



2012

DELHI ANGANWADI AND SCHOOL-BASED
MASS DEWORMING PROGRAMME



DEWORM THE WORLD INITIATIVE

April 2013

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GLOSSARY

AIIMS - All India Institute of Medical Sciences

CDPO - Child Development Programme Officer

CGI - Clinton Global Initiative

CM - Chief Minister

CNSY - Chacha Nehru Sehat Yojana

DHFW – Department of Health and Family Welfare

DI - District In-charge

DtW - Deworm the World Initiative

GHS – Global Health Strategies

ICDS – Integrated Child Development Scheme

IEC - Information Education Communication

M&E – Monitoring and Evaluation

MCD - Municipal Corporation of Delhi

NCT - National Capital Territory

NDMC - New Delhi Municipal Corporation

SHS – School Health Scheme

STH - Soil Transmitted Helminths

WCD - Department of Women and Child Development

WHO – World Health Organization

SUMMARY

2.65 million children across 2,400 government schools and 8,200 anganwadis were dewormed in a two-stage process by teachers and anganwadi workers from 21 to 27 February 2012 under the aegis of the Chacha Nehru Sehat Yojana (CNSY) of Delhi State School Health Programme.¹ This momentous achievement is an outcome of the coordination and successful collaboration among the Department of Health and Family Welfare (DHFV), Department of Education, and Department of Women and Child Development (WCD) of the Government of NCT Delhi as well as offices within the Municipal Corporation of Delhi (MCD), the New Delhi Municipal Corporation (NDMC), the Cantonment Board of Delhi and key development partners including Deworm the World Initiative (DtW) and Global Health Strategies (GHS). The Michael & Susan Dell Foundation funded the technical assistance to the programme that was provided by DtW and GHS. The programme's success provides a foundation on which to build additional, sustainable health interventions that can be delivered at schools and anganwadis to benefit all school-age as well as preschool-age children in Delhi.

Key Achievements

| | |
|--|---|
| Districts covered | 9 districts: North West, North, North East, East, New Delhi, Central, West, South West, South |
| Number of government institutions covered | 2,396 Schools 8,258 Anganwadis |
| Number of children reached | Schools: 1,954,155 Total Dewormed 1,833,714 Registered children 60,475 Unregistered children 59,966 Adults Anganwadis: 756,266 Total Dewormed 424,520 Registered children 232,477 Unregistered children 99,269 Teen girls TOTAL CHILDREN DEWORMED: 2,650,455 |
| Trainings conducted | Two teachers from each school were trained on school health and deworming; at least one anganwadi worker from each anganwadi was trained. In addition, supervising officials from the Departments of Education and Health were oriented on the programme. |
| Note: The programme targeted 3,032 schools and 9,934 anganwadis. As of December 2012, data is still pending from 636 schools and 1,676 anganwadis. The above analysis is based on a dataset comprising 2,396 schools with 1,883,942 children enrolled and 8,258 anganwadis with 477,782 children enrolled. | |

¹ The Directorate of Health Services representing the Government of NCT of Delhi started a school health scheme in 1979 to provide comprehensive health care services to school-going children.

MASS DEWORMING PROGRAMME FOR NCT DELHI

The goal of the government-led NCT Delhi school-based deworming programme is to provide treatment to all school-age and preschool-age children at risk for worm infections in government schools and anganwadis across all 9 districts of the state.

Prevalence Survey

The state of Delhi has the highest population density (Census 2011) and the second largest slum population in India leading to higher chances of worm infestation. Considering this context, a worm prevalence study was conducted by the DHFW in association with DtW.

The worm prevalence study was carried out with technical support from All India Institute of Medical Sciences (AIIMS), Delhi. The survey was conducted among 3,251 children from 40 Delhi government schools (sample size 999), 40 MCD schools (sample size 1,108) and 48 slums (sample size 1,144) across Delhi. Results are provided in Annexure 1.

Operational Plan

The programme was rolled out in the entire state of Delhi, which is comprised of 9 districts: North, North East, Central, New Delhi, West, East, South East and South West, which also have concurrent administrative structures of MCD, NDMC and the Cantonment Board.

For the implementation and monitoring of the programme, a multi-sectoral State Deworming Coordination Committee was set up with a representative from each of the stakeholder groups: DHFW; the Directorate of Education; WCD; relevant officials of MCD, NDMC, and the Cantonment Board; DtW; and the Indian Academy of Pediatrics. This group met at critical decision-making junctures and received updates on programme implementation. Operational plans were developed to detail the crucial steps of the programme with roles, responsibilities and deliverables for each party. These plans also included protocols, timelines and budgets for each component of the programme. DtW provided critical technical support in creating these plans.

Treatment Regimen

To determine an appropriate treatment strategy, a worm prevalence survey was conducted in the state, coordinated by DtW with technical capacity provided by a team from AIIMS. After reviewing survey results and the local context, the government confirmed that deworming would be implemented across all districts. Following the World Health Organization (WHO) protocol, mebendazole 500 mg single dose tablets were used for the treatment of at-risk children.

Drug Procurement

Drug quantity was assessed from enrollment data at schools and anganwadis across the state, factoring in a 10% buffer. As per the request of the state government, drug procurement was

coordinated by DtW and drugs were donated by Feed the Children through the Clinton Global Initiative (CGI) commitment to school-based deworming.²

Once the procured drugs were delivered, they were tested in a government-accredited laboratory to ensure drug quality prior to administration. Following drug testing, there was a well-planned drug repackaging process. The donated drugs had been delivered in jars of 1,000 quantity tablets, but the enrollment in the schools varied from a few hundred to thousands of students; hence the drugs had to be repackaged into smaller units. The drugs were repackaged in high quality edible-grade poly pouches as per the enrollment list of each school and anganwadi. The tablets were distributed in poly packs of 50, 100, 500 and jars of 1,000 tablets, packaged for each district and labeled for every school and anganwadi.

The repackaging was done by pharmacists from the DHFW as well as staff of GHS using volume measurements (measurement cups) for a quick turnaround time. The repackaging process was undertaken to reduce tablet wastage and improve operational efficiency at the school and anganwadi level. A monitoring system was set up through regular field visits and call centers to ensure that each school and supervisor received the correct quantity of drugs and information, education and communication (IEC) materials.

Innovations

Drugs were repackaged in smaller quantities for schools and anganwadis.

Standardized measuring cups were used to reduce packaging time, and drugs were placed in high quality edible-grade poly pouches.

Training and Drug Distribution

Training to safely administer deworming medication was conducted through a cascade model. Master trainers were trained at the state level, who then trained district-level personnel, who in turn trained teachers and anganwadi workers.

Master training was provided to 575 participants across 17 master training events. The participants were from nominated by WCD, DHFW, the Directorate of Education, MCD and NDMC and comprised a cross-section of professionals (School Inspectors, Zonal District Officers, Deputy Directors of Education, Child Development Project Officers, anganwadi supervisors, Doctors of State Health Scheme, District Health Officers, and Pharmacists). The School Inspectors provided training to over 3,000 principals and 3,000 teachers while the 375 anganwadi supervisors trained 10,463 anganwadi workers. Training was observed by independent monitors to evaluate the process and help ensure high quality training outcomes.

Programme Awareness

Various communication methods were used for widespread and effective programme implementation. The goal of the programme awareness component is to educate children, parents and community members about the benefits and importance of deworming. Additionally, it serves

² The CGI commitment was made with several partners in 2008 and in effect for three years from 2009-2011. Moving forward, global drug donations for school-age children are made available by GlaxoSmithKline and Johnson&Johnson, with systems and shipping support from the WHO.

to inform the community about deworming dates and encourage all children (both registered and unregistered) to attend schools or anganwadis on those days. The awareness generated was done in the style of a campaign and the state used the following modes of communication to spread the message:

1. *Radio jingles:* Radio jingles were developed for the Delhi programme and released on local radio channels to create awareness about the programme throughout the community.
2. *IEC material:* Posters, banners and handouts were distributed in every school and anganwadi to educate teachers on how to administer the medication and to educate children and their parents about deworming more generally.
3. *Billboards:* Billboards for public display were established in different areas of the city to create awareness about deworming day.
4. *Newspaper:* Advertisements were published in popular newspapers to create awareness and increase traffic on deworming and mop up day.
5. *TV scrolls:* Scrolling ran on prominent television news channels expressing the critical nature of the programme and requesting parents to ensure attendance of their children on deworming day and mop up day.
6. *Launch event:* Both MCD and the Government of Delhi launched the event one day prior to deworming day (February 20th) and created media buzz as part of the launch. This prompted the media to report on the importance of the event, thereby enhancing awareness of the deworming programme and urging parents to bring their children to school for deworming on the following day. (See Annexures 3 and 4 for additional details.)

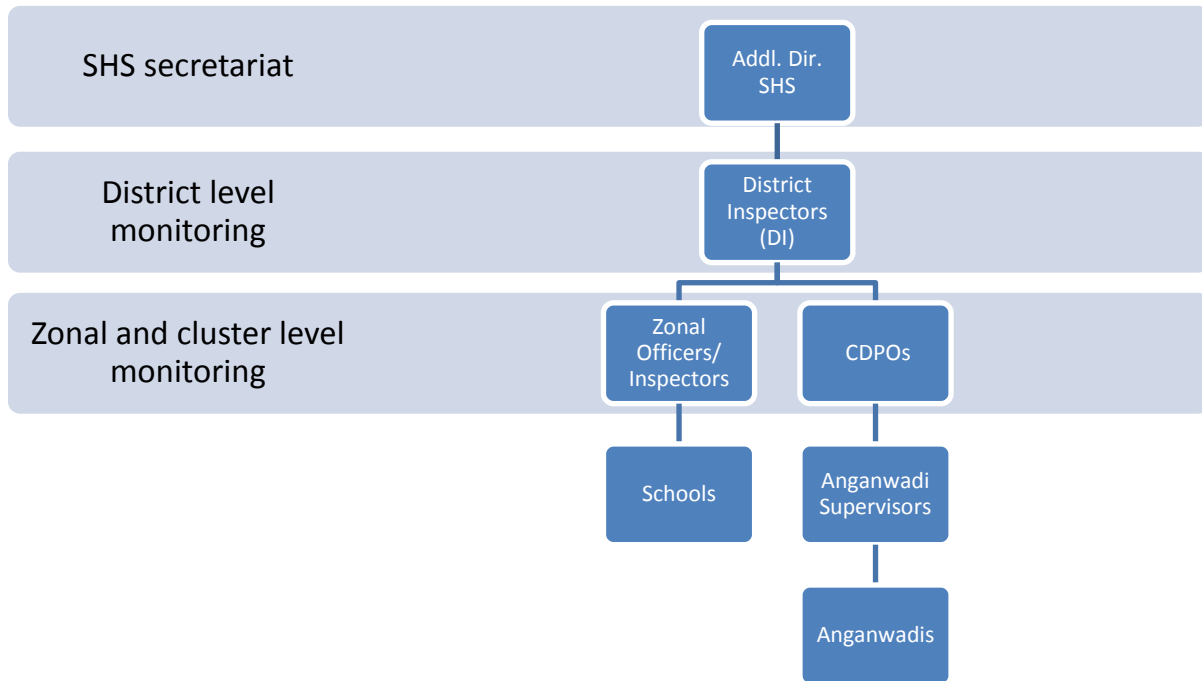
Programme Management

In order to enhance management of the programme, various systems and events were established. This included measures to ensure high quality monitoring of the programme, as well as sensitization and launch events to disseminate the programme's importance to key officials and the wider community.

