PMCV Narrative Report

Summary of PMCV Activity

PMCV field officers observed a proportion of events within the programme according to a pre-determined sample size. The table shows the activities to date. NB: There has been no additional PMCV data collection in this quarter and last quarters report evaluated almost the full data set collected to date, so there is little new information contained in this section.

Table Twelve: Sample for PMCV

Event Type	Assumed # of events for sample calculation	Sample Size	Actual # of events	Actual number events monitored
Regional Training	111	40	143 districts	46
Teacher Training	809	70	914 trainings	84
Pre-Deworming day school ECD centre and community visit	14,095	100 schools (ECD visit) 100 schools (community visit)	15864 schools	190
Deworming Day School visit	14,095	200	15864 schools	185

In the second year PMCV was re-structured and instruments were updated. An updated sampling strategy was used for improved analysis (Appendix Two). In the updated strategy, as well as sample size being updated, there are specific criteria as to whether the schools and training sessions are selected from an event which was monitored or unmonitored. As such, the sample can be thought of as follows:

Figure One: PMCV Sample

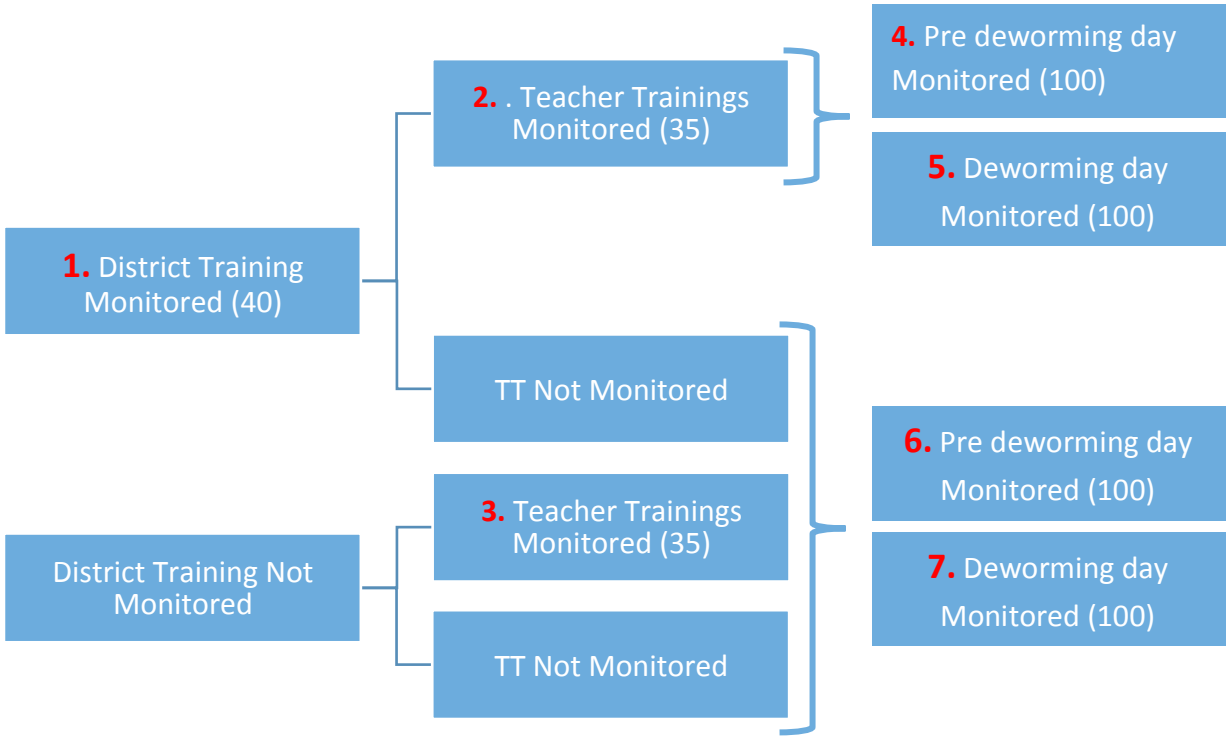


Diagram Ref.	Level	# to sample	# sampled	% sample complete
1	District Training	40	46	115%
2 + 3	Teacher training	70	84	120%
4 + 6	Pre-deworming	200	217	109%
5 + 7	Deworming day	200	185	93%

Quality of training: District Training (DT)

PMCV teams have attended a total of 46 district trainings in the second year of the programme. Field Officers conduct interviews with participants before and after the training (instruments DT-PRE and DT-POST) and complete one instrument (DT-OBS) during the course of the training.

