**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

<table>
<thead>
<tr>
<th>Indicators</th>
<th>School</th>
<th></th>
<th></th>
<th>Anganwadi</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Denominator</td>
<td>Numerator</td>
<td>%</td>
<td>Denominator</td>
<td>Numerator</td>
</tr>
<tr>
<td><strong>Attended training for current round of NDD</strong></td>
<td>200</td>
<td>125</td>
<td>62</td>
<td>200</td>
<td>142</td>
</tr>
<tr>
<td><strong>Ever attended training for NDD</strong></td>
<td>200</td>
<td>147</td>
<td>74</td>
<td>200</td>
<td>162</td>
</tr>
<tr>
<td><strong>Never attended training for NDD</strong></td>
<td>200</td>
<td>53</td>
<td>26</td>
<td>200</td>
<td>40</td>
</tr>
<tr>
<td><strong>Reasons for not attending NDD training (Multiple Response)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Location was too far away</td>
<td>75</td>
<td>4</td>
<td>6</td>
<td>58</td>
<td>4</td>
</tr>
<tr>
<td>Did not know the date/timings/venue</td>
<td>75</td>
<td>49</td>
<td>65</td>
<td>58</td>
<td>49</td>
</tr>
<tr>
<td>Busy in other official/personal work</td>
<td>75</td>
<td>12</td>
<td>15</td>
<td>58</td>
<td>4</td>
</tr>
<tr>
<td>Attended deworming training in the past</td>
<td>75</td>
<td>23</td>
<td>30</td>
<td>58</td>
<td>18</td>
</tr>
<tr>
<td>Not necessary</td>
<td>75</td>
<td>16</td>
<td>21</td>
<td>58</td>
<td>7</td>
</tr>
<tr>
<td>No incentives/no financial support</td>
<td>75</td>
<td>3</td>
<td>4</td>
<td>58</td>
<td>1</td>
</tr>
<tr>
<td><strong>Trained teacher that provided training to other teachers in their schools</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>All other teachers</td>
<td>125</td>
<td>59</td>
<td>47</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>Few teachers</td>
<td>125</td>
<td>16</td>
<td>13</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>No (himself/herself only teacher)</td>
<td>125</td>
<td>34</td>
<td>27</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>No, did not train other teachers</td>
<td>125</td>
<td>16</td>
<td>13</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td><strong>Source of information about current NDD round (Multiple Response)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Television</td>
<td>200</td>
<td>29</td>
<td>15</td>
<td>200</td>
<td>33</td>
</tr>
<tr>
<td>Radio</td>
<td>200</td>
<td>18</td>
<td>9</td>
<td>200</td>
<td>19</td>
</tr>
<tr>
<td>Newspaper</td>
<td>200</td>
<td>63</td>
<td>32</td>
<td>200</td>
<td>50</td>
</tr>
<tr>
<td>Banner</td>
<td>200</td>
<td>78</td>
<td>39</td>
<td>200</td>
<td>79</td>
</tr>
<tr>
<td>SMS</td>
<td>200</td>
<td>66</td>
<td>33</td>
<td>200</td>
<td>66</td>
</tr>
<tr>
<td>Other school/teacher/anganwadi worker</td>
<td>200</td>
<td>82</td>
<td>41</td>
<td>200</td>
<td>89</td>
</tr>
<tr>
<td>WhatsApp message</td>
<td>200</td>
<td>27</td>
<td>13</td>
<td>200</td>
<td>13</td>
</tr>
<tr>
<td>Training</td>
<td>200</td>
<td>120</td>
<td>60</td>
<td>200</td>
<td>136</td>
</tr>
<tr>
<td>Others</td>
<td>200</td>
<td>0</td>
<td>0</td>
<td>200</td>
<td>0</td>
</tr>
<tr>
<td><strong>Received SMS for current NDD round</strong></td>
<td>200</td>
<td>93</td>
<td>46</td>
<td>200</td>
<td>90</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Indicators</th>
<th>School</th>
<th></th>
<th></th>
<th>Anganwadi</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Denominator</td>
<td>Numerator</td>
<td>%</td>
<td>Denominator</td>
<td>Numerator</td>
</tr>
<tr>
<td><strong>Awareness about the ways a child can get worm infection</strong></td>
<td>200</td>
<td>166</td>
<td>83</td>
<td>200</td>
<td>166</td>
</tr>
<tr>
<td><strong>Different ways a child can get worm infection (Multiple Response)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1 Includes those school teachers and *anganwadi* workers who attended training either for NDD August 2017 or attended tanning in past.
<table>