Chief Minister Sheila Dikshit held a launch event at her residence to create wide publicity of the programme. The event successfully garnered extensive press coverage the following day, the day on which deworming was administered. The sensitization meeting was chaired by the Honourable Minister of Health Dr. A K Walia, in order to ensure full participation of all top DHFW officials.

The programme secretariat, established within the School Health Scheme (SHS), initiated an effective monitoring system to evaluate the deworming initiative and coordinate the joint efforts of all stakeholders. The system at the secretariat was as follows:

Figure 1.1 - The monitoring system for the deworming programme



At the SHS office, the secretariat led the day-to-day programme monitoring system where Dr. J P Kapoor, Additional Deputy Director for School Health, was the reporting authority. DtW staff worked jointly with the SHS secretariat. The SHS stationed the District In-charges (DIs) and coordinators from GHS from the School Health Programme at the district level to coordinate and monitor the programme in their respective districts. The Zonal Officers and MCD, NDMC and CDPO inspectors from the Integrated Child Development Scheme (ICDS) monitored the schools and anganwadi supervisors. They were required to report all issues and concerns to the DIs. This system was set up to monitor the supply of drugs, IEC training and any other logistical issues that emerged on the ground.

Deworming Day

Deworming day was held on 21 February 2012, followed by a mop-up day on 27 February 2012.

Overall, 3.6 million preschool and school-age children were targeted to be dewormed by the programme. The strategic importance of the Delhi deworming campaign was illustrated by the inauguration of the programme by Honorable Chief Minister Mrs. Sheila Dikshit.

Chief Minister Dikshit (pictured at right) launched the deworming programme by giving deworming tablets to 50 children gathered at her residence. She described this campaign as a monumental programme. Its success requires the assistance of a number of stakeholders, including various governmental departments, partners, the public at large and the media. She appealed to everyone to participate in this programme and make deworming day a grand success for the sake of the children.

On deworming day, a few schools were also visited by Honourable Members of Parliament such as Mr. Naveen Jindal and Ms. Agatha K. Sangma, Minister of State for Rural Development Government of India.



"Deworming is by far the best way to immediately improve the quality of life for our children... I would suggest that the dates and months should be institutionalised." – CM Delhi



Deworming Day visit with Ms. Agatha K. Sangma, former Minister of State for Rural Development



Deworming Day visit with the Honourable (MP) Mr. Naveen Jindal

MONITORING AND EVALUATION

The programme's monitoring and evaluation (M&E) efforts centred on ensuring that the programme operates smoothly, effectively, reaches the maximum number of children within the target population, and adheres to established best practices. The M&E system, following WHO guidelines, tracks processes, performance, and impact indicators to confirm that the programme delivers intended reach and results.

Process Monitoring

Process monitoring was conducted during each stage of deworming to ensure that all operational elements were properly functioning. Monitoring covered all major programme components, including the indicators detailed in the table below:

| Component | Indicators |
|--------------------------|--|
| Drugs | <ul style="list-style-type: none">- Drugs procured are of good quality, sufficient quantity, and arrive on time.- Storage in schools is safe and secure.- Drugs monitored to prevent expiry. |
| Awareness | <ul style="list-style-type: none">- Campaign components are carried out as planned. |
| Training | <ul style="list-style-type: none">- Sufficient trainings conducted to reach all schools.- At least one teacher and one anganwadi worker is trained from each school and anganwadi respectively.- Trained resource knowledge is adequate. |
| Materials | <ul style="list-style-type: none">- All schools and anganwadis have relevant materials (drugs, training, health education, awareness, M&E reporting) on time and of sufficient quantity. |
| Deworming implementation | <ul style="list-style-type: none">- All children (except those who are ill) receive treatment.- Medicine administered correctly (single dose, chewed, checked).- Health education delivered at each school and anganwadi. |
| M&E | <ul style="list-style-type: none">- Report forms correctly filled out during deworming implementation.- Report forms compiled and sent up data collection system to headquarters. |

Programme Reporting

Report forms from each institution³ were compiled by teachers and anganwadi workers and submitted to their superiors. Monitoring visits were conducted by senior government officials. Random site visits by independent auditors occurred at a subset of training sessions and participating institutions.

³ Institution, unless otherwise indicated, means both schools and anganwadis.

Coverage Validation

Performance monitoring was conducted to assess programme coverage (accurate number of children reached through deworming). Reaching greater than 75% of the at-risk school-age population is the WHO minimal coverage target. Indicators tracked for performance coverage included the number of institutions participating and the number of school-age children receiving treatment.

Coverage validation engaged independent auditors who conducted random site visits at a representative sample of schools and anganwadis to validate coverage statistics. This source of information was carefully compared with programme reports collated from each school and anganwadi to arrive at an accurate assessment of programme coverage.

FUNDING SUPPORT

The programme was funded primarily with government funds. Training, IEC and human resources were contributed by several government departments. DtW's technical support was enabled by funding from the Michael & Susan Dell Foundation and other donors.

In-kind support for the Round 1 of the Delhi programme included drugs donated by Feed the Children through the CGI commitment to school-based deworming, as well as free news bulletin scrolls on leading TV channels such as, DD News, NDTV, and CNN IBN.

LESSONS LEARNED

Round 1 of Delhi deworming presented the following key lessons:

- The programme was primarily led by the DHFW, with other critical stakeholders attending meetings at pivotal junctures. However, more frequent meetings with the full participation of all stakeholders and a greater financial contribution from collaborating departments would undoubtedly strengthen the programme. Thus, it is proposed that Round 2 of the deworming programme will concentrate on garnering more commitment and support from collaborating departments, especially the Department of Education due to its critical role in programme implementation.
- While there was widespread awareness among the institutions on the need for deworming and hygiene practices, in certain schools and anganwadis lenient adherence to proper methods of drug administration was reported. Specifically, some children swallowed the tablets rather than chewing them, and in some cases, the drug was administered to ailing children. The training cascade needs to be strengthened so that each person trained is fully knowledgeable of and implements the best practices of mass deworming administration.
- Community sensitisation in Round 1 relied on mass media (radio jingles, newspaper advertisements and running scrolls on TV channels). Although this strategy is partially effective, there is a critical need to explore further opportunities in including street theatre in slums and

other innovative media. Mass media may miss marginalised communities lacking access to mass media tools. Community engagement, through suitable group/community activities, enables programme advocacy, allays concerns about safety and the efficacy of drugs, and assists in managing any adverse events.

- The M&E framework was comprehensively supported by resources and individuals from DHFW. However, coverage validation faced the challenge of late identification and insufficient training of independent monitors. Round 2 must engage a strong and well-trained M&E team that is identified well in advance and better prepared for their roles and responsibilities.
- Results from the independent monitoring process have provided a scope for improving the programme at different stages. The most crucial is the need to strengthen the training cascade. In addition to last mile implementation issues, this includes training the trainees on time, properly distributing training kits, and more effectively explaining how to fill in data forms.
- Finally, data collection tools need to be simplified. Data results indicated confusion among anganwadi workers and teachers. Therefore, existing tools need to be simplified so they are correctly filled out at the anganwadi and school level.

WAY FORWARD

Building on the success and experience in reaching 2.65 million children during the first round of the programme, the Government of NCT Delhi has created a strong foundation for programme continuation. The aim of the programme is to improve the education, health, and productivity of millions of children in Delhi, and critical to this is sustaining the programme over the long term. Political support is an important component of programme sustainability, and the Delhi government has demonstrated their long-term commitment to deworming. At the launch event of Delhi deworming day, the Chief Minister Sheila Dikshit announced that mass deworming would be conducted as a regular ongoing component of her health agenda.

To establish a self-sustaining programme and create capacity within the government to maintain the programme over time, refinement of the capacity building strategy as well as stronger engagement and monitoring by partners is needed. The model can be optimized through the incorporation of lessons learned from each deworming round, to improve future rounds. This programme also had the important effect of influencing other states to take up deworming. MSDF has agreed to continue its funding of technical support for the Delhi programme for a second round, such that DtW can continue to work with the government to help institutionalise the programme. Other state governments, such as Rajasthan, have come forward with an interest to conduct mass deworming to improve the health, nutrition, and educational status of children after seeing the success in Delhi. This model, of collaborative planning and implementation across key departments, is a critical factor of success in the Delhi school-based deworming programme, and in other similar programmes globally. This initial round provided an important foundation upon which long-term Delhi government commitment was created, as well as a model for other states and an effective platform for school health interventions more broadly.

ANNEXURE 1 - REPORT OF PARASITE WORM LOAD SURVEY

To assess the burden of disease among children of Delhi, a worm prevalence study was carried out with 3251 children from 40 Delhi government schools (sample size 999), 40 MCD schools (sample size 1108) and 48 slums (sample size 1144) across Delhi. In the study, the average prevalence of soil-transmitted helminths was found to be 16.09%, with maximum of 83.6% in a particular slum. Study results showed that the average prevalence was significantly higher in MCD schools (18.86%) and slums (18.79%) compared to Delhi government schools (9.91%).

Results of Initial Analysis

The overall prevalence of STH in Delhi children recorded by this survey was 15.8% (95% CI 14.6% - 17.1%). There was no difference in prevalence between males and females. The highest prevalence recorded at any site was 83.3% at a slum, 83.3% at an MCD school and 64.7% at a government school. In all cases the lowest prevalence of STH recorded was 0.0%.

Table: Prevalence by Gender

| Gender | Number | Prevalence | | | | 95% CI Any STH | |
|--------|--------|------------|---------|-----------|---------|----------------|-------|
| | | Hookworm | Ascaris | Trichuris | Any STH | Lower | Upper |
| Female | 1401 | 1.1% | 11.0% | 5.4% | 14.8% | 12.9% | 16.6% |
| Male | 1823 | 1.5% | 12.1% | 5.7% | 16.6% | 14.9% | 18.3% |

The prevalence of Ascaris (roundworm) was highest, representing the large majority of infections detected while hookworm emerged as the lowest prevalence overall. Prevalence varied substantially by district with the highest prevalence being recorded in North East (31.0%) and Central district (30.1%) and the lowest in New Delhi (2.6%), followed by South West District (7.5%).

ANNEXURE 2 – DATA ANALYSIS RESULTS

The following table displays the estimates for number of children dewormed in each phase of the deworming programme. Phase 1 refers to 21 February 2012 (deworming day), Phase 2 to the interim period 22-26 February, and Phase 3 is 27 February (mop-up day).