A high quality training is regarded to be one which runs to time, delivers all information necessary and where participants understand and learn the content effectively.

Timeliness

District/Regional trainings were seen to be starting in a timely way, and, as in year one timeliness increased from day one to day two. In year two, in 74% of the meeting the government officials form the ministry of education ministry of health arrived before the start of the meeting. On average 72% of the participants arrived before the start of the training started and another 32% arrived less than an hour after the start of the meeting.

Information Delivery

Table thirteen: RTs covering content areas

Content Area	% RTs covering it in full
Drug Administration	100%
Pole Use	100%
SCH Forms	94%
STH Forms	89%
Worms	85%
Drug and Dosage	80%
Reverse Cascade	75%

The area identified with the lowest coverage was that of the reverse cascade which was 75%.

Effective Learning

By looking at a single knowledge point (necessity of feeding children being treated with PZQ) it can be seen that 95% of participants trained in Schistosomiasis content had knowledge on feeding children before PZQ treatment, after they had attended the training.

It was observed that the district training materials were distributed at 100% of the district training events. This is also an improvement on year one of the training, where training materials were not bound into a single booklet and distribution of some sections was as low as 50% (district and teacher checklists).

The PRE and POST instruments contain a short "quiz" which can be used to assess knowledge before and after the training. As yet, no score system has been developed and so this data cannot be analysed. (See PMCV summary below for further details)

Quality of training: Teacher Training

84 teacher training sessions have been attended and observed by PMCV field officers out of which 20 covered SCH contents. Field Officers conduct interviews with participants and trainers before and after the training (TT-PRE and POST) and with the trainers before (TT-ADMIN) as well as completing instruments whilst observing the training (TT-OBS).

A quality teacher training session is considered to be one where the necessary content is covered and understood and retained by participants. A training also has the function of distribution of drugs and materials to teachers. It is desirable that a training takes only a half day as no lunch is provided for.

Although improved from year one, teacher training sessions still appear to start late (average start time 10:10 am) and finish late (average 3:40pm). The earliest start in monitored TTs was 8:30 am and some ran as late as 5:20pm. Better understanding of the reasons for the late running would better enable the programme to take mitigating action if necessary.

Preparedness and Distribution

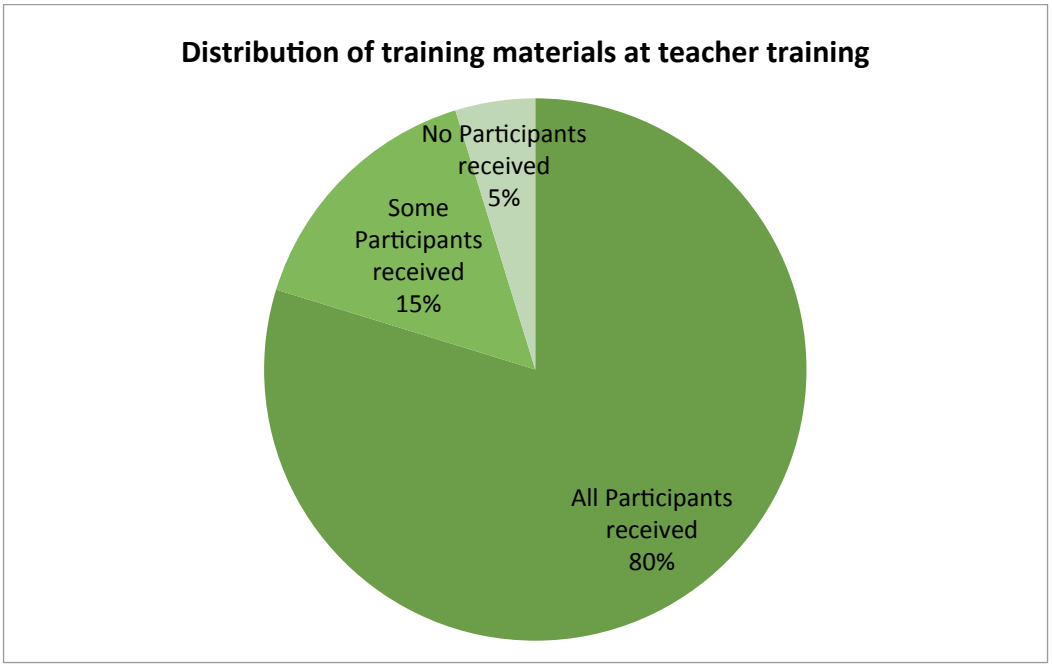
Teacher training sessions are scheduled to occur within two weeks of the district training so that information remains fresh in trainers minds. In those TT sessions observed by field officers, 100% of the instructors reported attending a deworming training within the last 15 days. This also indicates that those doing the training are those that have been directly trained by the programme.

