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Evidence Action
Deworm the World Initiative

National Deworming Day 2015: Chhattisgarh Coverage Validation Report



Photo Credit: Evidence Action

September 2015

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1. Background

National Deworming Day (NDD) was conducted in 11 of Chhattisgarh's 27 districts on February 10, 2015, targeting children in the age group of 10-19 years. Out-of-school children in this age group were dewormed at the *anganwadi* in these districts. The remaining districts are endemic for lymphatic filariasis (LF), and did not participate in the deworming program because LF treatment with albendazole (along with diethylcarbamazine citrate) was already planned for March 2015 under the National Filaria Control Program (NFCP). This decision was made in accordance with the National Deworming Day Operational Guidelines issued by the Government of India.

Following the Government of India's decision to launch phase one of the National Deworming Day in 12 states, including Chhattisgarh, and release of the National Deworming Day operational guidelines, we reached out to the Government of Chhattisgarh in early February 2015 to explore whether a light technical assistance could assist in kick starting National Deworming Day implementation. In response to our proposal, the director of the National Health Mission agreed to retain Evidence Action's support for National Deworming Day implementation, including: (i) reinforcement of key training messages to functionaries of health, education, and women and child development departments through bulk messaging (SMS); (ii) coverage validation of deworming day and mop-up day implementation; and (iii) data entry and analysis of National Deworming Day field monitoring forms. The details are shared below. The technical assistance from Evidence Action to the state of Chhattisgarh is supported through the United States Agency for International Development (USAID).

1.1 Reinforcement of Key Training Messages through SMS

Evidence Action sent out SMSs to reinforce key training messages to the functionaries involved in National Deworming Day implementation at the state. A total of 180,000 SMSs were sent to approximately 14,000 functionaries in the Department of Health and 6,000 functionaries in the Department of Women and Child Development. These were a set of 11 messages that were developed by Evidence Action and adapted to the local context from the SMS reinforcement plan posted on the National Ministry of Health's webpage to reinforce key information imparted during the trainings. These included key information on adverse event management at schools and *anganwadis*, drug dosage, and reporting timelines.

2. Coverage Validation

Evidence Action places strong emphasis on program monitoring and evaluation to understand and assess program performance and results. All programs we support have a strong coverage reporting element, whereby government functionaries complete pre-distributed forms with data summarizing treatment of the target population. These forms originate at the school-level and make their way to the state-level through compilation at each administrative level. This data is used by the government to assess program reach, or coverage. Coverage validation is an assessment of program recording and reporting, conducted by independent monitors after mop-up day.

Although we place great emphasis on understanding the extent to which the school and health systems are ready to implement deworming, the extent to which deworming processes are being followed, and the extent to which coverage has occurred as planned,

in Chhattisgarh we supported only with the coverage validation activity at schools due to time constraints. Deworming was not held for preschool-age children at *anganwadis* under National Deworming Day, however because out-of-school children were covered at the *anganwadis* we also visited selected *anganwadis* that were within the campus of selected schools or adjacent to school premises.

The main objective of coverage validation is to check the accuracy of the deworming data reported by schools. Accuracy is measured by comparing the coverage data that schools report in school summary forms with the figures in their attendance registers. In the monitored schools, each monitor was instructed to visit every classroom and manually count the number of single tick marks (indicating children dewormed on deworming day) and double tick marks (indicating children dewormed on mop-up days) in the class register. Once this activity was complete, the monitors asked the school headmaster for the school summary forms and noted down the deworming day coverage numbers and mop-up day coverage numbers from the school reporting form. This activity provides a framework to calculate the level of inaccuracy in the reporting data by comparing the ticks with the numbers reported in school summary forms.

2.1 Sampling and Sample Size

The school database for random sampling in the 11 districts was obtained from the Ministry of Drinking Water and Sanitation, Government of India website[1]. We visited 10 randomly selected schools in each block from the 55 blocks in these 11 districts. Therefore, they visited a total of 550 randomly sampled schools for coverage validation activities. In addition to the headmaster's interview and verification of the deworming related documents, three randomly selected children from three different randomly selected classes were interviewed in each school. In addition, we also visited any *anganwadis* attached to the sampled schools. We could not achieve the targeted sample of 550 schools as two districts, Sukma and Bijapur, could not be covered given the high risk due to insurgency in these areas. The following table gives a snapshot of the targeted and achieved samples.