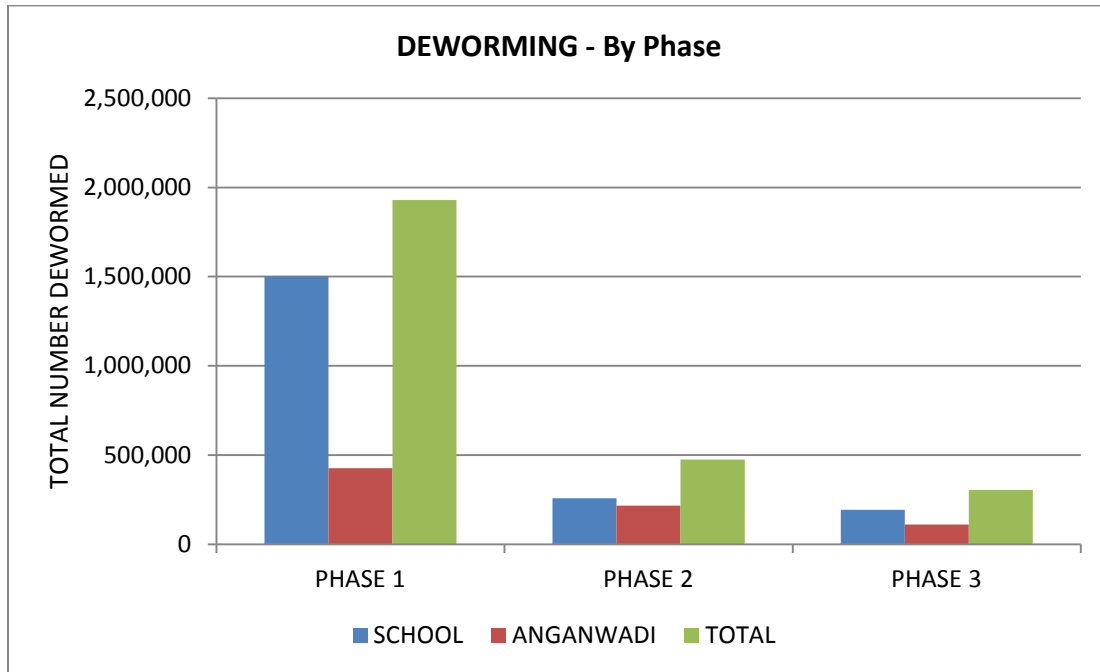
The programme targeted **3,032 schools and 9,934 anganwadis**. However, as of December 2012 data has not been submitted by 636 schools and 1,676 anganwadis. The analysis below is based on a dataset comprising **2,396 schools** with 1,883,942 children enrolled and **8,258 anganwadis** with 477,782 children enrolled. The total number of children dewormed, school-age, preschool-age, and teen girls, is 2,650,455.

| Population Dewormed at Schools in Delhi | | | | |
|---|------------------|----------------|----------------|------------------|
| | Phase 1 | Phase 2 | Phase 3 | Total |
| Total Boys | 726,076 | 130,424 | 106,264 | 962,764 |
| Registered Boys | 693,518 | 117,718 | 88,617 | 899,853 |
| Unregistered Boys | 15,622 | 5,914 | 8,086 | 29,622 |
| Adult Men | 16,936 | 6,792 | 9,561 | 33,289 |
| Total Girls | 775,039 | 128,005 | 88,347 | 991,391 |
| Registered Girls | 744,293 | 116,357 | 73,211 | 933,861 |
| Unregistered Girls | 18,900 | 6,218 | 5,735 | 30,853 |
| Adult Women | 11,846 | 5,430 | 9,401 | 26,677 |
| Total Dewormed | 1,501,115 | 258,429 | 194,611 | 1,954,155 |
| Total Registered | 1,437,811 | 234,075 | 161,828 | 1,833,714 |
| Total Unregistered | 34,522 | 12,132 | 13,821 | 60,475 |
| Total Adults | 28,782 | 12,222 | 18,962 | 59,966 |

| Anganwadi Children Dewormed in Delhi | | | | |
|--------------------------------------|----------------|----------------|----------------|----------------|
| | Phase 1 | Phase 2 | Phase 3 | Total |
| Total Boys | 196,489 | 95,686 | 47,621 | 339,796 |
| Registered Boys | 139,099 | 54,082 | 25,758 | 218,939 |
| Unregistered Boys | 57,390 | 41,604 | 21,863 | 120,857 |
| Total Girls | 231,435 | 121,457 | 63,578 | 416,470 |
| Registered Girls | 132,310 | 49,137 | 24,134 | 205,581 |
| Unregistered Girls | 52,144 | 38,705 | 20,771 | 111,620 |
| Teen Girls | 46,981 | 33,615 | 18,673 | 99,269 |
| Total Dewormed | 427,924 | 217,143 | 111,199 | 756,266 |
| Total Registered | 271,409 | 103,219 | 49,892 | 424,520 |
| Total Unregistered (inc. Teen Girls) | 156,515 | 113,924 | 61,307 | 331,746 |

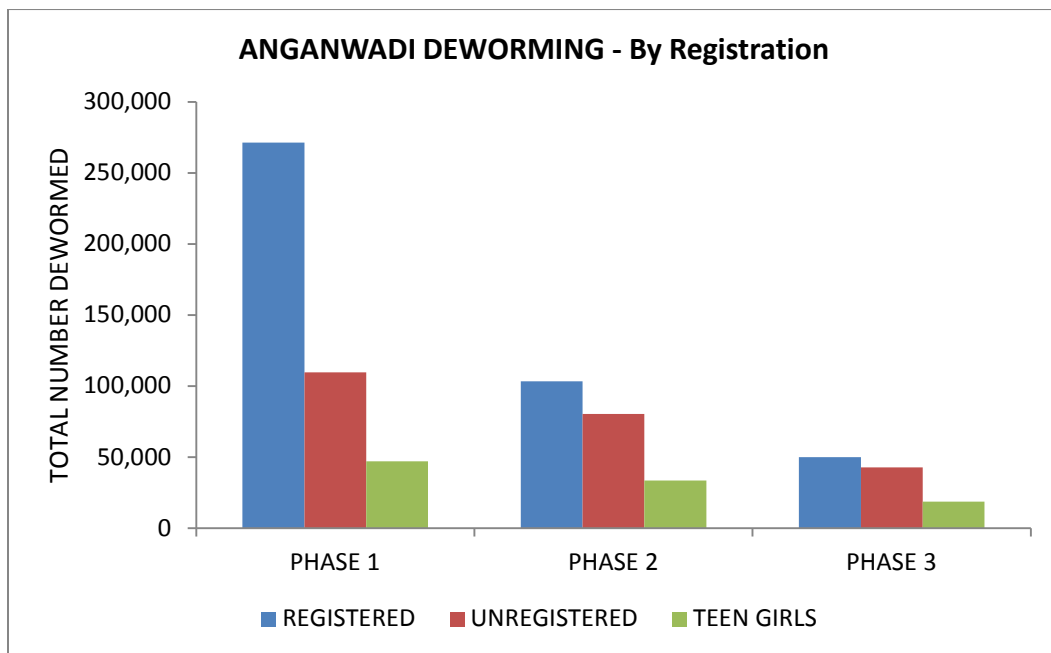
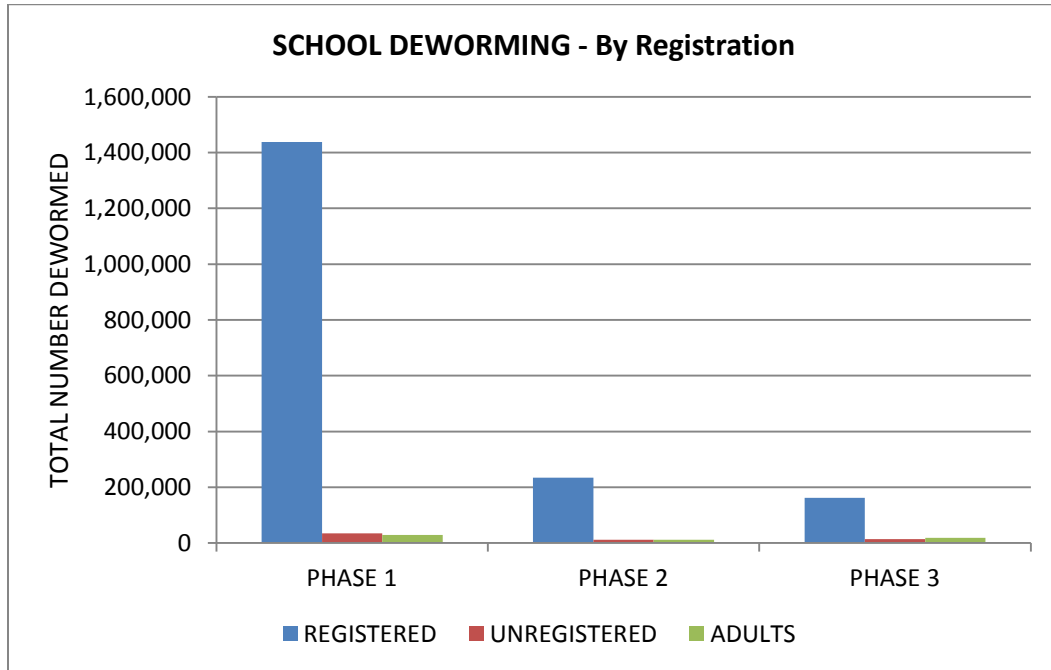
Deworming Intervention Details – By Phase

1,929,039 children were dewormed on deworming day (Phase 1) and **305,810** children were dewormed on mop-up day (Phase 3). **475,572** children were dewormed in between these two days (Phase 2). More children were dewormed on deworming day than Phase 2 and mop-up day combined.



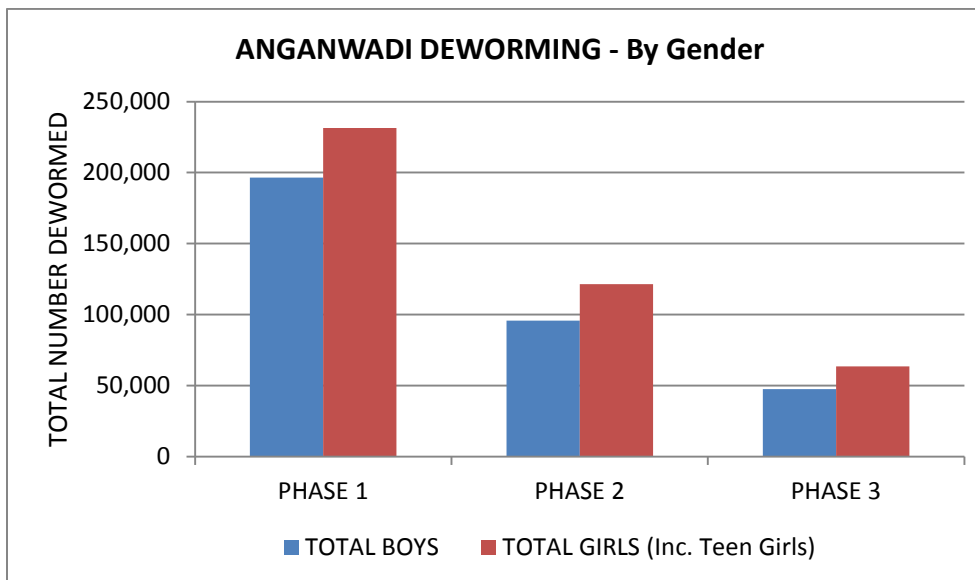
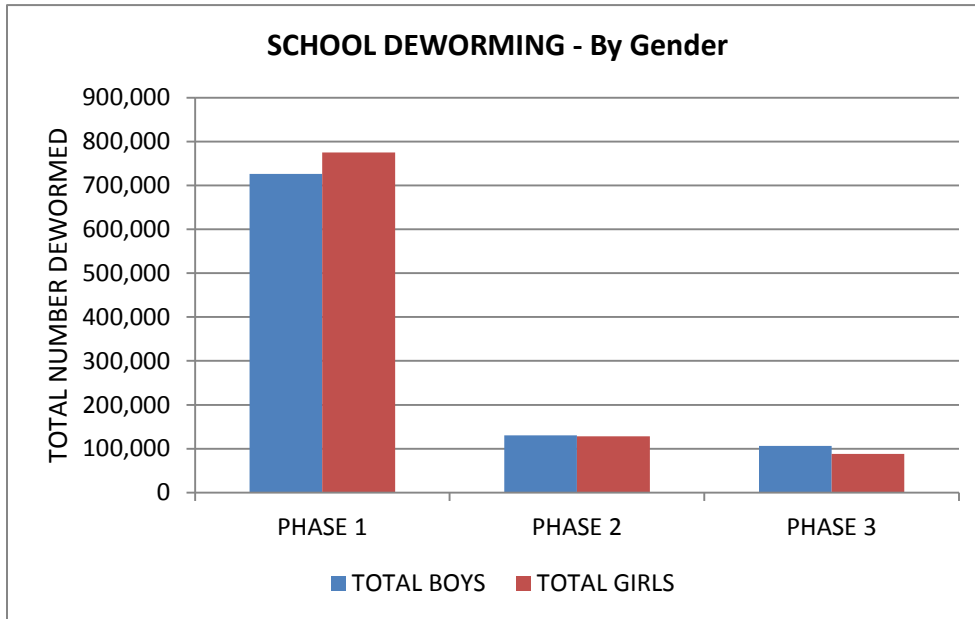
Deworming Intervention Details – By Registration Status

Out of the **2,710,421** people dewormed, **2,258,234** were registered children; **292,952** were unregistered children; and **159,235** comprised teenage girls and adults. The following graphs display the disaggregated figures for each category in each phase of the deworming programme. In each phase, the number of registered children dewormed surpasses the number of unregistered children dewormed. As expected, the number of unregistered children dewormed at schools is small, whereas the anganwadis cover a greater number of unregistered children.