<thead>
<tr>
<th>Activity</th>
<th>Awareness</th>
<th>Perceives</th>
<th>Awareness</th>
<th>Perceives</th>
<th>Awareness</th>
<th>Perceives</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not using sanitary latrine</td>
<td>166</td>
<td>119</td>
<td>72</td>
<td>166</td>
<td>114</td>
<td>69</td>
</tr>
<tr>
<td>Having unclean surroundings</td>
<td>166</td>
<td>145</td>
<td>87</td>
<td>166</td>
<td>143</td>
<td>86</td>
</tr>
<tr>
<td>Consume vegetables and fruits without washing</td>
<td>166</td>
<td>127</td>
<td>77</td>
<td>166</td>
<td>114</td>
<td>69</td>
</tr>
<tr>
<td>Having uncovered food and drinking dirty water</td>
<td>166</td>
<td>137</td>
<td>83</td>
<td>166</td>
<td>131</td>
<td>79</td>
</tr>
<tr>
<td>Having long and dirty nails</td>
<td>166</td>
<td>112</td>
<td>67</td>
<td>166</td>
<td>120</td>
<td>72</td>
</tr>
<tr>
<td>Moving in bare feet</td>
<td>166</td>
<td>116</td>
<td>7</td>
<td>166</td>
<td>122</td>
<td>73</td>
</tr>
<tr>
<td>Having food without washing hands</td>
<td>166</td>
<td>140</td>
<td>85</td>
<td>166</td>
<td>136</td>
<td>82</td>
</tr>
<tr>
<td>Not washing hands after using toilets</td>
<td>166</td>
<td>141</td>
<td>85</td>
<td>166</td>
<td>128</td>
<td>77</td>
</tr>
<tr>
<td>Awareness about all the possible ways a child can get a worm infection</td>
<td>166</td>
<td>71</td>
<td>43</td>
<td>71</td>
<td>71</td>
<td>100</td>
</tr>
<tr>
<td>Perceives that health education should be provided to children</td>
<td>200</td>
<td>190</td>
<td>95</td>
<td>200</td>
<td>192</td>
<td>96</td>
</tr>
<tr>
<td><strong>Awareness about correct dose and right way of administration of albendazole tablet</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1-2 years of children(Crush the half tablet between two spoons and administer with water)</td>
<td>NA</td>
<td>NA</td>
<td>N</td>
<td>A</td>
<td>200</td>
<td>173</td>
</tr>
<tr>
<td>2-3 years of children(Crush one full tablet between two spoons, and administer with water)</td>
<td>NA</td>
<td>NA</td>
<td>N</td>
<td>A</td>
<td>200</td>
<td>109</td>
</tr>
<tr>
<td>3-5 years of children(one full tablet and child chewed the tablet properly)</td>
<td>NA</td>
<td>NA</td>
<td>N</td>
<td>A</td>
<td>200</td>
<td>167</td>
</tr>
<tr>
<td>6-19 years of children (one full tablet and child chewed the tablet properly)</td>
<td>200</td>
<td>195</td>
<td>98</td>
<td>200</td>
<td>197</td>
<td>99</td>
</tr>
<tr>
<td><strong>Awareness about non-administration of albendazole tablet to sick child</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Will administer albendazole tablet to sick child</td>
<td>200</td>
<td>18</td>
<td>9</td>
<td>200</td>
<td>17</td>
<td>9</td>
</tr>
<tr>
<td>Will not administer albendazole tablet to sick child</td>
<td>200</td>
<td>182</td>
<td>91</td>
<td>200</td>
<td>183</td>
<td>91</td>
</tr>
<tr>
<td><strong>Awareness about consuming albendazole tablet</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chew the tablet</td>
<td>200</td>
<td>100</td>
<td>50</td>
<td>200</td>
<td>99</td>
<td>49</td>
</tr>
<tr>
<td>Swallow the tablet directly</td>
<td>200</td>
<td>100</td>
<td>50</td>
<td>200</td>
<td>101</td>
<td>51</td>
</tr>
<tr>
<td><strong>Awareness about consuming albendazole in school/anganwadi</strong></td>
<td>200</td>
<td>198</td>
<td>9</td>
<td>200</td>
<td>197</td>
<td>99</td>
</tr>
<tr>
<td><strong>Awareness about the last date (August 22, 2017) for submitting the reporting form</strong></td>
<td>200</td>
<td>50</td>
<td>25</td>
<td>200</td>
<td>62</td>
<td>31</td>
</tr>
<tr>
<td><strong>Awareness about submission of reporting forms to ANM by August 22, 2017</strong></td>
<td>200</td>
<td>95</td>
<td>48</td>
<td>200</td>
<td>130</td>
<td>65</td>
</tr>
<tr>
<td><strong>Awareness to retain a copy of the reporting form</strong></td>
<td>200</td>
<td>168</td>
<td>84</td>
<td>200</td>
<td>170</td>
<td>85</td>
</tr>
</tbody>
</table>

