160	139	87	160	142	89
Awareness to retain a copy of the reporting form	160	156	98	160	158	99

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	160	94	59	160	78	49
Yes, already done	160	33	20	160	64	40
Yes, after sometime	160	19	12	160	10	6
No, will not administer today	160	14	9	160	8	5
Schools/<i>anganwadis</i> conducted deworming on either of the day³	160	151	94	160	156	98
Schools/<i>anganwadis</i> conducted deworming on NDD⁴	80	79	99	80	80	100
Schools/<i>anganwadis</i> conducted deworming on Mop-Up Day⁵	80	67	84	80	72	90
Reasons for not conducting deworming						
No information	9	1	7	4	0	0
Albendazole tablet not received	9	1	9	4	0	0
Apprehension of adverse events	9	0	0	4	0	0
Others ⁶	9	8	84	4	4	100
Attendance on NDD⁷	15406	9168	59	NA	NA	NA
Attendance on Mop-Up Day⁸	12091	5007	41	NA	NA	NA

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

Anganwadis having list of unregistered/out-of-school children	NA	NA	NA	160	70	44
Out-of-school children (Age 6-19 years) administered albendazole tablet	NA	NA	NA	160	91	57
Unregistered children (Age 1-5 years) administered albendazole tablet	NA	NA	NA	160	86	54
Sufficient quantity of albendazole tablets⁹	157	148	94	158	141	89

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	160	157	98	160	158	99
Poster/banner	160	155	97	160	157	98
Handouts/ reporting form	160	153	96	160	155	97
Received all materials	160	150	94	160	152	95
Items verified during Independent Monitoring						
Albendazole tablet	157	155	99	158	157	99
Poster/banner	155	153	99	157	154	98
Handouts/ reporting form	153	149	97	155	153	99
Received all materials	150	146	96	152	147	97
No of school teachers/anganwadi worker attended training and received items during training						
Albendazole tablet	157	139	89	158	142	90
Poster/banner	155	142	92	157	149	95
Handouts/ reporting form	153	141	92	155	148	96
Received all materials	150	130	87	152	135	89
Integrated Distribution of albendazole tablet IEC and training materials ¹⁰	160	130	82	160	135	84

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

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.

Indicators	Schools			<i>Anganwadi</i>		
	Denominator	Numerator	%	Denominator	Numerator	%
Deworming activity was taking place	94	83	87	78	73	94
Albendazole tablets were administered by						
Teacher/headmaster	94	94	99	78	0	0
<i>Anganwadi</i> worker	94	0	0	78	74	94
ASHA	94	0	0	78	4	5
ANM	94	1	1	78	0	0
Student	94	0	0	78	0	0
Followed any recording protocol¹¹	127	108	85	142	128	90
Protocol followed						
Putting single/double tick	108	96	89	128	100	78
Put different symbols	108	4	4	128	7	6
Prepare the separate list for dewormed	108	8	8	128	21	16
Visibility of poster/banner during visits	155	144	93	157	145	92

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	160	71	44	160	87	54
Awareness about possible adverse events (Multiple Response)						
Mild abdominal pain	71	51	73	87	60	69
Nausea	71	62	87	87	70	81
Vomiting	71	45	64	87	60	69
Diarrhea	71	30	42	87	40	46
Fatigue	71	16	23	87	18	21
All possible adverse event ¹²	71	2	4	87	2	2
Awareness about mild adverse event management						
Make the child lie down in open and shade/shaded place	160	129	81	160	127	79
Give ORS/water	160	91	57	160	99	62

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.

Observe the child at least for 2 hours in the school	160	38	24	160	51	32
Don't know/don't remember	160	6	4	160	5	3
Awareness about severe adverse event management						
Call PHC or emergency number	160	100	63	160	98	61
Take the child to the hospital/call doctor to school	160	113	70	160	102	64
Don't know/don't remember	160	3	2	160	1	1
Available contact numbers of the nearest ANM or MO-PHC	160	142	89	160	126	79
Asha present in Anganwadi center	NA	NA	NA	160	77	48

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

Indicators ¹³	Denominator	Numerator	%
Attended training for current round of NDD	13	13	100
Received albendazole tablets	13	13	100
Sufficient quantity of albendazole tablets	13	13	100
Received poster/banner	13	13	100
Received handouts/reporting form	13	13	100
Received SMS for current NDD round	13	8	60
Albendazole administered to children	13	6	48
Reasons for not conducting deworming			
No information	7	0	0
Albendazole tablets not received	7	0	0
Already dewormed all children on deworming day ¹⁴	7	0	0
Others ¹⁵	2	2	100
Albendazole tablet administered to children by teacher/headmaster¹⁶	6	6	100
Perceive that health education should be provided to children	13	13	100
Awareness about correct dose and right way of albendazole administration	13	12	99
Awareness about non-administration of albendazole tablet to sick child	13	13	100

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.