Deworming Intervention Details – By Gender

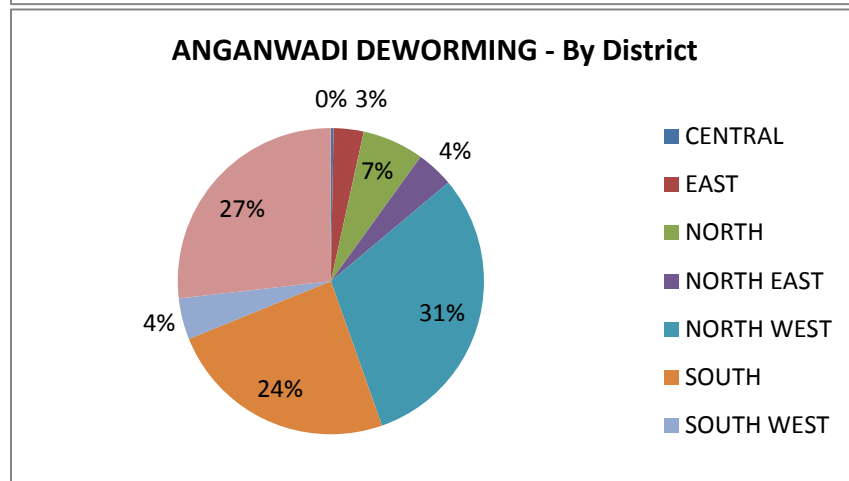
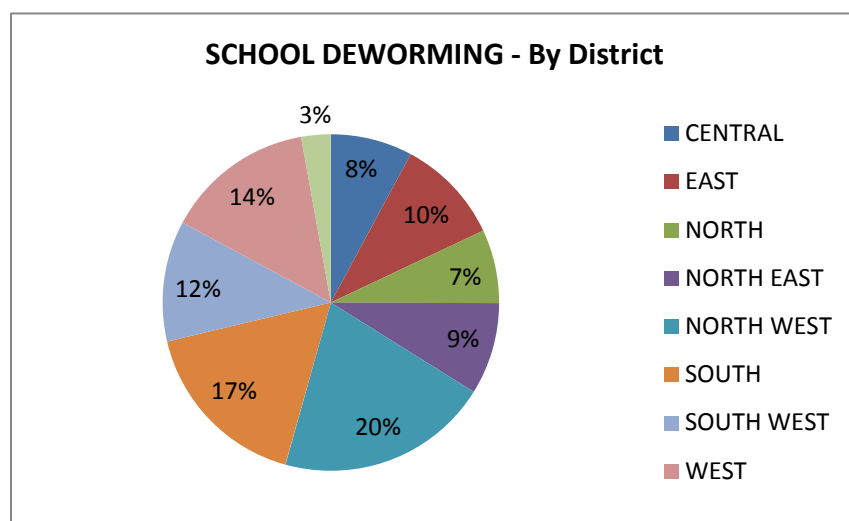
Out of the total dewormed, **1,302,560** were male, and **1,407,861** were female. The number of males dewormed comprises **33,289** adult males; **929,475** school boys; and **339,796** anganwadi boys. The number of females dewormed comprises **26,677** adult females; **964,714** school girls; and **416,470** anganwadi girls (which includes **99,269** teenage girls). Teenage girls are an important, vulnerable group covered under a scheme called SABLA, and were part of the target population. These teen girls were registered.



Deworming Intervention Details – By District

The deworming estimates by district are given below. There are 9 districts in Delhi. However, districts for certain anganwadis (31 anganwadis with 1,487 children) and schools (8 schools with 18,439 children) could not be identified and these have been discounted in the analysis.

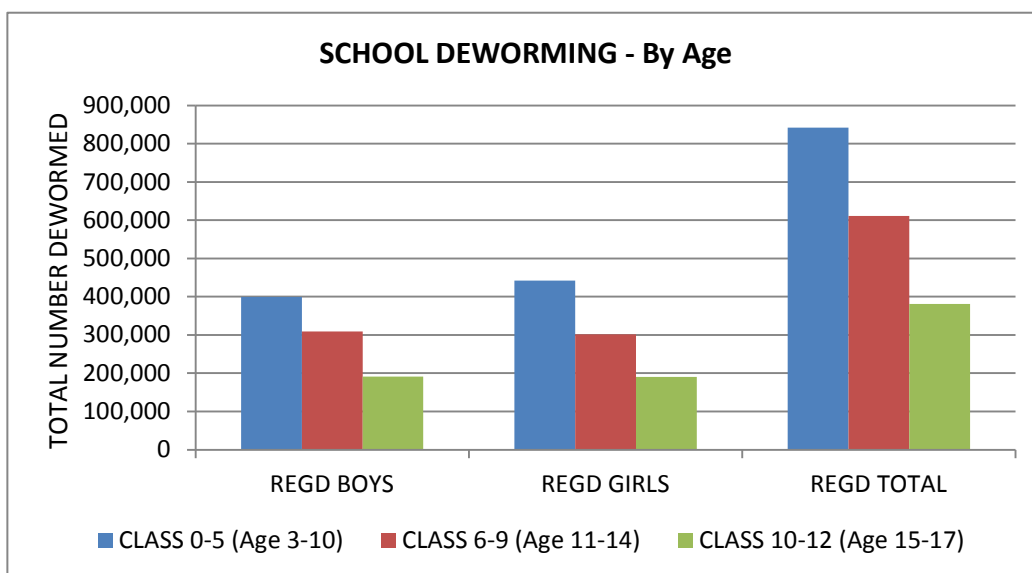
| DISTRICT | Total Number Dewormed | | |
|------------|-----------------------|---------|---------|
| | ANGANWADI | SCHOOL | TOTAL |
| CENTRAL | 2,144 | 152,343 | 154,487 |
| EAST | 24,001 | 195,635 | 219,636 |
| NORTH | 48,971 | 137,061 | 186,032 |
| NORTH EAST | 29,649 | 170,803 | 200,452 |
| NORTH WEST | 231,760 | 396,311 | 628,071 |
| SOUTH | 183,106 | 327,454 | 510,560 |
| SOUTH WEST | 32,922 | 224,242 | 257,164 |
| WEST | 202,226 | 276,889 | 479,115 |
| NEW DELHI | | 54,978 | 54,978 |



Deworming Intervention Details – By Age

In order to get a broad overview of the age profile of dewormed children, we can consider the class-wise distribution of registered school children.

| CLASS | REGISTERED BOYS | REGISTERED GIRLS | REGISTERED TOTAL |
|--------------------------------|-----------------|------------------|------------------|
| CLASS 0-5 (Age 3-10) | 399,644 | 442,260 | 841,904 |
| CLASS 6-9 (Age 11-14) | 309,287 | 301,612 | 610,899 |
| CLASS 10-12 (Age 15-17) | 190,922 | 189,989 | 380,911 |



ANNEXURE 3 – MONITORING DATA ANALYSIS

The analysis is based on monitoring of the deworming process in a sub-sample of schools and anganwadis on deworming day, mop-up day, and the two days allocated for coverage validation. Feedback received during the training process for teachers and anganwadi workers was also analyzed.

Deworming Day Monitoring Data

This data analysis is based on 45 schools and 15 anganwadis. However, not all institutions responded to the entire monitoring questionnaire. This is especially true in case of anganwadis. All percentages are based on reporting schools and anganwadis for that particular question. The responses to certain questions should be viewed with the caveat that the sample size of reporting institutions is very small; all figures below are for reporting institutions only.

Institution Details:

- The reporting schools comprised 19 government schools and 26 MCD Schools.
- The average enrollment is 1781 in schools and 69 in anganwadis.
- The average attendance is 853 in schools and 26 in anganwadis.

Initial Perceptions:

- The deworming day banner was clearly displayed in 55% of schools and 50% of anganwadis.
- Deworming activity clearly appeared to be taking place in 74% of schools and 86% anganwadis.
- Monitors reported that the deworming activity appeared to be taking place in an orderly manner in 88% of schools and 100% of anganwadis.

Deworming Operations:

- 86% of schools and 80% of anganwadis were willing to show the monitor the summary form. 84% of school teachers and 93% of anganwadi workers claimed they understood how to fill the summary form.
- 43 schools and all 15 anganwadis were aware of the date of Delhi Deworming Day whereas 1 school reported they were not aware.
- Teachers in 98% of schools and anganwadi workers in 87% of anganwadis reported receiving official training for deworming day. 95% of class teachers also reported training other teachers in their respective schools.
- All school teachers and anganwadis workers displayed awareness of intestinal worms, sources of infection, means of prevention, etc.
- 4% of school teachers reported receiving information about drug delivery from other teachers, 71% from SLS and 25% from other schools. All anganwadi workers reported receiving information about drug delivery from their anganwadi supervisors.
- All schools and anganwadis reported receiving mebendazole tablets.
- 61% of schools and 60% of anganwadis had the number of tablets received recorded on the summary form.
- 80% of schools and all anganwadis reported receiving sufficient mebendazole tablets.

- All schools and anganwadis reported that the tablet pouches received were correct and marked with an expiry date.
- The drug storage location in schools met the criteria of being cool (in 70% of cases), dry (65%), secure (63%), tidy (44%), and restricted access (49%). In anganwadis, the drug storage was found to be cool (in 60% of cases), dry (33%), secure (40%), tidy (13%), and restricted access (20%).
- 84% of schools and 83% of anganwadis received health education before commencement of deworming.
- Children in 97% of schools and 100% of anganwadis took their mid-day meal before being administered the tablet.
- Teachers in 97% of schools and workers in 90% of anganwadis cleaned their hands before being administered the tablet.
- Children in 90% of schools and 100% of anganwadis swallowed the tablet in front of the teacher/anganwadis worker.
- Teachers in 91% of schools and workers in 83% of anganwadis administered the tablet themselves. In other cases, the children distributed the tablets and a few schoolchildren took them home.
- Teachers in 91% of schools and workers in 100% of anganwadis ticked each child's name in the register as they received the tablet.
- Sick children in 21% of schools were observed taking the tablet.
- In 6% of schools, children were observed taking more than one tablet.
- Adverse reactions to taking the tablet (such as vomiting) were observed in 10% of schools and 9% of anganwadis.