Table 1: Snapshot of Targeted and Achieved Samples

Target	Targeted Sample Size	Achieved Sample
School headmasters/teacher	550	490
School children	1650	1455
Anganwadi centers	--	73

2.2 Coverage Validation Forms

Evidence Action prepared a bilingual (English/Hindi) school coverage validation form to be used for information and data collection at the school during headmasters and children's interviews. An a*nganwadi* checklist was developed based on National Deworming Day guidelines. The forms were shared with the Department of Health, Government of Chhattisgarh for their review and feedback before finalization.

[1] http://indiawater.gov.in this website was accessed on January 8-9, 2015.

2.3 Authorization from Government

The state government issued a letter of authorization to all district and block program managers that were sampled for the survey for coordinating with Evidence Action to conduct the coverage validation activity. The Department of Health facilitated contact lists of district and block program managers for use by independent monitors for coordination during visits. We called these officials for field-level support as needed by the monitors, such as, during identification of schools or, in some instances, facilitating entry in the schools.

2.4 Field Implementation Partner

We hired GfK Mode Private Limited as the independent monitoring agency, after a competitive selection process, given their prior experience in conducting similar surveys for the deworming program in other states. GfK Mode initiated fieldwork on February 23, 2015 with 55 monitors and 11 supervisors divided in teams of five. Each team was led by a supervisor responsible for implementation in their assigned district and block.

2.5 Training of Trainers and Independent Monitors

Prior to the field-based monitoring, Evidence Action conducted a training of trainers from the independent monitoring agency. These trainers and Evidence Action staff further trained independent monitors and supervisors at a state level-training workshop on February 21, 2015. Nodal officers and Officer in-charge (IEC) from the Department of Health, Government of Chhattisgarh also attended this workshop. All monitors and supervisors were locally recruited and had prior experience in field-based surveys. The training sessions included a brief on the deworming program, an overview of survey objectives and scope of work, and orientation on recording protocols and observation checklists. A total of 66 monitors and 11 supervisors (including buffer) were trained.

Monitors' ability to conduct interviews was assessed through a mock session that allowed them to practice administering forms and checklists, and clarify any doubts. Monitors also practiced interviewing headmaster/teacher and children through role-play. All participants at the training were required to take a short post-training test, after which 55 monitors were further selected to conduct the survey.

2.6 Challenges during Field Implementation

The field teams encountered challenges in the field primarily due to poor transportation facilities and insurgency in the state. The desired field plan of covering two schools a day was difficult to achieve in most cases given the distance between the sampled schools. Two districts, Sukma and Bijapur, could not be covered given the high risk due to insurgency in these areas. Other blocks that could not be covered from the nine districts included: Bakawand, Bastanar, Darbha, and Lohandiguda in Bastar district; Antagarh, Durgukondal, and Koilebeda in Kanker district; and Bharatpur in Koriya district. A few schools were found closed due to ongoing board exams or local festivals. The Evidence Action team and the monitoring agency were in constant communication with the state government, updating them on challenges faced and receiving facilitation and guidance from them in return. Due to these challenges and delays, the schedule for fieldwork was extended to March 3, 2015.

2.7 Data Entry

To facilitate data entry of cover validation forms, Evidence Action hired the services of Sigma Research and Consulting Private Limited, New Delhi. The agency completed the double data entry of coverage validation forms from schools and *anganwadis* and submitted the raw data and all required tables to Evidence Action.

3. Findings

The findings from the coverage validation activity are shared below. Detailed results and tables are shared in Annexure I.

3.1 Training Status

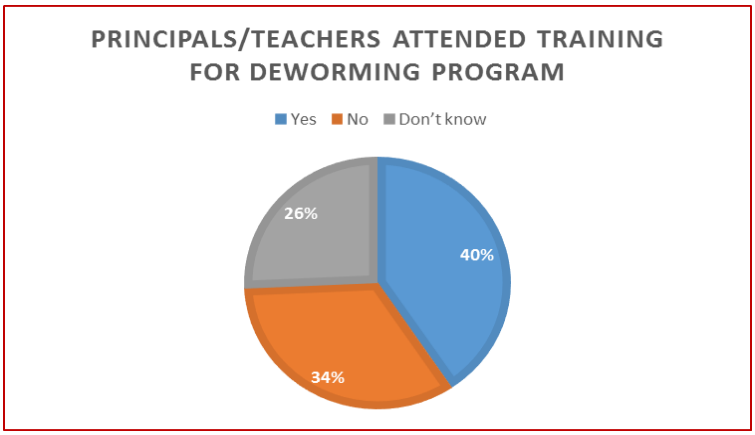


Figure 1: Principals/teachers who attended training for deworming program

Findings from schools suggest that only 41% of headmasters attended deworming related training in the month before deworming day, while 34% did not receive training. 26% of school headmasters reported that they did not know whether someone received deworming training in their school. Of those headmasters who did not receive deworming training, around 40% reported that they were not aware about the training. Attendance in training sessions at the *anganwadis* was better, with 67% of *anganwadi* workers receiving training on the deworming program. 34% of headmasters and 56% of AWWs reported that they received SMSs related to the deworming program.