Table Fourteen: Percentage TTs with and distributing different materials

Item	**% TT sessions with item before start of training**	**% TT sessions distributing item**
DtW Attedance Forms	96%	n/a
Appropriate Drugs	78%	87%
Monitoring Forms	89%	94% (forms and poles)
Tablet Poles	72% (% in requiered TTs)	93% (% in requiered TTs)
Funds	78%	93%

The teacher training booklets were redesigned in year two in order to keep together key training materials for which distribution was low. In year two of the programme, distribution of the TT booklets (training materials was as follows occurred to all participants at 77% of the teacher training sessions observed. At 15% of them, at least some participants received the materials and at 5% of the observed trainings no particpants recevied the training materials.

Graph Eight: Distribution of training materials at teacher training



Information Delivery

Content Area	**% TTs covering it in full**
Target Populations	99%
Drug administartion	96%
Worms	83%
Drugs and Dosage	60%
Monitoring Forms	32% (practiced in full)
Reverse Cascade	74%

The area of coverage of drugs & dosage and monitoring forms warrants particular attention. Only 32% of TTs observed practiced all forms in detail (39% practiced forms partially and 29% did not practice forms at all) and 74% covered the reverse cascade. This does reflect the trend of low coverage of monitoring forms in the district training.

Effective Learning

PMCV Field Officers conducted 377 post teacher training interviews with teachers.

While a huge volume of information is covered at a teacher training, it is regarded that the "bare essentials" of knowledge comprise of who to treat, with which drug and at what dose, how to record and report the treatment and how to respond in the case of an SAE. The table below shows that teachers had good knowledge across all these essential areas.

Table Fifteen: Post TT Knowledge Assessment

In the post training interviews knowledge on these key areas was assessed as follows:

Knowledge Areas	**Percentage**
Correct knowledge of use of ALB for STH treatment	97%
Recall of correct dosage (ALB)	98%
Correct knowledge on target population (STH)	93%
Recall to record enrolled children on form E	98%
Recall to summarise all treatment on form S	93%
Recalled atleast one possible side effect	91%
Correct knowledge of PZQ for Schisto treatment	95%
Recall of dosage using pole	91%
Correct knowledge on target population (SCH)	87%
Know to complete S-P for praziquantel treatments	86%
Recall that SAE from Schisto can be reduced by feeding before treatment	96%

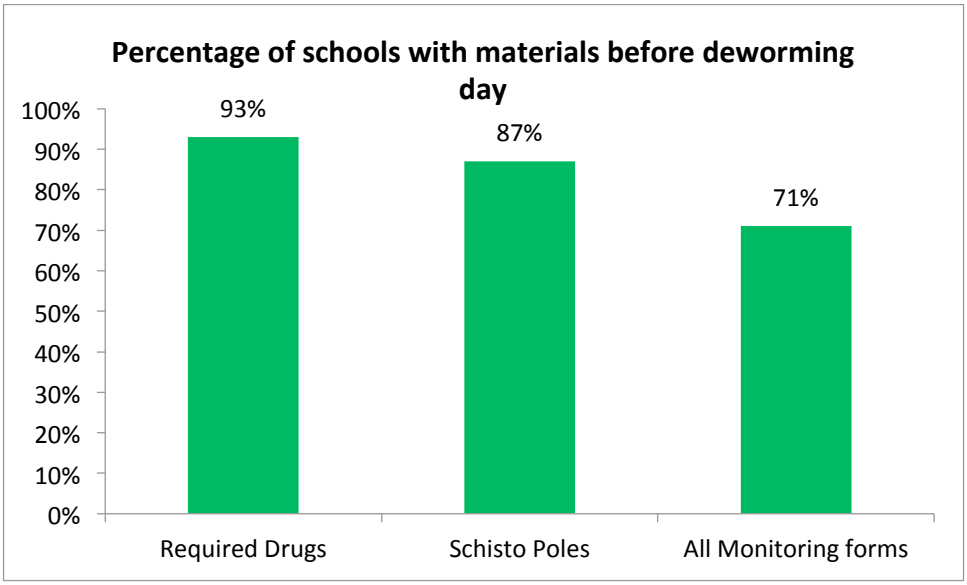
DD Preparedness

To date field officers have made 217 visits to schools ahead of deworming day. Field Officers observed different elements of preparation including the presence of the required materials at each school, and community sensitisation activities.

