

Annex: Chhattisgarh August 2017 NDD PMCV Report

Detailed Findings of Process Monitoring

Table PM1: 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	153	97	63	163	103	63
Ever attended training for NDD ¹	153	113	74	163	119	73
Never attended training for NDD	153	40	26	163	44	27
Reasons for not attending NDD training (Multiple Response)						
Location was too far away	56	6	10	60	0	0
Did not know the date/timings/venue	56	39	70	60	42	70
Busy in other official/personal work	56	7	12	60	3	5
Attended deworming training in the past	56	16	28	60	16	27
Not necessary	56	3	6	60	5	7
No incentives/no financial support	56	0	0	60	2	3
Trained teacher that provided training to other teachers in their schools						
All other teachers	97	60	62	NA	NA	NA
Few teachers	97	16	17	NA	NA	NA
No (himself/herself only teacher)	97	5	4	NA	NA	NA
No, did not train other teachers	97	16	17	NA	NA	NA
Source of information about current NDD round						
Television	153	31	20	163	29	18
Radio	153	15	10	163	14	9
Newspaper	153	30	20	163	23	14
Banner	153	22	14	163	23	14
SMS	153	55	36	163	42	26
Other school/teacher/ <i>anganwadi</i> worker	153	46	30	163	57	35
WhatsApp message	153	41	27	163	12	7
Training	153	59	38	163	62	38
Others	153	31	20	163	39	23
Received SMS for current NDD round	153	95	62	163	72	44

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

Table PM2: 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	153	115	75	163	141	86
Different ways a child can get worm infection (Multiple Response)						
Not using sanitary latrine	115	38	33	141	41	29
Having unclean surroundings	115	77	67	141	95	67
Consume vegetables and fruits without washing	115	51	45	141	66	47
Having uncovered food and drinking dirty water	115	54	47	141	56	40
Having long and dirty nails	115	50	43	141	66	47
Moving in bare feet	115	64	56	141	66	47
Having food without washing hands	115	72	63	141	87	62
Not washing hands after using toilets	115	41	35	141	60	43
Awareness about all the possible ways a child can get a worm infection²	115	8	7	141	6	4
Perceives that health education should be provided to children	153	152	99	163	155	95
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	163	139	85
2-3 years of children (Crush one full tablet between two spoons, and administer with water)	NA	NA	NA	163	29	18
3-5 years of children (one full tablet and child chewed the tablet properly)	NA	NA	NA	163	146	90
6-19 years of children (one full tablet and child chewed the tablet properly)	153	147	96	163	155	96
Awareness about non-administration of albendazole tablet to sick child						
Will administer albendazole tablet to sick child	153	19	12	163	22	13
Will not administer albendazole tablet to sick child	153	134	88	163	141	87
Awareness about consuming albendazole tablet						
Chew the tablet	153	150	98	163	159	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.

Swallow the tablet directly	153	3	2	163	4	2
Awareness about consuming albendazole in school/ <i>anganwadi</i>	153	147	96	163	159	98
Awareness about the last date (August 23, 2017) for submitting the reporting form	123	32	26	138	34	25
Awareness about submission of reporting forms to ANM by August 23, 2017	153	86	57	163	112	69
Awareness to retain a copy of the reporting form	153	138	90	163	137	84

Table PM3: 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	153	40	26	163	55	34
Yes, already done	153	37	24	163	51	31
Yes, after sometime	153	50	32	163	31	19
No, will not administer today	153	26	17	163	26	16
Schools/<i>anganwadis</i> conducted deworming on either of the day³	153	131	85	163	144	88
Schools/<i>anganwadis</i> conducted deworming on NDD⁴	74	62	85	84	75	89
Schools/<i>anganwadis</i> conducted deworming on Mop-Up Day⁵	79	64	81	79	62	78
Reasons for not conducting deworming						
No information	22	8	35	19	6	32
Albendazole tablet not received	22	8	37	19	7	37
Apprehension of adverse events	22	4	17	19	0	0
Others ⁶	22	2	11	19	6	32
Attendance on NDD⁷	13983	11393	81	NA	NA	NA
Attendance on Mop-Up Day⁸	10672	7785	73	NA	NA	NA
<i>Anganwadis</i> having list of unregistered/out-of-school children	NA	NA	NA	163	63	39

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

Out-of-school children (Age 6-19) administered albendazole tablet	NA	NA	NA	163	119	73
Unregistered children (Age 1-5) administered albendazole tablet	NA	NA	NA	163	104	64
Sufficient quantity of albendazole tablets ⁹	140	135	96	151	139	92