3.2 Deworming Status, Drug Availability, and Surplus Drugs

99% of headmasters reported that they conducted deworming in their schools and this was supported by children's responses. Approximately 98% of children interviewed indicated they had been dewormed on either deworming day or mop-up day. Data collected from *anganwadi* workers suggest that 95% of *anganwadi* conducted deworming during the deworming

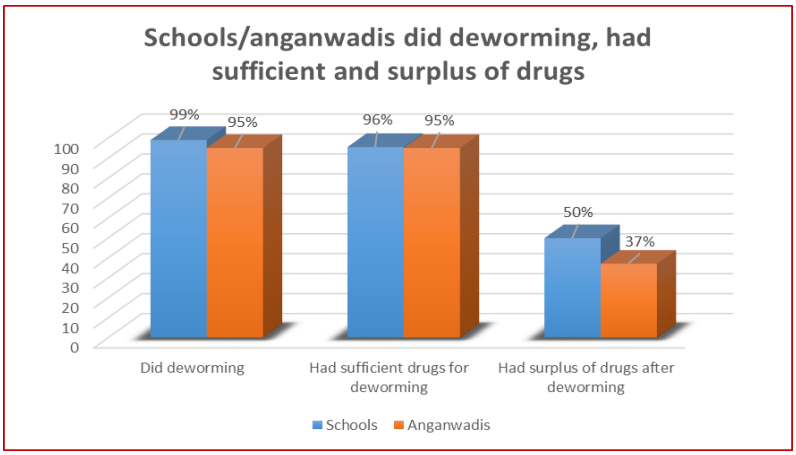
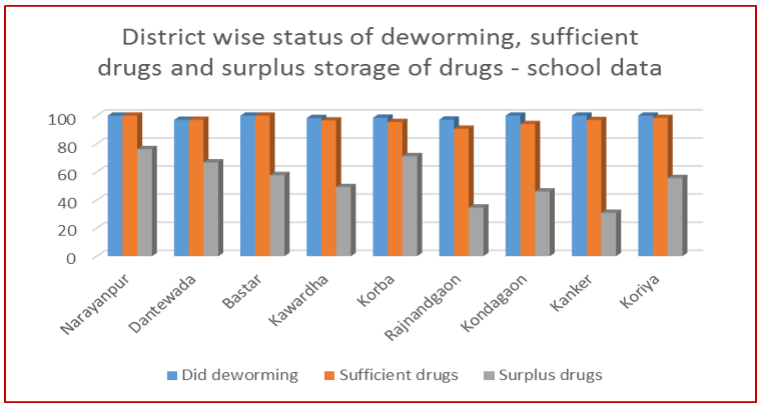


Figure 2: Schools/anganwadis that did deworming and had sufficient/surplus drugs

round. Most schools (96%) and *anganwadis* (95%) reported that they had sufficient drugs, defined as availability of drugs as per number of children enrolled in the school. Further, approximately 50% schools and 37% of *anganwadis* reported that they had surplus drug supplies after deworming.



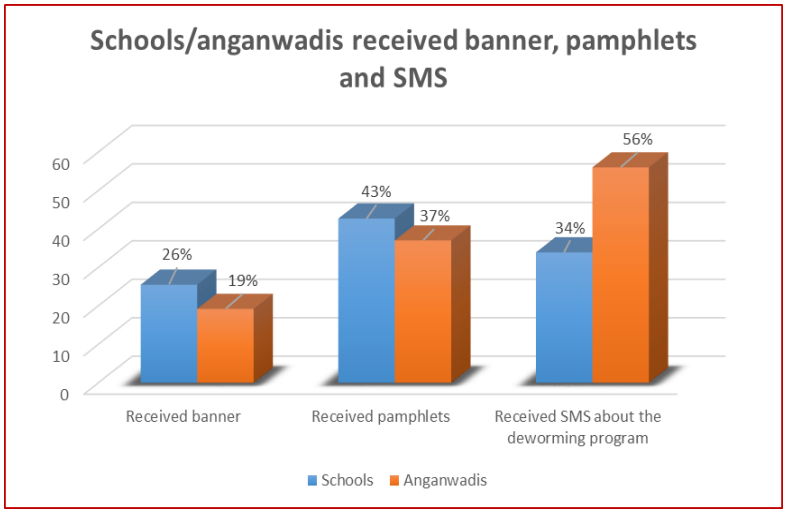
The district-wise variation in deworming status, drug availability and surplus drugs availability in schools can be seen in Figure 3.