Presence of Materials at Schools

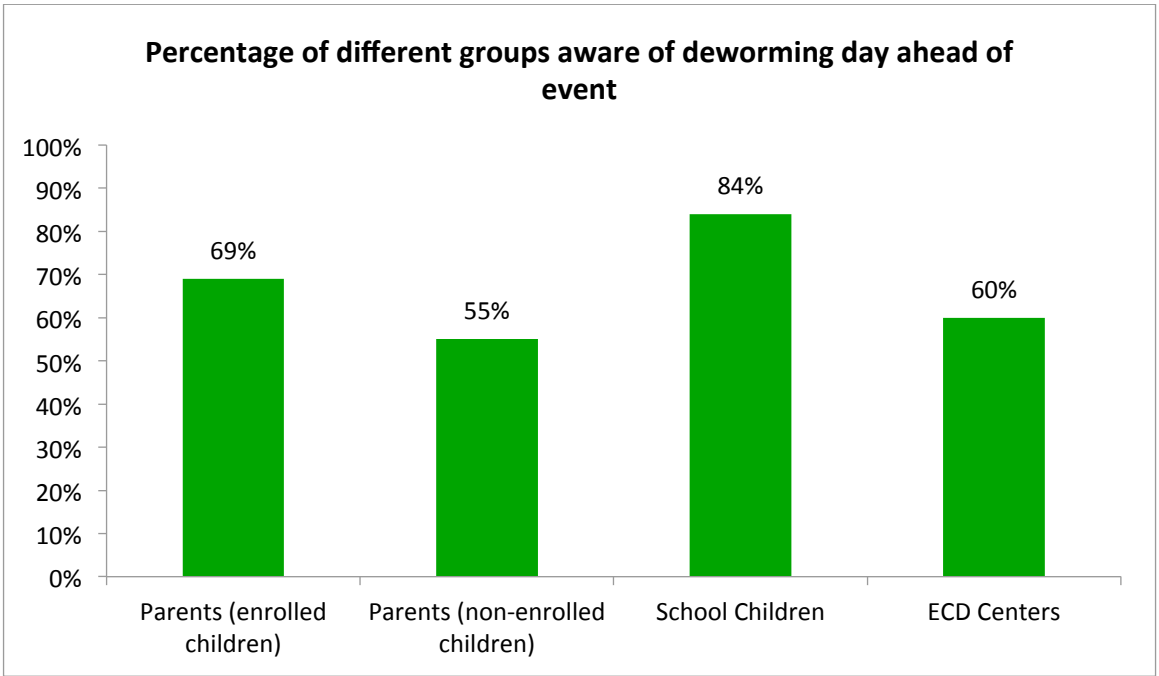
It can be seen that the majority of schools had the materials they required before deworming day. Monitoring forms are the lowest supplied where 15% of schools reportedly had no monitoring forms at all.

Graph Nine: Percentage of schools with materials before deworming day



Community Sensitisation Activities

Graph Ten: Percentage of different groups aware of deworming day ahead of event



Although parents of non-enrolled children were less likely to know about deworming, of those who were aware of deworming day, 87% planned to send/take their child to be dewormed.

During PMCV, FOs go to communities ahead of deworming day and interview a random selection of parents to determine if they are aware of deworming day and if so, how they found out.

A total of 436 parents have been interviewed in 76 communities in 54 districts. Of these parents, 63% were aware of the deworming day and 45% were able to accurately cite the date. 69% of those with enrolled children were aware about deworming day and 55% of the parents with non-enrolled children were aware about deworming day.

Of the parents who had heard about deworming day the following were cited as sources of knowledge.