Child Interview Results at Schools:

- 98% of randomly selected children reported being dewormed.
- The average age was 11.9 years.
- 90% of randomly selected children reported walking to school, while others cycled or took the bus.
- 60% reported finding out about the deworming activity before deworming day, 33% on the day itself.
- 81% found out about the deworming activity from their school teachers, 14% from friends or relations, and the rest from television.
- 73% reported that their parents were aware of deworming activities.
- Nearly all selected children reported feeling fine on that morning.
- 42 randomly selected children reported that they received a tablet on deworming day.
- Nearly all selected children were aware that the tablet was for deworming.
- 41 children reported eating the tablet given to them while 1 child reported hiding it in her bag as her parents had told her not to eat it.

Mop-Up Day Monitoring Data

This data was collected from 49 schools and 14 anganwadis. As in the case of deworming day monitoring data, not all institutions responded to the entire monitoring questionnaire; all figures below are for reporting institutions only.

Institution Details:

- The reporting schools comprised 17 government schools and 23 MCD schools.
- The average enrollment is 686 in the schools and 71 in anganwadis.
- The average attendance is 429 in the schools and 54 in anganwadis.

Initial Perceptions:

- The deworming day banner was clearly displayed in 62% of schools and 30% of anganwadis.
- Deworming activity clearly appeared to be taking place in 58% of schools and 38% of anganwadis.
- Monitors reported that the deworming activity appeared to be taking place in an orderly manner in 86% of schools and 100% of anganwadis.

Mop-Up Operations:

- 79% of schools and 82% of anganwadis were willing to show the monitor the summary form. 92% of school teachers and 77% of anganwadi workers claimed they understood how to fill the summary form.
- 36 schools and 10 anganwadis were aware of the date of Delhi Deworming Day whereas 1 school and 3 anganwadis reported they were not.
- Teachers in 95% of schools and anganwadi workers in 77% of anganwadis reported receiving official training for deworming day. 95% of school teachers also reported training other teachers in their respective schools.
- All school teachers and anganwadi workers displayed awareness of intestinal worms, sources of infection, means of prevention, etc.
- 19% of school teachers reported receiving information about drug delivery from other teachers, 62% from SLS and 19% from other sources. 89% of anganwadi workers reported receiving information about drug delivery from anganwadi supervisors and 11% from other anganwadi workers.
- 28% of schools and 17% of anganwadis reported receiving drugs/IEC material after deworming day but before mop-up day.
- 63% of schools and 80% of anganwadis had the number of tablets received recorded on the summary form.
- 97% of schools and 85% of anganwadis reported receiving sufficient mebendazole tablets.
- 84% of schools and 85% of anganwadis reported that the tablet pouches received were correct and marked with an expiry date.
- 79% of schools and 100% of anganwadis received health education before commencement of deworming.
- 11% of schools and 40% of anganwadis had attendance registers with more than two ticks against a child's name.

- Children in 89% of schools and 75% of anganwadis took their mid-day meal before being administered the tablet.
- Teachers in 88% of schools and workers in 100% of anganwadis cleaned their hands before being administered the tablet.
- Children in 88% of schools and 100% of anganwadis swallowed the tablet in front of the teacher/anganwadi worker.
- Teachers in 84% of schools and workers in 100% of anganwadis administered the tablet themselves.
- Teachers in 67% of schools and workers in 20% of anganwadis double-ticked each child's name in the register as they received the tablet.
- Sick children in 20% of anganwadis were observed taking the tablet.
- In 6% of schools and 20% of anganwadis, children were observed taking more than one tablet.
- No adverse reactions to taking the tablet were observed in any schools or anganwadis.

Child Interview Results at Schools:

- 86% of randomly selected children had been dewormed.
- 90% reported being present in school on deworming day.
- The average age was 11.4 years.
- 89% of randomly selected children reported walking to school, while others walked as well as took the bus.
- 66% reported finding out about the deworming activity before deworming day, 23% on the day itself.
- 93% found out about the deworming activity from their school teachers, while others received this information from the banners.
- Nearly all selected children reported feeling fine on that morning.
- 11 out of 34 randomly selected children received a tablet on mop-up day.
- 28 out of 32 randomly selected children received a tablet on deworming day.
- Nearly all selected children were aware that the tablet was for deworming.
- All 35 children reported eating the tablet given to them.

Coverage Validation Data

This data was collected from 80 schools and 87 anganwadis. But as with the deworming and mop-up day monitoring data, not all questions received responses. The reporting schools comprised 38 government schools and 33 MCD schools. 84% of schools and 74% of anganwadis were willing to show the monitor the summary form. 90% of school summary forms were complete.

Three random children were selected from randomly selected classes in each school.

| | | | |
|--------------------------------------|---------------------------|---------------------------|---------------------------|
| Class strength (Attendance Register) | Total=8655 (Avg=137.4) | Total=8112 (Avg=133) | Total=7669 (Avg=123.7) |
| Class strength (Summary Form) | Total=7570 (Avg=142.8) | Total=8748 (Avg=165.1) | Total=7067 (Avg=135.9) |

| | | | |
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| Number dewormed (Attendance Register) | Total=7033 (Avg=125.6) | Total=6937 (Avg=126.1) | Total=6433 (Avg=117) |
| Number dewormed (Summary Form) | Total=7070 (Avg=128.5) | Total=7148 (Avg=130) | Total=6691 (Avg=123.9) |
| Does the number in the Summary Form tally with the number of tick marks? | Yes=46; Summary Form No. Higher=2; Summary Form No. Lower=1; No Tick Marks=3; Other=6 | Yes=47; Summary Form No. Higher=1; Summary Form No. Lower=0; No Tick Marks=3; Other=6 | Yes=48; Summary Form No. Higher=0; Summary Form No. Lower=1; No Tick Marks=2; Other=7 |
| Has child been dewormed? | Yes=36; No Tick Marks=4 | Yes=35; No=2; No Tick Marks=2 | Yes=37; No Tick Marks=2 |
| Is the child present on any of the following days- Feb 21st, 22nd, 23rd, 24th, 25th or 27th? | Yes=31 | Yes=29 | Yes=28 |
| How does the child come to school? | Walk=35; Bus=1; Cycle=1; Other=1 | Walk=32; Bus=1; Cycle=1; Rickshaw=1; Other=1 | Walk=31; Bus=1; Cycle=1; Rickshaw=1; Other=1 |
| Child's favourite subject? | Eng=13; Drawing=1; Hindi=19; Math=4; Science=2 | Eng=14; Hindi=18; Math=3; Other=2 | Eng=15; Math=3; Hindi=18 |
| Does the child watch TV? | Yes=36; No Response=1 | Yes=33; No=3 | Yes=34; No=1 |
| Child's favourite TV programmes? | Cartoons=14; TV Serials=13; Films=3; Music=1; News=3; | Cartoons=16; TV Serials=12; Films=2; News=3; Other=1 | Cartoons=22; TV Serials=12; Films=1; News=3 |
| Was the child recently given a tablet in school? | Yes=37; Other=1 | Yes=36 | Yes=35 |
| Did the child know what the tablet was for? | Deworming=36; Don't know=1 | Deworming=35; Don't know=1 | Deworming=33; Don't know=2 |
| What did the child do with the tablet? | Ate It=37 | Ate It=35; Did not take from teacher=1 | Ate It=35 |
| Tablet's colour? | White=35; Other Colour=1; Don't know=1 | White=34; Other Colour=1 | White=29; Other Colour=3; No Response=1; Don't know=2 |
| Tablet's taste? | Minty/Cool=3; Sweet=27; Bitter=4; Salty=1; Sweet/Bitter=1; Don't know=1 | Minty/Cool=5; Sweet=24; Bitter=5; Sweet/Bitter=1 | Minty/Cool=1; Sweet=21; Salty=1; Bitter=8; Sweet/Bitter=2; Other Flavour=1; Don't know=1 |
| Who gave the child the tablet? | Class Teacher=37 | Class Teacher=34; | Class Teacher=34; Some Adult=1 |

| | | | |
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| | | Don't know=1 | |
|--|--|--------------|--|

Three children were randomly selected and surveyed in each anganwadi.

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|--|--|---|---|
| Has child been dewormed? | Yes=63; No Tick Marks=7; Other=2 | Yes=62; No Tick Marks=6; Other=1 | Yes=58; No Tick Marks=7; Other=2 |
| Is the child present on any of the following days- Feb 21st, 22nd, 23rd, 24th, 25th or 27th? | Yes=45 | Yes=44; No=1 | Yes=43; No=2 |
| How often does the child come to the anganwadi? | Everyday=44; Sometimes=14; Only For Special Events=5; Never=2 | Everyday=53; Sometimes=10; Only For Special Events=4 | Everyday=49; Sometimes=12; Only For Special Events=1; Never=1; |
| Special occasions for visiting anganwadi? | Festivals=14; Medical Camps=10; Meetings=9; Other=2; No Response=1; Don't know=6 | Festivals=13; Medical Camps=11; Meetings=11; No Response=1; Don't know=5; Other=2 | Festivals=14; Medical Camps=12; Meetings=8; Other=2; Don't know=9 |
| Does the child eat the food provided at the anganwadi? | Yes, All=47; Yes, Sometimes=16; No=3 | Yes, All=49; Yes, Sometimes=18; No=1 | Yes, All=42; Yes, Sometimes=18; No=3 |
| Does the child like the food? | Yes, All Dishes=45; Yes, Some Dishes=16; No=1 | Yes, All Dishes=41; Yes, Some Dishes=26 | Yes, All Dishes=41; Yes, Some Dishes=18; No Response=1 |
| Was the child recently given a tablet in anganwadi? | Yes=66; No=1 | Yes=65; No=3 | Yes=61; No=1; Other=1 |
| Did the child know what the tablet was for? | Deworming=65; Other=1 | Deworming=65; Don't know=1 | Deworming=60; Other=1 |
| Who gave the child the tablet? | AWW=66; Other Adult=2 | AWW=65; Other Helper=1 | AWW=58; Other Adult=3 |
| What did the child do with the tablet? | Ate It=66 | Ate It=66 | Ate It=61 |

Data Analysis of Teacher Training Module

This is based on a sample of 21 responses.

- Average training schedule duration was 2.9 hours.
- The average headcount was 52 at the start of the training session and 62 at the session end.
- Tea was provided in 58% and snacks in 52% of cases. The quality of tea and snacks was rated as good by most and acceptable by a few.
- 75% had ice-breaking exercises before the content sessions.
- The trainer arrived on time in all cases.
- The trainer had the necessary training kits in 74% of cases and did not distribute any kits in the rest.
- 90% reported that the training venue was quiet enough to hear the trainer.
- All teachers and anganwadi workers reported that the trainer gave information in a clear way.
- All teachers and anganwadi workers displayed awareness of all facets – their crucial role in deworming; presence of worm burden in school-age and preschool-age children; the adverse impact of infection on child's attendance and concentration; safety of deworming tablets; requirement to take tablet after meal; administration and supervision of tablets by themselves to children in classroom/anganwadi; possibility of side effects.
- 95% were shown by the trainer how to complete the summary form and also practiced filling it themselves.
- 90% practiced deworming exercises in the training session.
- 82% of teachers and anganwadi workers were given a quiz by the trainer to test their knowledge.
- In 65% of cases, the trainer allowed questions to be asked after each session; in 29% cases, at the end; and in 6% of cases, no questions were asked.
- 42% of training sessions had more than 15 questions, 16% had 11-15 questions, 10% had 6- 10 questions, and 32% had 1- 5 questions.
- Teachers and anganwadi workers reported that the trainer was able to answer all or most of their questions acceptably.