Figure 3: District-wise status of deworming, sufficient drugs, and surplus storage of drugs – school data

3.3 Adverse Events

Data from the schools show that 5% of them reported some kind of adverse events during the administration of albendazole. Any of the adverse events reported were of a mild nature, such as, nausea/vomiting (48%), mild abdominal pain (32%), and diarrhoea (16%). In 64% if the cases that did report any mild adverse events, headmasters reported that they had the child lie down in the shade. Further, 7% of *anganwadi* workers reported mild adverse events at their centre.

3.4 Availability of IEC Materials



IEC materials are key to inform, educate, and communicate program information to stakeholders and to increase program awareness in the community. The availability of deworming-related IEC materials in schools and *anganwadis* was assessed during coverage validation. The availability of various IEC in schools and *anganwadis* can be seen in Figure 4.

Figure 4: Schools/anganwadis that received banners, pamphlets, and SMS

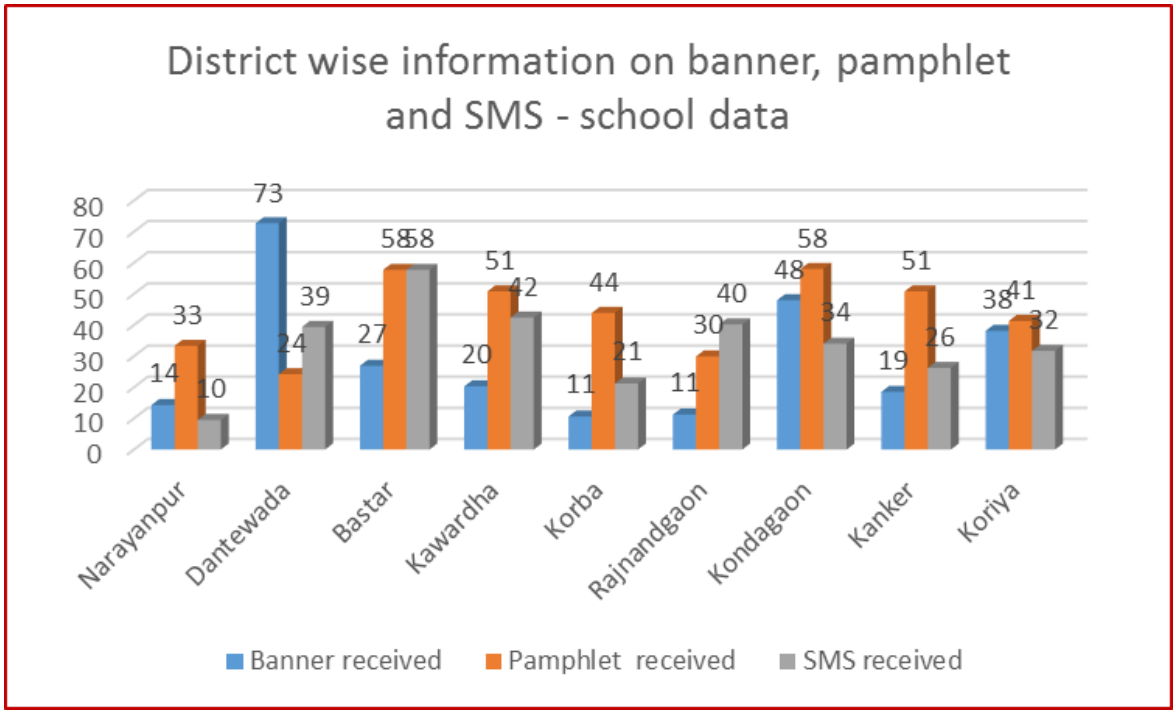


Figure 5: District-wise information on banners, pamphlets, and SMS – school data

3.5 Availability of Reporting Forms

Availability of reporting forms is essential for schools and *anganwadis* to be able to report coverage data timely. School reporting forms were available and verified in 69% of schools visited. Of the schools that did not have reporting forms available during coverage validation, most (86%) reported that they had already submitted the form. Of the total schools visited, 7% reported that they did not receive the school reporting form. 47% of all the schools and more than 80% of AWWs visited, reported that they received the adverse event reporting form.