Table PM4: 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	153	140	91	163	151	93
Poster/banner	153	83	54	163	99	61
Handouts/ reporting form	153	105	68	163	121	74
Received all materials	153	67	44	163	82	50
Items verified during Independent Monitoring						
Albendazole tablet	140	133	95	151	146	97
Poster/banner	83	79	95	99	94	95
Handouts/ reporting form	105	98	93	121	115	95
Verified all materials	67	63	95	82	75	92
No of school teachers/anganwadi worker attended training and received items during training						
Albendazole tablet	140	93	67	151	100	66
Poster/banner	83	60	73	99	72	73
Handouts/ reporting form	105	73	70	121	84	69
Received all materials	67	48	72	82	60	73
Integrated Distribution of albendazole tablet, IEC and training materials¹⁰	153	48	31	163	60	37

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

Indicators	Schools			<i>Anganwadi</i>		
	Denominator	Numerator	%	Denominator	Numerator	%
Deworming activity was taking place	40	37	92	55	46	84
Albendazole tablets were administered by						
Teacher/headmaster	40	39	98	55	1	2
<i>Anganwadi</i> worker	40	0	0	55	52	95

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.

ASHA /Sahiya	40	1	2	55	2	4
ANM	40	0	0	55	0	0
Student	40	0	0	55	0	0
Followed any recording protocol¹¹	77	60	78	106	86	81
Protocol followed						
Putting single/double tick	60	51	86	86	63	73
Put different symbols	60	6	10	86	21	25
Prepare the separate list for dewormed	60	3	4	86	2	2
Visibility of poster/banner during visits	83	48	59	99	63	64

Table PM6: 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	153	29	19	163	25	15
Awareness about possible adverse events (Multiple Response)						
Mild abdominal pain	29	20	71	25	20	80
Nausea	29	15	53	25	7	28
Vomiting	29	24	85	25	20	80
Diarrhea	29	6	20	25	5	20
Fatigue	29	7	26	25	8	32
All possible adverse event ¹²	29	2	6	25	2	8
Awareness about mild adverse event management						
Make the child lie down in open and shade/shaded place	153	106	69	163	104	64
Give ORS/water	153	69	45	163	75	46
Observe the child at least for 2 hours in the school	153	38	25	163	37	23
Don't know/don't remember	153	18	12	163	23	14
Awareness about severe adverse event management						
Call PHC or emergency number	153	93	61	163	100	61
Take the child to the hospital /call doctor to school	153	102	66	163	116	71

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.

Don't know/don't remember	153	7	5	163	4	2
Available contact numbers of the nearest ANM or MO-PHC	153	104	68	163	129	79
Asha present in Anganwadi center	NA	NA	NA	163	83	51

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

Indicators ¹³	Denominator	Numerator	%
Attended training for current round of NDD	33	9	26
Received albendazole tablets	33	23	71
Sufficient quantity of albendazole tablets	23	23	100
Received poster/banner	33	9	27
Received handouts/ reporting form	33	10	30
Received SMS for current NDD round	33	8	25
Albendazole administered to children	33	16	49
Reasons for not conducting deworming			
No information	17	7	41
Albendazole tablets not received	17	7	41
Apprehension of adverse events	17	3	18
Albendazole tablet administered to children by teacher/headmaster ¹⁴	3	3	100
Perceive that health education should be provided to children	33	33	100
Awareness about correct dose and right way of albendazole administration	33	30	92
Awareness about non-administration of albendazole tablet to sick child	33	30	91
Opinion of occurrence of an adverse event after taking albendazole tablet	33	4	12
Awareness about occurrence of possible adverse events			
Mild abdominal pain	4	4	100
Nausea	4	3	65
Vomiting	4	4	100
Diarrhea	4	0	0
Fatigue	4	0	0
Awareness about mild adverse event management			
Let the child rest in an open and shaded place	33	22	65
Provide clean water to drink/ORS	33	13	39
Contact the ANM/nearby PHC	33	5	17
Available contact numbers of the nearest ANM or MO-PHC	33	25	76
Followed correct ¹⁵ recording protocol	4	3	68

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

¹⁴This indicator is based on samples where deworming was ongoing.

¹⁵Correct 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 deworming ¹⁶	397	374	94	408	402	99
	Percentage of government schools conducted deworming	310	305	98	NA		
	Percentage of private schools conducted deworming	87	69	80	NA		
1a	Percentage of School and <i>anganwadis</i> administered albendazole on day of - (Multiple Response)						
	a. National Deworming Day	374	335	90	402	391	97
	b. Mop-Up Day	374	294	79	402	311	77
	c. Between NDD and Mop-Up Day	374	44	12	402	25	6
	D. Both days (NDD+Mop-Up)	374	263	70	402	304	75
1b	Reasons for not conducting deworming						
	a. No information	23	9	37	5	3	62
	b. Drugs not received	23	3	15	NA	NA	NA
	c. Apprehension of adverse events	23	5	22	NA	NA	NA
	d. Others ¹⁷	23	6	26	5	2	38
2	Percentage of schools and <i>anganwadis</i> left over with Albendazole tablet after deworming	374	240	64	402	251	62
2a	Number of albendazole tablets left after deworming						
	a. Less than 50 tablets	240	218	91	251	237	94
	b. 50-100 tablets	240	13	5	251	12	5
	c. More than 100 tablets	240	9	4	251	2	1
3	Copy of reporting form was available for verification	374	265	71	402	257	64
3a	Reasons for non-availability of copy of reporting form						
	a. Did not received	108	40	37	146	42	29
	b. Submitted to ANM	108	29	27	146	63	43

¹⁶Schools and *anganwadis* that conducted deworming on NDD or Mop-Up Day.