ANNEXURE 4 – SAMPLE REPORTING FORMATS

1. School Summary Form

फॉर्म एस : स्कूल सारांश

दिल्ली में व्यापक कृमि नियंत्रण कार्यक्रम

- ये फॉर्म प्रधानाचार्य द्वारा पूरा किया जाए और 27 फरवरी को जोनल कार्यालय (दिल्ली सरकार और नई दिल्ली नगर पालिका स्कूल)/ स्कूल इंस्पेक्टर (दिल्ली नगर निगम स्कूल) के पास जमा किया जाए ।
- प्रधानाचार्य भरे गए फॉर्म की एक फोटो कॉपी अपने पास रखें
- जोनल अधिकारी (दिल्ली सरकार और नई दिल्ली नगर पालिका स्कूल)/ स्कूल इंस्पेक्टर (दिल्ली नगर निगम स्कूल) 28 फरवरी को ये फॉर्म जिला अधिकारी (दिल्ली सरकार और नई दिल्ली नगर पालिका स्कूल) / डीडीई (दिल्ली नगर निगम स्कूल) के पास जमा करें
- प्रधानाचार्य कृपया बची हुई गोलियां, खाली पैकेट / डिब्बे और भरे गए फॉर्म की फोटो कॉपी स्कूल में रखें
- स्कूल रेफरेंस नं. : दिल्ली नगर निगम/नई दिल्ली नगर निगम स्कूल के स्कूल इंस्पेक्टर /जोनल अधिकारी प्रधानाचार्य के प्रशिक्षण सत्र में इस फार्म पर स्कूल रेफरेंस नं भर कर प्रधानाचार्य को दें। स्कूल रेफरेंस नं. टीएल फॉर्म से देख कर भरें। दिल्ली सरकार स्कूल रेफरेंस नं में स्कूल आईडी भरें ।

स्कूल रेफरेंस नं. :

| | | |
|--|-----|---------------------|
| स्कूल का नाम और पता | | |
| जिला | जोन | वर्ड |
| स्कूल का प्रकार (दिल्ली सरकार / दिल्ली नगर निगम / नई दिल्ली नगर पालिका/दिल्ली कैंटोन्मेंट बोर्ड) | | प्रधानाचार्य का नाम |
| प्रधानाचार्य के हस्ताक्षर | | फोन नंबर (मोबाइल) |

| पंजीकृत बच्चे | | | | | | | | | |
|---------------|------------------------------------|--|-------|--|-------|---|-------|--|-----|
| कक्षा | स्कूल में पंजीकृत बच्चों की संख्या | 21 फरवरी (कृमि नियंत्रण दिवस) को मेबेंडेजॉल गोलियां लेने वाले पंजीकृत बच्चों की संख्या | | 22-26 फरवरी को मेबेंडेजॉल गोलियां लेने वाले पंजीकृत बच्चों की संख्या | | 27 फरवरी (मॉप अप दिवस) को मेबेंडेजॉल गोलियां लेने वाले पंजीकृत बच्चों की संख्या | | प्रधानाचार्य को अध्यापक द्वारा दी गई बची हुई गोलियों की संख्या | कोई |
| | | लड़का | लड़की | लड़का | लड़की | लड़का | लड़की | | |
| नर्सरी | | | | | | | | | |
| कक्षा 1 | | | | | | | | | |
| कक्षा 2 | | | | | | | | | |
| कक्षा 3 | | | | | | | | | |
| कक्षा 4 | | | | | | | | | |
| कक्षा 5 | | | | | | | | | |
| कक्षा 6 | | | | | | | | | |
| कक्षा 7 | | | | | | | | | |
| कक्षा 8 | | | | | | | | | |
| कक्षा 9 | | | | | | | | | |
| कक्षा 10 | | | | | | | | | |
| कक्षा 11 | | | | | | | | | |
| कक्षा 12 | | | | | | | | | |
| कुल | | | | | | | | | |

फॉर्म एस : स्कूल सारांश

| गैर पंजीकृत बच्चे | | | | | | |
|--|-------|--|-------|---|-------|--|
| 21 फरवरी (कृमि नियंत्रण दिवस) को मेम्बेंडेजॉल गोलियां लेने वाले गैर पंजीकृत बच्चों की संख्या | | 22-26 फरवरी को मेम्बेंडेजॉल गोलियां लेने वाले गैर पंजीकृत बच्चों की संख्या | | 27 फरवरी (मॉप अप दिवस) को मेम्बेंडेजॉल गोलियां लेने वाले गैर पंजीकृत बच्चों की संख्या | | प्रधानाचार्य को अध्यापक द्वारा दी गई बची हुई गोलियों की संख्या |
| लड़का | लड़की | लड़का | लड़की | लड़का | लड़की | |

| वयस्क व्यक्ति | | | | | | |
|---|-------|---|-------|--|-------|--|
| 21 फरवरी (कृमि नियंत्रण दिवस) को मेम्बेंडेजॉल गोलियां लेने वाले वयस्कों की संख्या | | 22-26 फरवरी को मेम्बेंडेजॉल गोलियां लेने वाले वयस्कों की संख्या | | 27 फरवरी (मॉप अप दिवस) को मेम्बेंडेजॉल गोलियां लेने वाले वयस्कों की संख्या | | प्रधानाचार्य को अध्यापक द्वारा दी गई बची हुई गोलियों की संख्या |
| लड़का | लड़की | लड़का | लड़की | लड़का | लड़की | |

| सारांश | | | |
|---|-------------------|---------------------|---------------------|
| क. स्कूल में प्राप्त मेम्बेंडेजॉल गोलियों की कुल संख्या | | _ _ _ _ _ | |
| ख स्कूल में पंजीकृत बच्चों की कुल संख्या | कुल _ _ _ _ _ | लड़का _ _ _ _ _ | लड़की _ _ _ _ _ |
| ग. पंजीकृत बच्चों की कुल संख्या जिन्हें 21 फरवरी – 27 फरवरी को मेम्बेंडेजॉल की गोलियां दी गईं | कुल _ _ _ _ _ | लड़का _ _ _ _ _ | लड़की _ _ _ _ _ |
| घ. गैर पंजीकृत बच्चों की कुल संख्या जिन्हें 21 फरवरी – 27 फरवरी को मेम्बेंडेजॉल की गोलियां दी गईं | कुल _ _ _ _ _ | लड़का _ _ _ _ _ | लड़की _ _ _ _ _ |
| ङ वयस्कों की कुल संख्या जिन्हें 21 फरवरी – 27 फरवरी को मेम्बेंडेजॉल की गोलियां दी गईं | कुल _ _ _ _ _ | लड़का _ _ _ _ _ | लड़की _ _ _ _ _ |
| च. कुल खराब होने वाले मेम्बेंडेजॉल की गोलियों की संख्या | _ _ _ _ _ | | |
| छ. कृमि नियंत्रण के दौरान (21 फरवरी – 27 फरवरी) इस्तेमाल की गई मेम्बेंडेजॉल गोलियों की कुल संख्या (दी गईं और खराब हो गईं) | _ _ _ _ _ | | |
| ज. बची हुई मेम्बेंडेजॉल गोलियों की कुल संख्या | _ _ _ _ _ | | |

प्रधानाचार्य के हस्ताक्षर : _____

2. Anganwadi Summary Form

फॉर्म ए : आंगनवाड़ी सारांश

दिल्ली में व्यापक कृमि नियंत्रण कार्यक्रम

- यह फॉर्म आंगनवाड़ी कार्यकर्ता द्वारा पूरा किया जाए और 27 फरवरी को आंगनवाड़ी सुपरवाइजर के पास जमा किया जाए।
- आंगनवाड़ी कार्यकर्ता **पूरे गए फॉर्म की एक प्रोटी कोपी अपने पास रखें**
- आंगनवाड़ी सुपरवाइजर इस फॉर्म को 28 फरवरी को सीडीपीओ के पास जमा कराए।
- आंगनवाड़ी कार्यकर्ता **बची हुई गोलियां और खाती पैकेट / डिब्बे अपने पास रखें**
- आंगनवाड़ी रेफरेंस नं. : आंगनवाड़ी सुपरवाइजर आंगनवाड़ी कार्यकर्ता के प्रसिद्धन सत्र में इस फॉर्म पर आंगनवाड़ी रेफरेंस नं. भर कर आंगनवाड़ी कार्यकर्ता को दें।
- आंगनवाड़ी रेफरेंस नं. टीएल फॉर्म से देख कर भरें

आंगनवाड़ी रेफरेंस नं.

| | |
|---|-----------------------------------|
| आंगनवाड़ी केंद्र का पता | जिला |
| परियोजना | आंगनवाड़ी कार्यकर्ता का नाम |
| आंगनवाड़ी कार्यकर्ता का फोन नंबर (मोबाइल) | आंगनवाड़ी कार्यकर्ता के हस्ताक्षर |

| पंजीकृत बच्चे | | | | | | | |
|--|---------|--|---------|---|---------|--|---------|
| आंगनवाड़ी में पंजीकृत बच्चों की संख्या (2 से 6 वर्ष) | | 21 फरवरी (कृमि नियंत्रण दिवस) को मेम्बेडेजॉल गोलियां लेने वाले 2 से 6 वर्ष के आंगनवाड़ी बच्चों की संख्या | | 22-26 फरवरी को मेम्बेडेजॉल गोलियां लेने वाले आंगनवाड़ी बच्चों की संख्या | | 27 फरवरी (पीप अप दिवस) को मेम्बेडेजॉल गोलियां लेने वाले आंगनवाड़ी बच्चों की संख्या | |
| (लड़का) | (लड़की) | (लड़का) | (लड़की) | (लड़का) | (लड़की) | (लड़का) | (लड़की) |
| | | | | | | | |
| कुल | | | | | | | |

| गैर पंजीकृत बच्चे | | | | | |
|--|---------|--|---------|---|---------|
| 21 फरवरी (कृमि नियंत्रण दिवस) को मेम्बेडेजॉल गोलियां लेने वाले 2 से 6 वर्ष के गैर पंजीकृत बच्चों की संख्या | | 22-26 फरवरी को मेम्बेडेजॉल गोलियां लेने वाले 2 से 6 वर्ष के गैर पंजीकृत बच्चों की संख्या | | 27 फरवरी (पीप अप दिवस) को मेम्बेडेजॉल गोलियां लेने वाले 2 से 6 वर्ष के गैर पंजीकृत बच्चों की संख्या | |
| (लड़का) | (लड़की) | (लड़का) | (लड़की) | (लड़का) | (लड़की) |
| | | | | | |
| कुल | | कुल | | कुल | |