3.6 Coverage Reporting

Coverage reporting is an integral part of any program. It evaluates the numbers of program beneficiaries and is a crucial component for understanding the success of program implementation. Each school and *anganwadi* was supposed to fill a one-page reporting form (see annexure II). The coverage data from the state indicated that 916,596 children in the age group 10-19 years were dewormed against the target of 978,008. These include 849,797 enrolled children at schools and 128,211 out-of-school children. Thus, program coverage including out-of-school children came to 94%.

3.7 Recording Protocol

As per National Deworming Day guidelines, in order to ensure that schools' reported coverage was accurate, every participating school was instructed to follow a specific recording protocol for deworming. Every teacher was required to put a single tick mark (✓) next to a child's name in the attendance register if they consumed albendazole on

deworming day. The teachers were instructed to put a double tick mark (✓✓) next to a child's name if they consumed the drug on mop-up day. These tick marks are intended to be the basis for the numbers reported in each school's reporting forms. Schools were supposed to provide the number of enrolled children dewormed by counting the single and double tick marks in the attendance registers. Data from schools suggest that only 48% schools followed the reporting protocol.

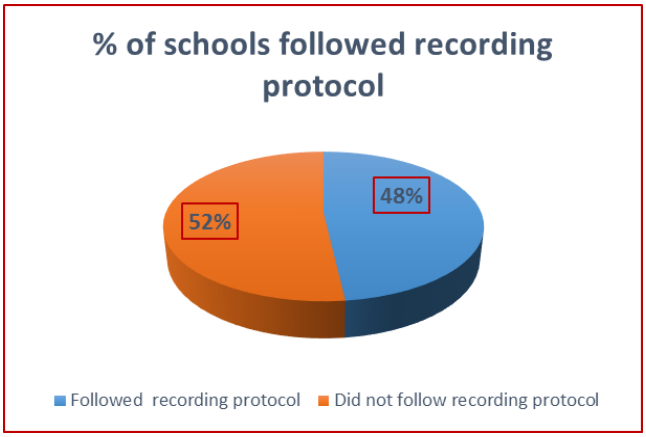


Figure 6: Percent of schools that followed recording protocol

3.8 Coverage Validation

As stated earlier, coverage validation activities were carried out only for schools and not for *anganwadis*. Therefore, coverage validation findings are restricted to school data. The data from 490 schools was analyzed to calculate several coverage parameters pertaining to data accuracy (see Annexure III). Using this data, we determined state-level verification factors[2], which are commonly calculated for neglected tropical disease control programs around the world. The degree of inflation/deflation in the reporting data has important ramifications for program coverage because reporting needs to provide an accurate picture of deworming coverage and may affect the strategies for future rounds of the program.

To validate coverage of enrolled children, the aggregated number of ticks in school registers is compared to the deworming coverage reported in the school reporting forms submitted to the state to arrive at a state level-verification factor. The state-level verification factor was found to be 0.493, indicating that coverage reporting was highly inflated in the state. The factor, in this case of 0.493, indicates that for every 49 enrolled children who were recorded as dewormed in the schools, the school reported that 100 enrolled children had been dewormed. This verification factor corresponds to an overall state inflation rate[3] of 103% for the state of Chhattisgarh, which means that the numbers reported in the school reporting forms appeared to be approximately twice as much as the numbers recorded in attendance registers.

Important findings in relation to coverage validation are as follows: During the coverage validation in schools, we ask children (after showing the albendazole tablet) "did you get the deworming tablet?" Data suggest 98% of children interviewed during coverage validation indicated that they had received a deworming tablet on one of the days during the program. We similarly asked headmasters where deworming had occurred, and 99% of them reported that deworming had occurred in their schools. This suggests that most schools did engage in deworming and that most children present in the schools received a deworming tablet.

[2]A verification factor of 1, means the schools reported exactly what they had recorded as being dewormed. A verification factor less than 1, indicates over-reporting; a verification factor greater than 1, indicates under-reporting.

[3]This inflation means that the numbers being reported in the reporting forms from schools appeared to be approximately 103% higher than the numbers being recorded in attendance registers.

However, on average, attendance during deworming days (either deworming day or mop-up day) was 68%. In conjunction with the 98% of enrolled children who were dewormed on deworming days, this suggests that approximately 67% of *all* enrolled children in the state were treated in schools during National Deworming Day. Therefore, based purely on attendance records and children's reports of being dewormed, National Deworming Day coverage could be improved with greater school attendance on deworming and mop-up days.