*Includes 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

<table>
<thead>
<tr>
<th>Indicators</th>
<th>School</th>
<th>%</th>
<th>Anganwadi</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Albendazole tablet administered on the day of visit</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes, ongoing</td>
<td>200</td>
<td>138</td>
<td>69</td>
<td>200</td>
</tr>
<tr>
<td>Yes, already done</td>
<td>200</td>
<td>17</td>
<td>8</td>
<td>200</td>
</tr>
<tr>
<td>Yes, after sometime</td>
<td>200</td>
<td>7</td>
<td>4</td>
<td>200</td>
</tr>
<tr>
<td>No, will not administer today</td>
<td>200</td>
<td>38</td>
<td>39</td>
<td>200</td>
</tr>
<tr>
<td>Schools/anganwadis conducted deworming on either of the day¹</td>
<td>200</td>
<td>170</td>
<td>85</td>
<td>200</td>
</tr>
<tr>
<td>Schools/anganwadis conducted deworming on NDD⁴</td>
<td>100</td>
<td>86</td>
<td>86</td>
<td>100</td>
</tr>
<tr>
<td>Schools/anganwadis conducted deworming on Mop-Up Day⁵</td>
<td>100</td>
<td>76</td>
<td>76</td>
<td>100</td>
</tr>
<tr>
<td>Reasons for not conducting deworming</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No information</td>
<td>30</td>
<td>14</td>
<td>46</td>
<td>38</td>
</tr>
<tr>
<td>Albendazole tablet not received</td>
<td>30</td>
<td>16</td>
<td>54</td>
<td>38</td>
</tr>
<tr>
<td>Attendance on NDD⁴</td>
<td>23355</td>
<td>17570</td>
<td>75</td>
<td>NA</td>
</tr>
<tr>
<td>Attendance on Mop-Up Day⁵</td>
<td>18282</td>
<td>12719</td>
<td>70</td>
<td>NA</td>
</tr>
<tr>
<td>Anganwadishaving list of unregistered/out-of-school children</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>200</td>
</tr>
<tr>
<td>Out-of-school children (Age 6–19 years) administered Albendazole tablet</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>200</td>
</tr>
<tr>
<td>Unregistered children (Age 1–5 years) administered Albendazole tablet</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>200</td>
</tr>
<tr>
<td>Sufficient quantity of albendazole tablets⁸</td>
<td>172</td>
<td>153</td>
<td>89</td>
<td>165</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Indicators</th>
<th>Schools</th>
<th>%</th>
<th>Anganwadi</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Items received by school teacher and anganwadi worker</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Albendazole tablet</td>
<td>200</td>
<td>172</td>
<td>86</td>
<td>200</td>
</tr>
<tr>
<td>Poster/banner</td>
<td>200</td>
<td>117</td>
<td>59</td>
<td>200</td>
</tr>
<tr>
<td>Handouts/reporting form</td>
<td>200</td>
<td>116</td>
<td>58</td>
<td>200</td>
</tr>
<tr>
<td>Received all materials</td>
<td>200</td>
<td>90</td>
<td>45</td>
<td>200</td>
</tr>
<tr>
<td>Items verified during Independent Monitoring</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Albendazole tablet</td>
<td>172</td>
<td>170</td>
<td>99</td>
<td>165</td>
</tr>
<tr>
<td>Poster/banner</td>
<td>117</td>
<td>113</td>
<td>97</td>
<td>128</td>
</tr>
<tr>
<td>Handouts/reporting form</td>
<td>116</td>
<td>101</td>
<td>87</td>
<td>114</td>
</tr>
<tr>
<td>Received all materials</td>
<td>90</td>
<td>74</td>
<td>83</td>
<td>86</td>
</tr>
</tbody>
</table>