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फॉर्म ए : आंगनवाड़ी सारांश

| सबला के तहत किशोरी लड़कियां | | |
|--|--|---|
| 21 फरवरी (कृमि नियंत्रण दिवस) को मेम्बेडेजॉल गोलियां लेने वाली किशोरी लड़कियों की संख्या | 22-26 फरवरी को मेम्बेडेजॉल गोलियां लेने वाली किशोरी लड़कियों की संख्या | 27 फरवरी (पीप अप दिवस) को मेम्बेडेजॉल गोलियां लेने वाली किशोरी लड़कियों की संख्या |
| | | |
| कुल | कुल | कुल |

| सारांश (21 फरवरी – 27 फरवरी) | | | |
|--|-----|-------|-------|
| क. आंगनवाड़ी में प्राप्त मेम्बेडेजॉल गोलियों की कुल संख्या | | | |
| ख. आंगनवाड़ी में पंजीकृत बच्चों (2 से 6 वर्ष) की कुल संख्या | कुल | लड़का | लड़की |
| ग. आंगनवाड़ी में पंजीकृत बच्चों की कुल संख्या जिन्हें मेम्बेडेजॉल की गोलियां दी गईं | कुल | लड़का | लड़की |
| घ. आंगनवाड़ी में गैर पंजीकृत बच्चों की कुल संख्या जिन्हें मेम्बेडेजॉल की गोलियां दी गईं | कुल | लड़का | लड़की |
| ङ. आंगनवाड़ी में सबला के तहत किशोरी लड़कियों की कुल संख्या जिन्हें मेम्बेडेजॉल की गोलियां दी गईं | | | |
| च. कुल खराब होने वाले मेम्बेडेजॉल की गोलियों की संख्या : | | | |
| छ. कृमि नियंत्रण के दौरान (21 फरवरी – 27 फरवरी) में इस्तेमाल की गई मेम्बेडेजॉल गोलियों की कुल संख्या (दी गईं और खराब हो गईं) | | | |
| ज. बची हुई मेम्बेडेजॉल गोलियों की कुल संख्या | | | |

आंगनवाड़ी कार्यकर्ता के हस्ताक्षर :

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3. Anganwadi Deworming Day Monitoring Form

Form MO-1 AWC/D

DELHI MASS DEWORMING PROGRAM

Monitoring Form 1 – Deworming Day for Anganwadis

To be completed by Independent Monitor and submitted to M&E Coordinator, Dr. Praveen (9654100311)

| Survey and Monitor details (Please write in capital letters) | |
|--|---|
| 0.1 Name of Monitor: | |
| 0.2 Contact Number: | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| 0.3 Date of Monitoring : | <input type="text"/> D <input type="text"/> D <input type="text"/> M <input type="text"/> M <input type="text"/> Y <input type="text"/> Y |
| 0.4 Time of Monitoring Visit | <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> AM/PM |
| 0.5 Signature | |

| Initial Perception (Refer to your initial observation as you enter the Anganwadi for answers to questions 1.1 to 1.3) | |
|--|--|
| 1.1 Is the Deworming Day banner clearly Visible? | 1. Yes 2. Partly 3. No |
| 1.2 Does deworming activity obviously appear to be taking place inside Anganwadi today? | 1. Yes 2. No →2.1 98. Other, specify |
| 1.3 Does deworming activity appear to be taking place in an orderly manner? (one by one child role wise or sitting arrangement wise) | 1. Yes 2. No 98. Other, specify |

| Anganwadi details and about Deworming Operations (Speak to the AWW for answers to questions 2.1 to 2.19) (Before you start your conversation, ask for the summary form , the enrollment register for the chosen Anganwadi, a pouch of drugs used or non used at drug store) | |
|---|---|
| 2.1 Name of Anganwadi: | |
| 2.2 Name of Project | |
| 2.3 District: | |
| 2.4 Supervisor Name | |
| 2.5 Name of AWW: | |
| 2.6 Contact: | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |

| | |
|--|---|
| 2.7 Can you show me the Anganwadi summary form (Ask the AWW) | 1. Yes 2. No 98. Other, specify_____ |
| 2.8 Note Total Enrollment (verify with summary form) | |
| 2.9 Note Total Attendance (verify with summary form) | |
| 2.10 When is the Delhi State Deworming day? | 1. Today 97. Don't Know/Don't remember →2.13 98. Other, specify_____ 99. No response |
| 2.11 Did you attend training for the deworming day? | 1. Yes→2.13 2. No 97. Don't Know/Don't remember 99. No response |
| 2.12 How did you receive the information about drug delivery? | 1. from Anganwadi Supervisors 2. from other AWW who attended training. 3. from other AWWs 98. other, specify |
| 2.13 Is Deworming happening in the Anganwadi today? | 1. Yes 2. No 98. Other, specify..... |
| 2.14 Did you receive the mebendazole? | 1. Yes 2. No→2.17 98. Other, specify..... →2.17 |
| <u>OBSERVATION</u> | |
| 2.15 Is the number of mebendazole recorded on the AWW's summary | 1. Yes 2. No 98. Other, specify..... |
| 2.16 Is mebendazole received adequate for enrolled children and Sabalas? | 1. Yes 2. No 98. Other, specify..... |
| 2.17 Do you understand the reporting form and necessary data you have to submit and when? | 1. Yes 2. No 98. Other, specify..... |
| <u>OBSERVATION</u> | |
| 2.18 Pouches of tablets are the correct ones and marked with expiry date | 1. Yes 2. No 98. Other, specify..... |
| <u>OBSERVATION</u> | |
| 2.19 How is the drug storage place? (Please circle all the relevant answers) | 1. Cool 2. Dry 3. Secure 4. Tidy 5. Restricted access |

| Deworming Observation | |
|---|--|
| (Refer to your observation of proceedings for answers to questions 3.1 to 3.14) (Before you start interaction, ask for the enrollment register, a pouch of drugs used /non used at the store) (If the deworming has already taken place in school before you reach there, please directly go to 3.11) | |
| 3.1 Is there any health education before commencement of deworming? | 1. Yes 2. No 98. Other, specify..... |
| 3.2 Have the children taken their mid day- morning meal? | 1. Yes 2. No 98. Other, specify..... |
| 3.3 Have the AWW and Children cleaned their hands? | 1. Yes 2. No 98. Other, specify..... |
| 3.4 Is each child (chewing and) swallowing the tablet in front of the AWW? | 1. Yes 2. No 98. Other, specify..... |
| 3.5 Is the AWW administering the deworming tablets to the children? | 1. Yes →3.8 2. No 98. Other, specify..... |
| 3.6 Who is administering the tablet? | 1. Children 2. Other Adult 3. Children are taking to home 98. Other, specify |
| 3.7 Is the AWW ticking each child's name in the Anganwadi register as they receive the tablet? | 1. Yes 2. No 98. Other, specify..... |
| 3.8 Do you observe any sick children taking deworming tablets? | 1. Yes 2. No 98. Other, specify..... |
| 3.9 Do you observe any children taking more than one deworming tablet? | 1. Yes 2. No 98. Other, specify..... |
| 3.10 Do you observe any adverse reactions during the deworming process? | 1. Yes 2. No 98. Other, specify..... |
| 3.11 Where do we find these worms in Human Body (<i>ask the AWW during observation</i>) | 1. In Brain 2. In Intestine 98. Other, specify |
| 3.12 How do these worms get transmitted? (<i>Ask the AWW during observation</i>) | 1. From Soil, 2. From Raw and infected food. 3. From other people 98. Other, specify..... |
| 3.13 How can it be prevented? (<i>Ask the AWW during observation</i>) | 1. By knowing about them 2. By adopting hygiene practices 3. By taking medicine 4. all of the above |
| 3.14 Where is the data to sent after the deworming | 1. AWW 2. Supervisor 3. SHS 98. Other, specify |

AWW Name - _____

Signature _____

Phone Number _____

4. School Deworming Day Monitoring Form

Form **MO-1S/D**

DELHI MASS DEWORMING PROGRAM

Monitoring Form 1 – Deworming Day for Schools

To be completed by Independent Monitor and submitted to M&E Coordinator, Dr. Praveen (9654100311)

| Survey and Monitor details (Please write in capital letters) | | | | | | | | | | | | | |
|--|--|---|---|---|--------------|---|--------------|---|---|--|--|--|--|
| 0.1 Name of Monitor: | | | | | | | | | | | | | |
| 0.2 Contact Number: | <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| 0.3 Date of Monitoring : | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px; text-align: center;">D</td> <td style="width: 20px; height: 20px; text-align: center;">D</td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px; text-align: center;">M</td> <td style="width: 20px; height: 20px; text-align: center;">M</td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px; text-align: center;">Y</td> <td style="width: 20px; height: 20px; text-align: center;">Y</td> </tr> </table> | D | D | | M | M | | Y | Y | | | | |
| D | D | | M | M | | Y | Y | | | | | | |
| 0.4 Time of Monitoring Visit | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px; text-align: center;">:</td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px; text-align: center;">AM/PM</td> </tr> </table> | | | : | | | AM/PM | | | | | | |
| | | : | | | AM/PM | | | | | | | | |
| 0.5 Signature | | | | | | | | | | | | | |

| Initial Perception (Refer to your initial observation as you enter the school for answers to questions 1.1 to 1.3) | |
|---|---|
| 1.1 Is the Deworming Day banner clearly Visible? | 1. Yes 2. Partly 3. No |
| 1.2 Does deworming activity obviously appear to be taking place inside classrooms today? | 1. Yes 2. No 98. Other, specify _____ |
| 1.3 Does deworming activity appear to be taking place in an orderly manner? (one by one child role wise or sitting arrangement wise) | 1. Yes 2. No 98. Other, specify _____ |

| School details and about Deworming Operations (Speak to the principal for answers to questions 2.1 to 2.20) (Before you start your conversation, ask for the summary form , the attendance register for the chosen class, a pouch of drugs used or non used at drug store) | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| 2.1 Name of School: | | | | | | | | | | | | | |
| 2.2 Type of school: | 1. GoD 2. MCD 3. NDMC 98. Other, specify _____ | | | | | | | | | | | | |
| 2.3 District: | | | | | | | | | | | | | |
| 2.4 Supervisor Name | | | | | | | | | | | | | |
| 2.5 Name of Head-teacher/Principal: | | | | | | | | | | | | | |
| 2.6 Contact: | <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> | | | | | | | | | | | | |
| | | | | | | | | | | | | | |

| | |
|---|--|
| 2.7 Can you show me the school summary form <i>(Ask the Head teacher/Principal)</i> | 1. Yes 2. No 98. Other, specify _____ |
| 2.8 Note Total Enrollment <i>(verify with summary form)</i> | |
| 2.9 Note Total Attendance <i>(verify with summary form)</i> | |
| 2.10 When is the Delhi State Deworming day | 1. Today 97. Don't Know/Don't remember -> 98. Other, specify _____ 99. No response |
| 2.11 Did you or another teacher attend official training for the deworming day? | 1. Yes->2.13 2. No->2.12 97. Don't Know/Don't remember ->2.12 99. No response ->2.12 |
| 2.12 How did you receive the information about drug delivery? | 1. from SIs/ZOs 2. from other teacher who attended training. 3. from other schools 98. other, specify |
| 2.13 Have you or other trained teachers trained all other class teachers in the school? | 1. Yes 2. No 98. Other, specify..... |
| 2.14 Is Deworming happening in the School today? | 1. Yes 2. No 98. Other, specify..... |
| 2.15 Did you receive the mebendazole? | 1. Yes 2. No->2.19 98. Other, specify..... ->2.19 |
| OBSERVATION 2.16 Is the number of mebendazole recorded on the principal's summary | 1. Yes 2. No 98. Other, specify..... |
| 2.17 Is mebendazole received adequate for enrolled children? | 1. Yes 2. No 98. Other, specify..... |
| 2.18 Do you understand the reporting form and necessary data you have to submit and when? | 1. Yes 2. No 3. Partly 99. No response |
| OBSERVATION 2.19 Pouches of tablets are the correct ones and marked with expiry date | 1. Yes 2. No 98. Other, specify..... |
| OBSERVATION 2.20 How is the drug storage place? <i>(Please circle all the relevant answers)</i> | 1. Cool 2. Dry 3. Secure 4. Tidy 5. Restricted access |