As evident from the previous section, not a single class in 52% of the schools ticked the names on attendance registers to record children dewormed. These schools did not contain any ticks in the attendance register related to deworming at all. This might be one of the primary causes of the state inflation rate of 103%. We also found that 89.5% of the schools that followed the ticking protocol in at least one class (what we term as compliant schools), were not accurately reporting the number dewormed to the state, i.e., the number of ticks in the attendance registers of those schools did not match the number reported in their school reporting forms. This indicates that even in schools that were following recording protocols, there were still significant errors in reporting. This might have been caused by only some of the classes following the ticking protocols in those schools and/or compilation errors at the school-level. This is another reason for the high level of reporting inflation in the state.

4. Key Recommendations

Evidence Action supported the Government of Chhattisgarh to conduct select activities under the National Deworming Day. This includes sending SMS reminders on key program protocols to functionaries implementing the program and coverage validation. We were not involved with program planning and implementation of the deworming program, therefore, limited information is available regarding details of the program implementation. The recommendations made here are based on coverage validation data only. The following program improvements may be considered for future rounds of school and anganwadi-based deworming program.

Increase Training Attendance: There were indications of limited awareness amongst teachers and anganwadi workers regarding training schedules and dates. More efforts are needed to provide timely information to school headmasters, teachers, and anganwadi workers about training schedules. Information should be provided through various channels such as government letters, SMSs, follow-up through tele-callers, at monthly meetings, and others as appropriate. In addition, efforts are also needed to track the implementation of the training cascade through the districts and blocks. Tracking should focus on identifying delays and issues in training and should direct corrective actions as necessary.

Improve Functionary Contact Databases: To reinforce key training messages, SMSs were sent to various functionaries. However, the coverage validation data indicates that not all headmasters, teachers, and anganwadi workers received SMSs. In future rounds, greater efforts should be made to obtain and maintain more accurate and complete databases of school and anganwadi details. The Departments of Education and Women and Child Development of the state government needs to put efforts to update the contact details of functionaries of their respective departments. These may include issuance of departmental letters in each block and cluster to collect updated details at departmental trainings and meetings. The Department of Education could also update the contact

details of school functionaries through the system of annual DISE data collection in schools.

Effective Drug Distribution for Appropriate Supplies at Schools and Anganwadis: Some schools and anganwadis did not receive sufficient drugs required for deworming. Further, there were surplus tablets in several schools and anganwadis, indicating disconnect between drug availability and enrollment data. This caused some drugs to be left unused at schools/anganwadis and also limited coverage in the schools and anganwadis that did not have sufficient drugs.

Improve IEC Material Distribution and Availability: Limited availability of IEC materials in schools and anganwadis suggest that the distribution cascade from the district to the schools/anganwadis could be improved. Limited attendance at trainings could be linked to teacher's ability to receive these IEC materials. Improving the quality of the distribution cascade through improved training attendance and adopting the integrated distribution system will enable more widespread use of IEC materials for community mobilization and awareness, potentially improving the reach of the program. In addition, tracking the distribution cascade to identify and fill gaps in a timely manner will likely improve the availability of IEC materials.

Ensure Accurate Reporting of Deworming: The high levels of reporting inflation suggest that additional efforts are needed to increase accuracy of program coverage reporting, including an increased emphasis on the importance of reporting protocols during training, in IEC materials and reminder SMSs.

5. Way Forward

The coverage validation exercise conducted during the National Deworming Day in February 2015 provided data through which the deworming program in Chhattisgarh could be further strengthened for quality and coverage. From Evidence Action's experience in other states, we know that the fixed-day approach of the National Deworming Day has been successful. Evidence Action has worked closely with the governments of Bihar (4 rounds), Rajasthan (3 rounds), Delhi (3 rounds), Madhya Pradesh (1 round), and Uttar Pradesh (in process), in order to ensure high quality and high coverage deworming programs. The lessons learned will be leveraged and applied to future rounds of the deworming program in Chhattisgarh. Experience from other states can be used to improve the quality and coverage of the program by the state team through regular coordination with concerned government departments, setting operational guidelines, and timely follow ups.

Evidence Action looks forward to working with the Government of Chhattisgarh's Departments of Health, Women and Child Development, and Education to strengthen the deworming program in terms of training attendance, integrated distribution of drug, and IEC materials.

6. Annexures

Annexure 1: Tables
Annexure 2: Reporting Forms
Annexure 3: Definitions

This report is made possible by the generous support of the American people through the United States Agency for International Development (USAID). The contents are the responsibility of IPA and Evidence Action and do not necessarily reflect the views of USAID or the United States Government.