¹Schools/anganwadis administered albendazole tablet to children either on NDD or Mop-Up Day
²Based on the samples visited on NDD.
³Based on the samples visited on Mop-Up Day only.
⁴Based on those schools conducted deworming on NDD
⁵Based on those schools conducted deworming on Mop-Up-Day
⁶This indicator is based on the sample that received albendazole tablet.
### No of school teachers/anganwadi worker attended training and received items during training

<table>
<thead>
<tr>
<th>Item</th>
<th>Denominator</th>
<th>Numerator</th>
<th>%</th>
<th>Denominator</th>
<th>Numerator</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Albendazole tablet</td>
<td>172</td>
<td>108</td>
<td>64</td>
<td>165</td>
<td>113</td>
<td>68</td>
</tr>
<tr>
<td>Poster/banner</td>
<td>117</td>
<td>83</td>
<td>73</td>
<td>128</td>
<td>98</td>
<td>77</td>
</tr>
<tr>
<td>Handouts/reporting form</td>
<td>116</td>
<td>80</td>
<td>80</td>
<td>114</td>
<td>88</td>
<td>77</td>
</tr>
<tr>
<td>Received all materials</td>
<td>90</td>
<td>60</td>
<td>67</td>
<td>86</td>
<td>65</td>
<td>76</td>
</tr>
</tbody>
</table>