Table sixteen: Source of knowledge before deworming day

Source	Percentage (among those aware, multiple sources possible)
Child/Children	53%
Friends/Relatives	31%
Primary School Teacher	19%
CHEW/CHW	8%
Government Officials	1%
Posters	16%
Town Announcer	1%
Radio	3%

Quality of deworming day:

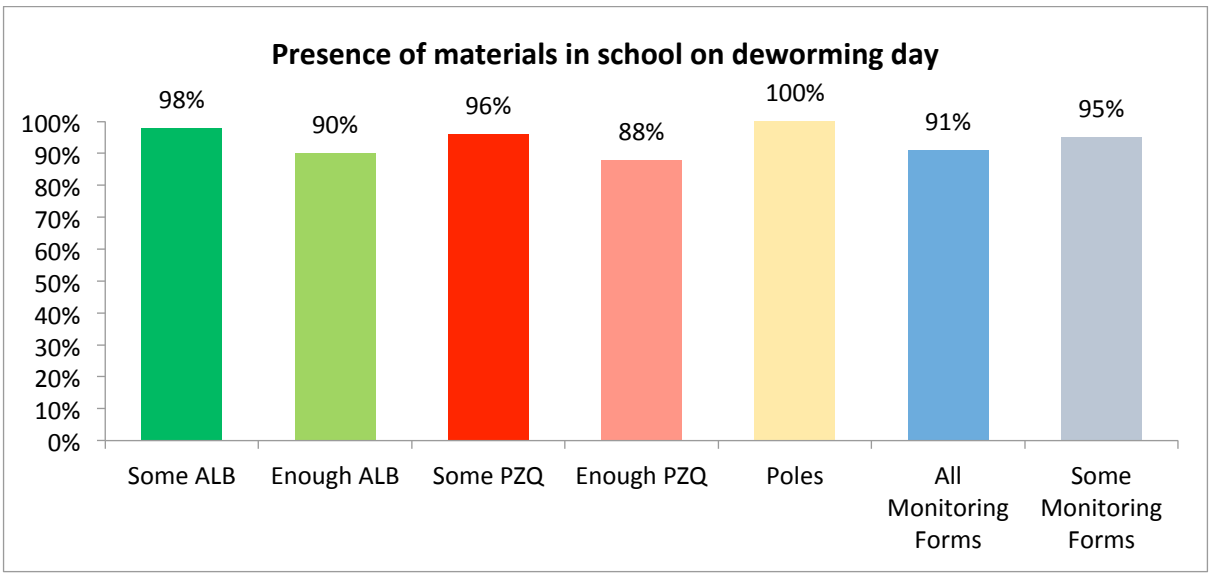
A quality deworming day is regarded to be one where the deworming day occurs on the planned day – in line with county deworming day-and within 2 weeks of a teacher at the school being trained, the school would have the correct materials (including sufficient drugs) in place before hand. A quality deworming day will treat children of the right ages, prioritising non-enrolled and ECD aged children for treatment within the schools, and ensuring the correct dosage is given to all children.

Occurring on the planned day

97% of schools monitored conducted DD on the planned date, in line with the county deworming day. In 90% of the schools the head teacher reported having attended a deworming training recently, - at most 15 days prior to deworming. This indicates the WHO reccommendation of maximum 2 weeks between training and deworming are being met.

Presence of Correct Materials

Graph Eleven: Presence of materials in school on deworming day



98% schools had ALB drugs at the school when the FO visited. Of those that received drugs 86% had received the drugs at the TT, correlating well with the 86% of TT sessions distributing drugs at training. Of the 14% that did not receive the drugs at TT, 31% had it delivered to the school and 69% had to collect the drugs from somewhere.

For schools treating for SCHISTO, 96% of the schools had drugs when the FO visited, 95% of them received the drugs at the TT.

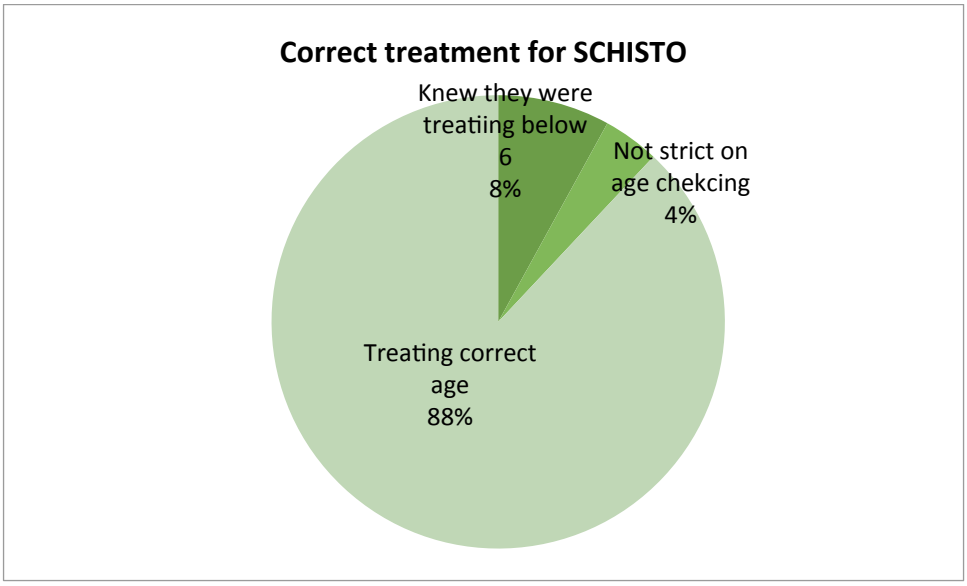
From the FOs observations it appears drugs, although present, were not always present in sufficient supply. Compared to 98% of schools with Albendazole, only 90% seemed to have sufficient drugs. For praziquantel, although 96% had drugs, only 88% seemed to have suffucient drugs.