Annexure I - Tables

Table 1: Distribution of the School Sample and Key Indicators by Districts

Districts covered	Schools covered	Training received	SMS received	Did deworming	Sufficient drugs	Surplus drugs	Banner received	Pamphlet received
Narayanpur	21	66.7	9.5	100.0	100.0	76.2	14.3	33.3
Dantewada	33	54.5	39.4	97.0	97.0	66.7	72.7	24.2
Bastar	26	23.1	57.7	100.0	100.0	57.7	26.9	57.7
Kawardha	59	32.2	42.4	98.3	96.6	49.2	20.3	50.8
Korba	66	25.8	21.2	98.5	95.5	71.2	10.6	43.9
Rajnandgaon	107	57.9	40.2	97.2	90.7	34.6	11.2	29.9
Kondagaon	50	42.0	34.0	100.0	94.0	46.0	48.0	58.0
Kanker	65	36.9	26.2	100.0	96.9	30.8	18.5	50.8
Koriya	63	28.6	31.7	100.0	98.4	55.6	38.1	41.3

Table 2: Coverage Validation Indicators, School Sample

Indicators (response from the headmaster)	Percentage
Attended training for deworming program	
Yes	40.6
No	33.7
Don't know	25.7
For headmasters/teachers that didn't attend training, reasons were	
-Problem with the location of training	0.6
-Problem with the timing of training	4.9
-Weren't aware of the date of training	39.5
-Problem due to monetary constraints	14.8
-No information about training	36.4
Percentage of schools received the followings	
Received banner	25.5
Received pamphlets	42.7
Received SMS about the deworming program	33.9
Schools had the sufficient drugs for deworming	95.5
Schools had surplus storage of drugs after deworming	49.8
School reporting form was available	
Yes	68.6
No	31.4
Reasons for not availability of reporting forms	
Did not received	7.1
Submitted to officials	86.4
Unable to locate/others/missing	6.5
Schools did deworming	99.0
Schools reported after taking the medicine	
Mild adverse event	4.9
Serious adverse event	0.2

Indicators (response from the headmaster)	Percentage
No adverse event	94.8
The followings adverse event was happened	
Mild abdominal pain	32.0
Nausea/vomiting	48.0
Diarrhoea	16.0
Missing	4.0
Response in case a student suffers from adverse effects	
Make the child lie down in shade	64.0
Taken the child to the hospital/called doctor	16.0
Missing/Don't know	20.0
Received adverse event reporting form	47.4
Schools where adverse event reporting form was available	33.8

Table 3: Verification of Reporting Protocols, School Sample

Indicators	Value/ Percent
Schools followed recording protocol	48.2%
Schools followed recording protocol –trained Schools	47.2%
Schools followed recording protocol –untrained Schools	48.8%
Average attendance	68.1%
State level verification factor	49.3%
State level inflation rate (which measures the extent to which the recording in school reporting forms exceeds records at schools)	102.8%
State level inflation rate- trained school (which measures how much the coverage reported in reporting forms exceeded school records in registers for schools that received training)	115.0%
State level inflation rate- untrained school (which measures how much coverage reported in reporting forms exceeded school records in registers for schools that were not trained)	96.4%
Non-compliance rate (schools not following the recording protocol in even a single class)	51.8%
Inaccuracy among compliant schools (the percentage of schools which were following the ticking protocol in at least one class, but where the number reported to the state did NOT match the number found in their attendance registers)	89.5%

Table 4: Coverage Validation Indicators from Children's Interview, School Sample

Indicators	Percentage
Children present any of the deworming day	97.7
Children got deworming tablet	98.1
Children got deworming tablet	
Deworming day	87.0
Mop-up day	6.3
Don't know/ don't remember/missing	6.7
Children who received medicine from the teacher/headmaster	89.1
Children who were sick before taking the tablet	4.0
Children consumed deworming tablet	96.9
Children who were feeling sick after taking the tablet	3.6
Children chewed tablet before swallowing	57.7
Children knew that medicine was for deworming	86.8

Table 5: Indicators Derived from *Anganwadi* Checklist Data

Anganwadi Indicators	Percentage
Received training about the deworming program	67.1%
Anganwadi centres did deworming	94.5%
Had sufficient drugs for deworming	94.5%
Have surplus storage of drugs after deworming	37.0%
Received SMS about the deworming program	56.2%
Received Banner	19.2%
Received Pamphlets	37.0%
Did not receive reporting format	17.8%
Any adverse event happened after deworming	6.8%
Adverse event reporting format not received	35.6%
Total Sample	**73**

Annexure II- Reporting Forms

राष्ट्रीय कृमि मुक्ति दिवस २०१५

(National Deworming day and Mop up day)

स्कूल रिपोर्टिंग प्रपत्र

राज्य-.....		जिला-.....
विकासखंड-.....	उपस्वास्थ्य केन्द्र-..... ..	ग्राम का नाम-..... ..
स्कूल का नाम-..... .	कार्यक्रम हेतु प्रशिक्षित शिक्षकों की संख्या-.....	