### Integrated Distribution of albendazole tablet, IEC and training materials

<table>
<thead>
<tr>
<th>Item</th>
<th>Denominator</th>
<th>Numerator</th>
<th>%</th>
<th>Denominator</th>
<th>Numerator</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Albendazole tablet</td>
<td>200</td>
<td>60</td>
<td>30</td>
<td>200</td>
<td>65</td>
<td>33</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Indicators</th>
<th>Schools</th>
<th>Anganwadi</th>
</tr>
</thead>
<tbody>
<tr>
<td>Denominator</td>
<td>Numerator</td>
<td>%</td>
</tr>
<tr>
<td>Deworming activity was taking place</td>
<td>138</td>
<td>135</td>
</tr>
<tr>
<td>Albendazole tablets were administered by</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Teacher/headmaster</td>
<td>200</td>
<td>195</td>
</tr>
<tr>
<td>Anganwadi/worker</td>
<td>200</td>
<td>0</td>
</tr>
<tr>
<td>Sahiya</td>
<td>200</td>
<td>1</td>
</tr>
<tr>
<td>ANM</td>
<td>200</td>
<td>2</td>
</tr>
<tr>
<td>Student</td>
<td>200</td>
<td>1</td>
</tr>
<tr>
<td>Followed any recording protocol</td>
<td>155</td>
<td>120</td>
</tr>
<tr>
<td>Protocol followed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Putting single,double tick</td>
<td>120</td>
<td>87</td>
</tr>
<tr>
<td>Put different symbols</td>
<td>120</td>
<td>7</td>
</tr>
<tr>
<td>Prepare the separate list for dewormed</td>
<td>120</td>
<td>26</td>
</tr>
<tr>
<td>Visibility of poster/banner during visits</td>
<td>117</td>
<td>99</td>
</tr>
</tbody>
</table>

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

| Indicators                              | Schools | Anganwadi |
| Denominator | Numerator | % | Denominator | Numerator | % |
|-----------------------------------------|---------|-----------|
| Opinion of occurrence of an adverse event after administering albendazole tablet | 200     | 40        | 20       | 200       | 49  | 25  |

### Awareness about possible adverse events (Multiple Response)

<table>
<thead>
<tr>
<th>Event</th>
<th>Schools</th>
<th>Anganwadi</th>
</tr>
</thead>
<tbody>
<tr>
<td>Denominator</td>
<td>Numerator</td>
<td>%</td>
</tr>
<tr>
<td>Mild abdominal pain</td>
<td>40</td>
<td>28</td>
</tr>
<tr>
<td>Nausea</td>
<td>40</td>
<td>22</td>
</tr>
<tr>
<td>Vomiting</td>
<td>40</td>
<td>29</td>
</tr>
<tr>
<td>Diarrhea</td>
<td>40</td>
<td>12</td>
</tr>
<tr>
<td>Fatigue</td>
<td>40</td>
<td>12</td>
</tr>
</tbody>
</table>

---

9 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 (✓), double tick (✓✓), any other symbol or preparing separate list for all those children administered albendazole tablets on NDD or Mop-Up Day.
### All possible adverse event

<table>
<thead>
<tr>
<th>Event</th>
<th>40</th>
<th>5</th>
<th>14</th>
<th>49</th>
<th>11</th>
<th>22</th>
</tr>
</thead>
</table>

### Awareness about mild adverse event management

<table>
<thead>
<tr>
<th>Event</th>
<th>Denominator</th>
<th>Numerator</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Make the child lie down in open and shade/shaded place</td>
<td>200</td>
<td>153</td>
<td>77</td>
</tr>
<tr>
<td>Give ORS/water</td>
<td>200</td>
<td>83</td>
<td>42</td>
</tr>
<tr>
<td>Observe the child at least for 2 hours in the school</td>
<td>200</td>
<td>98</td>
<td>49</td>
</tr>
<tr>
<td>Don’t know/don’t remember</td>
<td>200</td>
<td>24</td>
<td>12</td>
</tr>
</tbody>
</table>

### Awareness about severe adverse event management

<table>
<thead>
<tr>
<th>Event</th>
<th>Denominator</th>
<th>Numerator</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Call PHC or emergency number</td>
<td>200</td>
<td>141</td>
<td>71</td>
</tr>
<tr>
<td>Take the child to the hospital/call doctor to school</td>
<td>200</td>
<td>144</td>
<td>72</td>
</tr>
<tr>
<td>Don’t know/don’t remember</td>
<td>200</td>
<td>19</td>
<td>10</td>
</tr>
</tbody>
</table>

### Available contact numbers of the nearest ANM or MO-PHC

<table>
<thead>
<tr>
<th>Number</th>
<th>National</th>
</tr>
</thead>
<tbody>
<tr>
<td>200</td>
<td>108</td>
</tr>
</tbody>
</table>