NA is Not Applicable

¹⁷ Other includes mainly strike of teachers, not collected drug from centre, ongoing exams and parent objection.

	c. Unable to locate	108	21	19	146	21	14
	d. Other ¹⁸	108	19	17	146	20	14
4	Anganwadis having list of unregistered children (Aged 1-5 years)	NA			402	89	22
5	Anganwadis having list of out-of-school children (Aged 6-19 years)	NA			402	167	42

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

Sr. No.	Indicators	Anganwadis		
		Denominator	Denominator	%
1	ASHA present at Anganwadi Centre during visit of Independent monitoring ¹⁹	402	219	55
2	ASHA conducted meetings with parents to inform about NDD	219	158	72
3	ASHA prepared list of unregistered and Out of school children	219	91	41
4	ASHA shared the list of unregistered and Out of school children with Anganwadi	91	81	89
5	ASHA administered albendazole to children	219	160	73
6	ASHA received incentive for NDD Feb 2017 round	219	25	11

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 ²⁰ recording protocol	374	212	57	402	231	58
2	Followed partial ²¹ recording protocol	374	38	10	402	59	15
3	Followed no ²² recording protocol	374	124	33	402	112	28

¹⁸Other includes mainly submitted at Sankul and availability of blank form.

¹⁹ Monitors were advised to call ASHA at anganwadis centers during coverage validation and collect relevant information.

NA is Not Applicable

²⁰Correct 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.

²¹Partial 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.

²²No protocol includes all those schools where none of the classes followed any protocol to record the information of dewormed children.

4	State-level verification factor²³ (Children enrolled)	25224	14559	58	10372	10999	106
	a. Children registered with <i>anganwadis</i>	NA			8112	8144	100
	b. Children unregistered with <i>anganwadis</i> (Aged 1-5 years)	NA			614	838	137
	c. Out-of-school children (Aged 6-19 years)	NA			1646	2017	123
5	Attendance on previous day of NDD (Children enrolled)	42378	33874	80	NA		
6	Attendance on NDD (Children enrolled)	42378	35229	83	NA		
7	Attendance on Mop-Up Day (Children enrolled)	42378	34531	82	NA		
8	Children who attended on both NDD and Mop-Up Day (Children enrolled)	42378	30353	72	NA		
9	Maximum attendance of children on Deworming Day and Mop-Up Day²⁴ (Children enrolled)	42378	39406	93	NA		
10	Estimated NDD coverage^{25,26}	81			93		

Table CV4: Description on children (6-19 years) interviewed in the schools (374) during coverage validation

Sr. No.	Indicators	Denominator	Numerator	%
1	Children received Albendazole tablets	1121	1103	98
2	Children aware about the Albendazole tablets	1103	993	85
3	Source of information about deworming (Multiple response)			
	a. Teacher/school	933	891	96
	b. Television	933	75	8
	c. Radio	933	37	4

²³Ratio of recounted value of the dewormed children to the reported value. This calculation is based on only those schools (n=265) and *anganwadis* (n=257) where deworming was conducted and copy of reporting form was available for verification.

NA is Not Applicable

²⁴ 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.

²⁵ 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*.

²⁶ This was estimated by implying state-level verification factor on government reported coverage for schools and 1-5 years registered children in AWC.

	d. Newspaper	933	65	7
	e. Poster/Banner	933	175	19
	f. Parents/siblings	933	98	11
	g. Friends/neighbors	933	50	5
4	Children aware about the worm infection	1103	695	63
5	Children awareness about different ways a child can get worm infection (Multiple response)			
	a. Not using sanitary latrine	695	231	33
	b. Having unclean surroundings	695	364	52
	c. Consume vegetables and fruits without washing	695	287	41
	d. Having uncovered food and drinking dirty water	695	206	30
	e. Having long and dirty nails	695	311	45
	f. Moving in bare feet	695	310	45
	g. Having food without washing hands	695	363	52
	h. Not washing hands after using toilets	695	194	28
6	Children consumed Albendazole tablet	1103	1090	99
7	Way children consumed the tablet			
	a. Chew the tablet	1090	1030	95
	b. Swallow tablet directly	1090	60	5
8	Supervised administration of tablets	1090	1025	94
9	Reasons for not consuming Albendazole tablet			
	a. Feeling sick	13	5	42
	b. Afraid of taking the tablet	13	2	11
	c. Parents told me not to have it	13	4	34
	d. Do not have worms so don't need it	13	2	13
	e. Did not like the taste	13	0	0