A एल्बेंडाजोल गोली दी गई बच्चों की जानकारी

स्कुल में दर्ज कुल बच्चों की संख्या (१०-१९ वर्ष)			दिनांक	१० से १९ वर्ष के बच्चों की संख्या					
				बच्चों की संख्या जिन्हे एल्बेंडाजोल दिया गया			एल्बेंडाजोल गोली खाने के पश्चात् विपरित प्रभाव के लक्षाण पायें गये बच्चों की संख्या		
लड़का	लड़की	कुल		लड़का	लड़की	कुल	लड़का	लड़की	कुल
			10.02.2015						
			13.02.2015						

B. स्कुल को उपलब्ध करायी गई एल्बेंडाजोल गोलियों की जानकारी

स्कूल को उपलब्ध करायी गई कुल एल्बेंडाजोल गोलियों की संख्या	
स्कुल में बच्चों को दी गई कुल एल्बेंडाजोल गोलियों की संख्या	
स्कुल में शेष कुल एल्बेंडाजोल गोलियों की संख्या	

प्राध्यापक/प्रभारी शिक्षक के हस्ताक्षर

राष्ट्रीय कृमि मुक्ति दिवस २०१५

(National Deworming day and Mop up day)

आंगनबाड़ी रिपोर्टिंग प्रपत्र

राज्य-.....		जिला-.....
विकासखंड-.....	उपस्वास्थ्य केन्द्र-.....	ग्राम का नाम-..... .
प्रोजेक्ट का नाम-.....		आंगनबाड़ी सेंटर का नाम-..... ...
आंगनबाड़ी कार्यकर्ता क्या कार्यक्रम हेतु प्रशिक्षित है (हॉ/नहीं)-.....		

A एल्बेंडाजोल गोली दी गई बच्चों की जानकारी

आंगनबाड़ी में उपस्थित १० से १९ वर्ष के बच्चों की संख्या			दिनांक	स्कुल में नहीं पढ़ने वाले बच्चों की संख्या (१० से १९ वर्ष)					
				बच्चों की संख्या जिन्हे एल्बेंडाजोल दिया गया			एल्बेंडाजोल गोली खाने के पश्चात् विपरित प्रभाव के लक्षाण पायें गये बच्चों की संख्या		
लड़का	लड़की	कुल		लड़का	लड़की	कुल	लड़का	लड़की	कुल
			10.02.2015						
			13.02.2015						

B. आंगनबाड़ी को उपलब्ध करायी गई एल्बेंडाजोल गोलियों की जानकारी

आंगनबाड़ी को उपलब्ध करायी गई कुल एल्बेंडाजोल गोलियों की संख्या	
आंगनबाड़ी कार्यकर्ता द्वारा बच्चों को दी गई कुल एल्बेंडाजोल गोलियों की संख्या	
आंगनबाड़ी में शेष कुल एल्बेंडाजोल गोलियों की संख्या	

आंगनबाड़ी कार्यकर्ता का नाम तथा हस्ताक्षर

Annexure III: Definitions

We calculated verification factors and reporting inflation rates from our coverage validation exercise. Verification factor is an indicator which is often used to assess the reporting quality. It is also widely used in health programs for the same reason. A state level verification factor (VF) was calculated from the data. State level verification factors are calculated by comparing the recorded number of ticks in school registers to the numbers being reported in the school reporting forms. A value of VF greater than 1 suggests that coverage data was deflated relative to actual coverage. A value of VF less than 1 suggests that inflation has occurred. The VF was calculated using the following formula:

$$\text{State level verification factor} = \frac{\text{Number of ticks found in schools across the state}}{\text{Total reported number for those schools}}$$

Thus, in the 490 schools from which coverage validation data was received from, we calculate the aggregated number of ticks for all these schools and divide the sum by the sum of deworming coverage reported in these schools.

We calculated the state inflation rate in reporting data by comparing the cumulative numbers reported in the school reporting form, with the total number of ticks actually present in the attendance registers of all schools visited during coverage validation. The state level inflation was calculated using the following formula:

$$\text{State inflation rate} = \frac{(\text{Total no. reported in school forms} - \text{Total no. of ticks in attendance register})}{\text{Actual number of ticks}}$$