Opinion of occurrence of an adverse event after taking albendazole tablet	13	1	3
Awareness about occurrence of possible adverse events			
Mild abdominal pain	3	2	67
Nausea	3	3	100
Vomiting	3	3	100
Diarrhea	3	2	67
Fatigue	3	0	0
Awareness about mild adverse event management			
Let the child rest in an open and shaded place	13	12	98
Provide clean water to drink/ORS	13	8	63
Contact the ANM/nearby PHC	13	1	2
Available contact numbers of the nearest ANM or MO-PHC	13	13	100
Followed correct ¹⁷ recording protocol	2	2	100

Table 8a: Indicators on convergence of NDD and WIFS program

Indicators	Schools			Anganwadi		
	Denominator	Numerator	%	Denominator	Numerator	%
Trainer provided you the information on these during NDD training¹⁸						
Administration of IFA tablet	150	99	66	160	104	65
Importance of nail cutting	150	134	90	160	133	83
Importance of Hygiene and sanitation practices	150	122	82	160	120	75
NDD SMS include information on¹⁹						
Sufficiency of IFA tablets	82	43	52	61	38	62
Regular nail cutting	82	57	70	61	43	71
Handwashing before taking food and after toilet use	82	58	71	61	43	71
Knowledge about symptoms of Anemia						
Weakness	160	146	91	160	148	93
Breathing problem	160	51	32	160	49	31
Dizziness	160	106	66	160	115	72
Leg cramps	160	31	19	160	39	24
Unusually rapid heartbeat	160	19	12	160	19	12
Headache	160	57	36	160	59	37
Sufficient quantity of IFA tablet/syrup ²⁰	62	60	97	62	53	86

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

¹⁸This indicator based on the sample who attended the NDD training.

¹⁹This indicator based on the sample who received SMS.

²⁰This indicator based on the sample who received IFA tablet/syrup.

Visibility of poster for hand washing and Nail cutting during visits ²¹	97	85	87	89	76	85
Visibility of poster for Anemia during visits ²²	72	59	82	73	55	75
Administer the IFA tablet/syrup to the Children / students every week in last two months	146	77	53	160	78	49
Reason for not administering the IFA tablet/syrup to the Children / students every week in last two months						
No information	69	28	41	82	27	33
IFA tablets/syrup not received	69	31	46	82	47	57
Apprehension of Adverse events	69	1	2	82	3	4
Others ²³	69	8	11	82	5	6
Awareness about non-administration of IFA tablet/syrup to sick child	160	16	10	160	16	10
Knowledge about correct process of Hand washing	160	125	78	160	119	74
Knowledge about correct dose of IFA syrup to 6-60 months children	NA	NA	NA	160	76	48
Knowledge about color of IFA tablet for 5-10 years children	146	64	42	160	0	0
Knowledge about color of IFA tablet for 10-19 years children	146	45	31	160	0	0
Children/student wash their hands before administration of deworming tablet	160	136	85	160	146	91
Children/student cut their nail before administration of deworming tablet	160	135	84	84	160	147

Table 8b: Additional items related to other programs (WIFS) that received during training of National Deworming Day 2017

Indicators	Schools			<i>Anganwadi</i>		
	Denominator	Numerator	%	Denominator	Numerator	%
Items received by school teacher and anganwadi worker						

²¹This indicator based on the sample who received poster for hand washing and nail cutting.

²²This indicator based on the sample who received poster for Anemia.

²³Others include IFA tablets were expired, AWW will administer the IFA after deworming activity and IFA tablet was administered at PHC.

IFA Tablets/ Syrups	146	62	42	160	62	39
Poster for hand washing and Nail cutting	158	97	61	160	89	56
Poster for Anemia	158	72	45	160	73	46
Poster for Sanitation and hygiene	158	84	53	160	85	53
Items verified during Independent Monitoring						
IFA Tablets/ Syrups	62	61	99	62	59	95
Poster for hand washing and Nail cutting	97	96	99	89	85	96
Poster for Anemia	72	69	96	73	63	86
Poster for Sanitation and hygiene	84	83	99	85	79	93
No of school teachers/anganwadi worker attended training and received items during training						
IFA Tablets/ Syrups	62	57	91	62	57	92
Poster for hand washing and Nail cutting	97	88	91	89	83	93
Poster for Anemia	72	66	92	73	65	89
Poster for Sanitation and hygiene	84	77	92	85	81	95

Detailed findings from Coverage Validation

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 deworming²⁴	400	397	99	400	400	100
	Percentage of government schools conducted deworming	356	353	99	NA		
	Percentage of private schools conducted deworming	44	44	100	NA		
1a	Percentage of School and <i>anganwadis</i> administered albendazole on day of - (Multiple Response)						
	a. National Deworming Day	397	394	99	400	400	100
	b. Mop-Up Day	397	342	86	400	347	87
	c. Between NDD and Mop-Up Day	397	11	3	400	1	1
	d. Both days (NDD and Mop-Up Day)	397	342	86	400	347	87
1b	Reasons for not conducting deworming						
	a. Drugs not received	3	1	33	NA	NA	NA

²⁴Schools and *anganwadis* that conducted deworming on NDD or Mop-Up Day.