### Asha present in Anganwadi center

<table>
<thead>
<tr>
<th>Number</th>
<th>National</th>
</tr>
</thead>
<tbody>
<tr>
<td>NA</td>
<td>NA</td>
</tr>
</tbody>
</table>

---

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

<table>
<thead>
<tr>
<th>Indicators</th>
<th>Denominator</th>
<th>Numerator</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attended training for current round of NDD</td>
<td>45</td>
<td>27</td>
<td>61</td>
</tr>
<tr>
<td>Received albendazole tablets</td>
<td>45</td>
<td>31</td>
<td>69</td>
</tr>
<tr>
<td>Sufficient quantity of albendazole tablets</td>
<td>31</td>
<td>28</td>
<td>91</td>
</tr>
<tr>
<td>Received poster/banner</td>
<td>45</td>
<td>25</td>
<td>56</td>
</tr>
<tr>
<td>Received handouts/reporting form</td>
<td>45</td>
<td>28</td>
<td>63</td>
</tr>
<tr>
<td>Received SMS for current NDD round</td>
<td>45</td>
<td>39</td>
<td>43</td>
</tr>
<tr>
<td>Albendazole administrated to children</td>
<td>45</td>
<td>31</td>
<td>68</td>
</tr>
</tbody>
</table>

### Reasons for not conducting deworming

<table>
<thead>
<tr>
<th>Reason</th>
<th>Denominator</th>
<th>Numerator</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reasons for not conducting deworming</td>
<td>14</td>
<td>5</td>
<td>37</td>
</tr>
<tr>
<td>Albendazole tablets not received</td>
<td>14</td>
<td>9</td>
<td>63</td>
</tr>
<tr>
<td>Already dewormed all children on deworming day</td>
<td>2</td>
<td>2</td>
<td>100</td>
</tr>
</tbody>
</table>

### Awareness about non-administration of albendazole tablet to sick child

<table>
<thead>
<tr>
<th>Awareness</th>
<th>Denominator</th>
<th>Numerator</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Awareness about correct dose and right way of albendazole administration</td>
<td>45</td>
<td>45</td>
<td>100</td>
</tr>
<tr>
<td>Opinion of occurrence of an adverse event after taking albendazole tablet</td>
<td>45</td>
<td>11</td>
<td>25</td>
</tr>
</tbody>
</table>

---

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

<table>
<thead>
<tr>
<th>Condition</th>
<th>Schools 11</th>
<th>Schools %</th>
<th>Anganwadi 11</th>
<th>Anganwadi %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mild abdominal pain</td>
<td>11</td>
<td>11</td>
<td>100</td>
<td></td>
</tr>
<tr>
<td>Nausea</td>
<td>11</td>
<td>6</td>
<td>51</td>
<td></td>
</tr>
<tr>
<td>Vomiting</td>
<td>11</td>
<td>6</td>
<td>100</td>
<td></td>
</tr>
<tr>
<td>Diarrhea</td>
<td>11</td>
<td>6</td>
<td>53</td>
<td></td>
</tr>
<tr>
<td>Fatigue</td>
<td>11</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
</tbody>
</table>

### Awareness about mild adverse event management

- Let the child rest in an open and shaded place: 45
- Provide clean water to drink/ORS: 45
- Contact the ANM/nearby PHC: 45
- Available contact numbers of the nearest ANM or MO-PHC: 45
- Followed correct recording protocol: 28