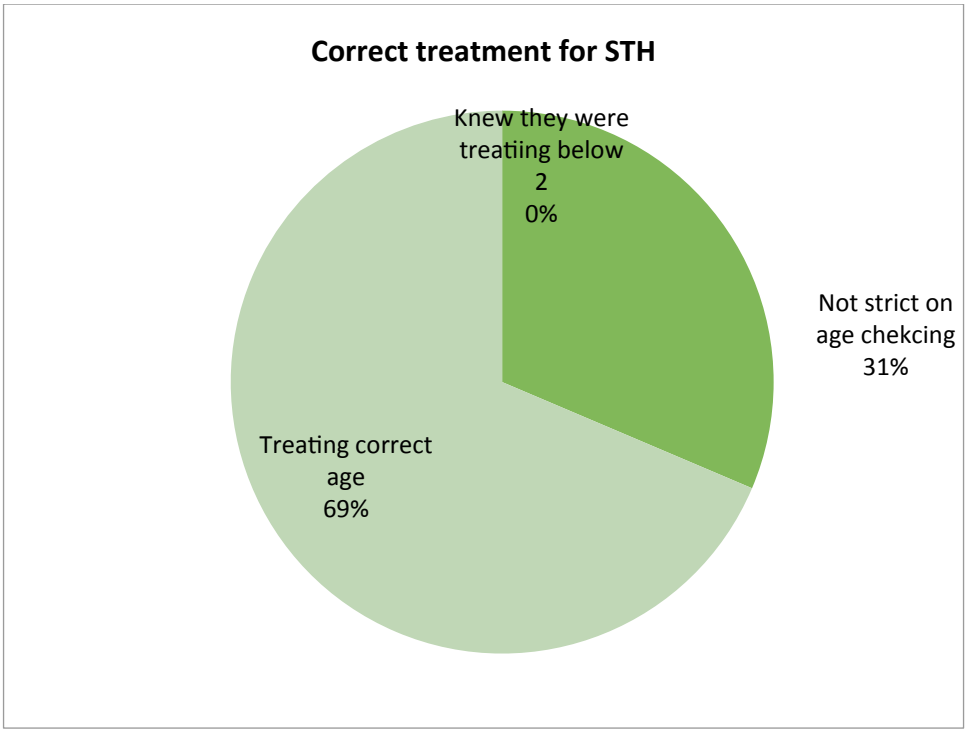
All schools treating for Schisto had tablet poles available when the FO visited

Targeting the right Age Group

85% of all schools were observed to have treated the correct target population for STH (not treating under 2 year olds) while 88% of those treating for Schisto were treating the correct target population (not children under 6).

Graph Twelve and Thirteen: Correct treatment for STH and Schisto





Treating Non Enrolled and Under Fives

61% of the schools monitored had reported to have planned for a designated teacher for the treatment of ECD children. 71% of the schools planned to have a designated teacher for the treatment of non-enrolled children and 78% of schools observed were treating non enrolled children.

Giving the right dosage

The dosage for albendazole is one tablet per child, and was observed to be followed correctly at 100% of the schools visited by a field officer.

For praziquantel, the dose is determined using a tablet pole and using height against the pole to determine dosage. In 94% of schools teachers were observed to be giving the correct dosage to children.

Of relevance for treatment for Schistosomiasis is the fact that 88% of schools treating for Schisto reported to have some plan for feeding children before treatment**.**

Overall, 84% schools were observed to have given correct dosage for both STH and SCHISTO as applicable.

SAEs

CHEWs were available for interview at 143 schools. Among the 143 CHEWs interviewed by FOs 95% were trained on deworming 15 days prior to deworming day. 82% CHEWs were aware about providing support to schools on SAE.