	b. Others ²⁵	3	2	67	NA	NA	NA
2	Percentage of schools and <i>anganwadis</i> left over with Albendazole tablet after deworming	397	266	67	400	221	55
2a	Number of albendazole tablets left after deworming						
	a. Less than 50 tablets	266	180	68	221	220	99
	b. 50-100 tablets	266	46	17	221	1	1
	c. More than 100 tablets	266	40	15	NA	NA	NA
3	Copy of reporting form was available for verification	397	309	78	400	320	80
3a	Reasons for non-availability of copy of reporting form						
	a. Did not received	0	0	0	80	2	2
	b. Submitted to Inspectorate of School Education /CDPO ICDS Supervisor	88	64	73	80	52	65
	c. Unable to locate	88	12	14	80	12	15
	d. Other ²⁶	88	12	14	80	14	18
4	<i>Anganwadi</i> having list of unregistered children (Aged 1-5 years)	NA			400	60	15
5	<i>Anganwadi</i> having list of out-of-school children (Aged 6-19 years)	NA			400	136	34

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

Sr. No.	Indicators	Denominator	Numerator	%
1	ASHA present at <i>Anganwadi</i> Centre during visit of Independent monitoring ²⁷	400	259	65
2	ASHA conducted meetings with parents to inform about NDD	259	182	70
3	ASHA prepared list of unregistered and Out of school children	259	86	33
4	ASHA shared the list of unregistered and Out of school children with <i>Anganwadi</i>	86	84	98
5	ASHA administered albendazole to children	259	146	57

NA is Not Applicable

²⁵ Other includes Madarsa did not administer albendazole because children consumed tablets in other school.

²⁶ Other includes mainly reporting form is locked in headmaster's room and received but did not fill.

²⁷ Monitors were advised to call ASHA at *anganwadi* centers during coverage validation and collect relevant information.

6	ASHA received incentive for NDD Feb 2017 round	259	56	22
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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	%
1	Followed correct ²⁸ recording protocol	397	268	68	400	290	73
2	Followed partial ²⁹ recording protocol	397	114	29	400	73	18
3	Followed no ³⁰ recording protocol	397	15	3	400	37	9
4	State-level verification factor ³¹ (Children enrolled)	53940	49250	91	10916	10064	92
	a. Children registered with <i>anganwadis</i>	NA			8895	8644	97
	b. Children unregistered with <i>anganwadis</i> (Aged 1-5 years)	NA			702	503	71
	c. Out-of-school children (Aged 6-19 years)	NA			1319	917	69
5	Attendance on previous day of NDD (Children enrolled)	82520	54192	66	NA		
6	Attendance on NDD (Children enrolled)	82520	56698	69	NA		
7	Attendance on Mop-Up Day (Children enrolled)	82520	38086	46	NA		
8	Children who attended on both NDD and Mop-Up Day (Children enrolled)	82520	28724	35	NA		
9	Maximum attendance of children on Deworming Day and Mop-Up Day ³² (Children enrolled)	82520	66060	80	NA		

NA is Not Applicable

²⁸Correct 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.

²⁹Partial 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.

³⁰No protocol includes all those schools where none of the classes followed any protocol to record the information of dewormed children.

³¹Ratio 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.

³²Maximum 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.

10	Estimated NDD coverage ³³³⁴	76	92
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Table CV4: Description on children (6-19 years) interviewed in the schools (397) during coverage validation

S.No	Indicators	Denominator	Numerator	%
1	Children received Albendazole tablets	1190	1180	99
2	Children aware about the Albendazole tablets	1180	1056	89
3	Source of information about deworming (Multiple response)			
	a. Teacher/school	1056	1017	96
	b. Television	1056	128	12
	c. Radio	1056	20	24
	d. Newspaper	1056	46	21
	e. Poster/Banner	1056	218	21
	f. Parents/siblings	1056	218	21
	g. Friends/neighbors	1056	133	13
4	Children aware about the worm infection	1180	822	70
5	Awareness about different ways a child can get worm infection (Multiple response)			
	a. Not using sanitary latrine	822	327	40
	b. Having unclean surroundings	822	215	20
	c. Consume vegetables and fruits without washing	822	276	34
	d. Having uncovered food and drinking dirty water	822	230	28
	e. Having long and dirty nails	822	436	53
	f. Moving in bare feet	822	492	60
	g. Having food without washing hands	822	421	51
	h. Not washing hands after using toilets	822	268	33
6	Children consumed Albendazole tablet	1180	1173	99
7	Way children consumed the tablet			
	a. Chew the tablet	1173	1120	96
	b. Swallow tablet directly	1173	53	5
8	Supervised administration of tablets	1173	1136	97
9	Reasons for not consuming Albendazole tablet			

³³ 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*.

³⁴ This was estimated by implying state-level verification factor on government reported coverage for AWC.

	a. Feeling sick	7	3	44
	b. Afraid of taking the tablet	7	0	0
	c. Parents told me not to have it	7	1	11
	d. Do not have worms so don't need it	7	0	0
	e. Did not like the taste	7	3	44