### Detailed findings from Coverage Validation

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

<table>
<thead>
<tr>
<th>S.No</th>
<th>Indicators</th>
<th>Schools</th>
<th>Anganwadi</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Denominator</td>
<td>Numerator</td>
</tr>
<tr>
<td>1</td>
<td>Percentage of schools/anganwadis Conducted deworming</td>
<td>500</td>
<td>436</td>
</tr>
<tr>
<td></td>
<td>Percentage of government schools conducted deworming</td>
<td>478</td>
<td>419</td>
</tr>
<tr>
<td></td>
<td>Percentage of private schools conducted deworming</td>
<td>22</td>
<td>16</td>
</tr>
<tr>
<td>1a</td>
<td>Percentage of School and anganwadi administered albendazole on day of - (Multiple Response)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>a. National Deworming Day</td>
<td>436</td>
<td>417</td>
</tr>
<tr>
<td></td>
<td>b. Mop-Up Day</td>
<td>436</td>
<td>370</td>
</tr>
<tr>
<td></td>
<td>c. Between NDD and Mop-Up Day</td>
<td>436</td>
<td>22</td>
</tr>
<tr>
<td></td>
<td>d. Both days (NDD and Mop-Up)</td>
<td>436</td>
<td>356</td>
</tr>
<tr>
<td>1b</td>
<td>Reasons for not conducting deworming</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>a. No information</td>
<td>64</td>
<td>51</td>
</tr>
<tr>
<td></td>
<td>b. Drugs not received</td>
<td>64</td>
<td>9</td>
</tr>
<tr>
<td></td>
<td>c. Apprehension of adverse events</td>
<td>64</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>d. Others18</td>
<td>64</td>
<td>2</td>
</tr>
<tr>
<td>2</td>
<td>Percentage of schools and anganwadis left over with Albendazole tablet after deworming</td>
<td>436</td>
<td>275</td>
</tr>
<tr>
<td>2a</td>
<td>Number of albendazole tablets left after deworming</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>a. Less than 50 tablets</td>
<td>275</td>
<td>217</td>
</tr>
</tbody>
</table>

---

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

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

NA is Not Applicable

18 Other includes mainly not aware about NDD.
Table CV2: Mid-day meal findings from School and Anganwadi Coverage Validation Data

<table>
<thead>
<tr>
<th>S.No</th>
<th>Indicators</th>
<th>Schools</th>
<th>Anganwadis</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Denominator</td>
<td>Numerator</td>
</tr>
<tr>
<td>1</td>
<td>School covered under Mid-day Meal Scheme</td>
<td>436</td>
<td>404</td>
</tr>
<tr>
<td>2</td>
<td>School reported number of dewormed children through MDM</td>
<td>404</td>
<td>257</td>
</tr>
<tr>
<td>3</td>
<td>Days of IVRS/SMS reporting</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>1. Only for National Deworming Day</td>
<td>257</td>
<td>27</td>
</tr>
<tr>
<td></td>
<td>2. Only for Mop-up day</td>
<td>257</td>
<td>7</td>
</tr>
<tr>
<td></td>
<td>3. For both deworming Day and Mop-up</td>
<td>257</td>
<td>223</td>
</tr>
<tr>
<td>4</td>
<td>Reasons for not doing IVRS/SMS reporting</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>1. School closed on the given day</td>
<td>147</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>2. No MDM organized</td>
<td>147</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>3. Call got disconnected/message did not deliver</td>
<td>147</td>
<td>54</td>
</tr>
<tr>
<td></td>
<td>4. School closed due to single teacher/local issue</td>
<td>147</td>
<td>6</td>
</tr>
<tr>
<td></td>
<td>5. Others</td>
<td>147</td>
<td>79</td>
</tr>
</tbody>
</table>

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

3a Other includes mainly already submitted and availability of blank form.
<table>
<thead>
<tr>
<th>S.No</th>
<th>Indicators</th>
<th>Schools</th>
<th>Anganwadis</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Denominator</td>
<td>Numerator</td>
<td>%</td>
</tr>
<tr>
<td>1.</td>
<td>ASHA present at Anganwadi Centre during visit of Independent monitoring</td>
<td>NA</td>
<td>472</td>
</tr>
<tr>
<td>2.</td>
<td>ASHA conducted meetings with parents to inform about NDD</td>
<td>NA</td>
<td>438</td>
</tr>
<tr>
<td>3.</td>
<td>ASHA prepared list of unregistered and Out of school children</td>
<td>NA</td>
<td>438</td>
</tr>
<tr>
<td>4.</td>
<td>ASHA shared the list of unregistered and Out of school children with Anganwadi</td>
<td>NA</td>
<td>136</td>
</tr>
<tr>
<td>5.</td>
<td>ASHA administered albendazole to children</td>
<td>NA</td>
<td>304</td>
</tr>
<tr>
<td>6.</td>
<td>ASHA received incentive for NDD Feb 2017 round</td>
<td>NA</td>
<td>304</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>S. No</th>
<th>Indicators</th>
<th>Schools/Children</th>
<th>Anganwadis/Children</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Denominator</td>
<td>Numerator</td>
<td>%</td>
</tr>
<tr>
<td>1</td>
<td>Followed correct recording protocol</td>
<td>436</td>
<td>7</td>
</tr>
<tr>
<td>2</td>
<td>Followed partial recording protocol</td>
<td>436</td>
<td>262</td>
</tr>
<tr>
<td>3</td>
<td>Followed no recording protocol</td>
<td>436</td>
<td>167</td>
</tr>
<tr>
<td>4</td>
<td>State-level verification factor (Children enrolled)</td>
<td>48193</td>
<td>23838</td>
</tr>
<tr>
<td></td>
<td>a. Children registered with anganwadi</td>
<td>NA</td>
<td></td>
</tr>
<tr>
<td></td>
<td>b. Children unregistered with anganwadi (Aged 1–5)</td>
<td>NA</td>
<td></td>
</tr>
<tr>
<td></td>
<td>c. Out-of-school children (Aged 6–19)</td>
<td>NA</td>
<td></td>
</tr>
</tbody>
</table>

NA is Not Applicable

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

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.

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.

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

Ratio 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.
<table>
<thead>
<tr>
<th></th>
<th>Attendance on previous day of NDD (Children enrolled)</th>
<th>103510</th>
<th>71954</th>
<th>70</th>
<th>NA</th>
</tr>
</thead>
<tbody>
<tr>
<td>6</td>
<td>Attendance on NDD (Children enrolled)</td>
<td>103510</td>
<td>71022</td>
<td>69</td>
<td>NA</td>
</tr>
<tr>
<td>7</td>
<td>Attendance on Mop-Up Day (Children enrolled)</td>
<td>103510</td>
<td>77114</td>
<td>74</td>
<td>NA</td>
</tr>
<tr>
<td>8</td>
<td>Children who attended on both NDD and Mop-Up Day (Children enrolled)</td>
<td>103510</td>
<td>59023</td>
<td>57</td>
<td>NA</td>
</tr>
<tr>
<td>9</td>
<td>Maximum attendance of children on Deworming Day and Mop-Up Day* (Children enrolled)</td>
<td>103510</td>
<td>89112</td>
<td>86</td>
<td>NA</td>
</tr>
<tr>
<td>10</td>
<td>Estimated NDD coverage*</td>
<td>71</td>
<td>87</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

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

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.
<p>| | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Chew the tablet</td>
<td>1305</td>
<td>1188</td>
<td>91</td>
</tr>
<tr>
<td>b. Swallow tablet directly</td>
<td>1305</td>
<td>117</td>
<td>9</td>
</tr>
<tr>
<td><strong>8</strong></td>
<td><strong>Supervised administration of tablets</strong></td>
<td>1305</td>
<td>1238</td>
</tr>
<tr>
<td><strong>9</strong></td>
<td><strong>Reasons for not consuming Albendazole tablet</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. Feeling sick</td>
<td>2</td>
<td>1</td>
<td>58</td>
</tr>
<tr>
<td>b. Parents told me not to have it</td>
<td>2</td>
<td>1</td>
<td>58</td>
</tr>
</tbody>
</table>