| Deworming Observation in the class | |
|---|--|
| (Visit a classroom consulting the Sample Table and refer to your observation of proceedings for answers to questions 3.1 to 3.15, if your visit is when Deworming is happening) (Before your interaction, ask for the Attendance register of the chosen class, a pouch of drugs used /non used at the store) (If the deworming has already taken place in school before you reach there, complete question 3.1 and then directly go to 3.11) | |
| 3.1 Class Selected: | 1 2 3 4 5 6 7 8 9 10 11 12 |
| 3.2 Is there any health education before commencement of deworming | 1. Yes 2. No 3. Other, specify..... |
| 3.3 Have the children taken their mid day- morning meal? | 1. Yes 2. No 3. Other, specify..... |
| 3.4 Have the Teachers and Children cleaned their hands? | 1. Yes 2. No 3. Other, specify..... |
| 3.5 Is each child (chewing and) swallowing the tablet in front of the teacher? | 1. Yes 2. No 98. Other, specify..... |
| 3.6 Is the teacher administering the deworming tablets to the children? | 1. Yes 2. No 98. Other, specify..... |
| 3.7 Who is administering the tablet | 1. Children 2. Other Adult 3. Children are taking to home 98. Other, specify..... |
| 3.8 Is the teacher ticking each child's name in the class register as they receive the tablet? | 1. Yes 2. No 98. Other, specify..... |
| 3.9 Do you observe any sick children taking deworming tablets? | 1. Yes 2. No 98. Other, specify..... |
| 3.10 Do you observe any children taking more than one deworming tablet? | 1. Yes 2. No 98. Other, specify..... |
| 3.11 Do you observe any adverse reactions during this deworming? | 1. Yes 2. No 98. Other, specify..... |
| 3.12 Where do we find these worms in Human Body (Ask the teacher during observation) | 1. In Brain 2. In Intestine 98. Other, specify |
| 3.13 How do these worms get transmitted? (Ask the teacher during observation) | 1. From Soil, 2. From Raw and infected food. 3. From other people 98. Other, specify..... |
| 3.14 How can it be prevented? (Ask the teacher during observation) | 1. By knowing about them 2. By adopting hygiene practices 3. By taking medicine 4. all of the above |
| <u>OBSERVATION</u> 3.15 Are there tick marks against the name of students dewormed in the class attendance register? | 1. Yes 2. No 98. Other, specify..... |

| Random student selection details –1 Child | |
|---|---|
| Note: Choose a child as per sample table, one student per school, in the attendance register; check whether the child is present. If yes complete the following section; if No choose next child | |
| OBSERVATION 4.1 Selected child's roll number: <i>(Note: Refer to attendance register for this information)</i> | <input type="text"/> |
| OBSERVATION 4.2 Has child been de-wormed? <i>(Note: Refer to attendance register for this information is there a tick mark against name)</i> | 1. Yes 2. No 3. There are no tick marks in register 98. Other, specify _____ |
| 4.3 What is your name? आपका नाम क्या है? | |
| 4.4 What is your age? आपकी उम्र क्या है? | <input type="text"/> |
| 4.5 How do you come to school? आप स्कूल कैसे आते हैं ? | 1. Walk 2. Bus 3. Cycle 98. Other, specify _____ 99. No response |
| 4.6 When did you get to know about the deworming activity before deworming day? आपको deworming day से पहले कब deworming के विषय में पता चला ? | 1. Before deworming day/ 21 st Feb 2. On 21 st Feb 3. At school today 97. Don't know/Don't remember → 4.8 98. Other, specify _____ → 4.8 99. No response → 4.8 |
| 4.7 How did you find out? आपको कैसे पता चला ? <i>(Mark all responses that apply for each child. Do not prompt child with possible answers)</i> | 1. Teacher /School 2. Radio 3. Television 4. Banners 5. Friends and relatives 6. Newspaper 97. Don't know/Don't remember 98. Other, specify _____ 99. No response |
| 4.8 Do either of your parents know about deworming? क्या आपके मातापिता को deworming के बारे में मालूम है ? | 1. Yes 2. No 97. Don't know/Don't remember 98. Other, specify _____ |
| 4.9 How were you feeling when you came to school today? आप कैसे महसूस कर रहे थे जब आप आज स्कूल आये ? | 1. Okay 2. Not feeling well 97. Don't know/Don't remember 98. Other, specify _____ |
| 4.10 Were you given a tablet today? क्या आपको आज एक गोली दी गयी थी ? | 1. Yes 2. No 97. Don't know/Don't remember 98. Other, specify _____ |

| | |
|--|---|
| <p>4.11 Do you know what the pill was for? क्या आपको पता है वो हगोली किसलिए दी थी ?</p> | <p>1. De-worming 2. Any answer other than De-worming 97. Don't know/Don't remember 98. Other, specify _____ 99. No response</p> |
| <p>4.12 What did you do with the pill? अपने वो हगोली के साथ क्या किया?</p> | <p>1. Ate it →END 2. Threw it away →4.13 97. Don't know/Don't remember →END 98. Other, specify _____ →END 99. No response →END</p> |
| <p>4.13 Why did you throw the pill away? आपने गोलो को क्यों फेके?</p> | <p>1. Didn't want to eat it 2. Parents told me not to eat it 3. I don't have worms so don't have to eat it 97. Don't know/Don't remember 98. Other, specify _____ 99. No response</p> |

Principal/ AWW Name - _____

Signature _____

Phone Number _____

| | |
|---|---|
| 2.8 Note Total Enrollment <i>(Verify with Summary Form)</i> | |
| 2.9 Note Total Attendance <i>(Verify with Summary Form)</i> | |
| 2.10 When is the Delhi State Deworming Mop Up Day? कब दिल्ली राज्य Deworming Mop Up दिवस है? | 1. Today 97. Don't know/Don't remember → 3.1 98. Other, specify _____ 99. No response |
| 2.11 Did you attend training for the deworming day? आपको Deworming day के लिए प्रशिक्षण प्राप्त किया है? | 1. Yes → 2.13 2. No → 2.12 98. Other, specify _____ → 2.12 |
| 2.12 How did you receive the information about drug delivery? आपने दवा वितरण के बारे में जानकारी कैसे प्राप्त किया था? | 1. from Anganwadi Supervisors 2. from other AWW who attended training. 98. other, specify _____ |
| 2.13 Did you receive Mebendazole Tablets before deworming day: क्या आपको mebendazole गोली deworming दिवस से पहले मिल गया? | 1. Yes 2. No 98. Other, specify _____ |
| 2.14 Did you receive any drugs/ IEC material after Deworming Day but before mop up day: क्या आप को Mop Up दिवस के पहले और Deworming दिवस के बाद कुछ दवा या आईईसी दिया गया? | 1. Yes 2. No 98. Other, specify _____ |
| <u>OBSERVATION</u> 2.15 Is the number of Mebendazole received recorded on the summary form: | 1. Yes 2. No 98. Other, specify _____ |
| <u>OBSERVATION</u> 2.16 Is deworming activity happening in the Anganwadi today? | 1. Yes 2. No 98. Other, specify _____ |
| 2.17 Is Mebendazole received sufficient? क्या आप को पर्याप्त mebendazole मिला था? | 1. Yes 2. No 98. Other, specify _____ |
| 2.18 Do you understand the summary form and necessary data you have to submit and when? क्या आप को जान है की आप को कब और कहाँ कौन सा रिपोर्ट और डेटा जमा करना है | 1. Yes 2. No 3. Partly 99. No response |
| <u>OBSERVATION</u> 2.19 Pouches of Tablets are the correct ones and marked with Expiry Date: <i>(Verify with a sample pouch in which drugs were delivered to the Anganwadi)</i> | 1. Yes 2. No 98. Other, specify _____ |

| Mop Up OBSERVATION IN ANGANWADI | |
|--|---|
| (Refer to your observation of proceedings for answers to questions 3.1 to 3.15) (Before you start interaction, ask for the enrollment register, a pouch of drugs used /non used at the store) (If the deworming has already taken place in Anganwadi before you reach there, please directly go to 3.11) | |
| 3.1 Is there any health education before commencement of deworming? | 1. Yes 2. No 98. Other, specify _____ |
| 3.2 Is there any child whose name is ticked more than twice? | 1. Yes 2. No 98. Other, specify _____ |
| 3.3 Have the children taken their mid morning meal? | 1. Yes 2. No 98. Other, specify _____ |
| 3.4 Have the children and Anganwadi Workers cleaned their hands? | 1. Yes 2. No 98. Other, specify _____ |
| 3.5 Is each child (chewing and) swallowing the tablet in front of the Anganwadi Worker? | 1. Yes 2. No 98. Other, specify _____ |
| 3.6 Is a Anganwadi Worker administering the deworming tablets to the children? | 1. Yes →3.9 2. No 98. Other, specify _____ |
| 3.7 Who is administering the Tablet | 1. Children 2. Other Adult 3. Children are taking to home 98. Other, specify _____ |
| <u>OBSERVATION</u> | |
| 3.8 Is the Anganwadi Worker/administrator double ticking each child's name in the Anganwadi register as they receive the tablet? | 1. Yes 2. No 98. Other, specify _____ |
| 3.9 Do you observe any sick child taking pill? | 1. Yes 2. No 98. Other, Specify _____ |
| 3.10 Do you observe any child taking more than one pill? | 1. Yes 2. No 98. Other, Specify _____ |
| 3.11 Do you observe any adverse reactions during this deworming? | 1. Yes 2. No 98. Other, specify _____ |

| | |
|---|--|
| 3.12 Where do we find these worms in Human Body | |
| हम मानव शरीर में ये कीड़े कहाँ पाते हैं? | 1. In Brain 2. In Intestine 98. Other, specify |
| <i>(ask the AWW during observation)</i> | |
| 3.13 How do these worms get transmitted? | |
| ये कीड़े कैसे प्रेषित करते हैं? | 1. From Soil, 2. From Raw and infected food. 3. From other people 98. Other, specify..... |
| <i>(Ask the AWW during observation)</i> | |
| 3.14 How can it be prevented? | |
| यह कैसे रोका जा सकता है? | 1. By knowing about them 2. By adopting hygiene practices 3. By taking medicine 4. all of the above |
| <i>(Ask the AWW during observation)</i> | |
| 3.15 Where is the data to be sent after Mop Up? | |
| <i>(Ask the AWW)</i> Mop up दिन के बाद डेटा कहाँ भेजा जाना है? | 1. AWW 2. Supervisor 3. SHS 98. Other, specify |

AWW Name -

Signature

Phone Number

6. School Mop-Up Day Monitoring Form

Form **MO-2S/MD**

DELHI MASS DEWORMING PROGRAM

Monitoring Form 2 – Mop Up Day

To be completed by Independent Monitor and submitted to M&E Coordinator, Dr. Praveen (9654100311)

| De-worm the World: Mop-up Day Monitoring form (Delhi) | | | | | | | | | | | |
|---|--|---|---|---|---|-------|---|-------|---|--|--|
| Survey and Monitor details | | | | | | | | | | | |
| 0.1 Name of Monitor: | | | | | | | | | | | |
| 0.2 Contact Number: | <table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td> </tr> </table> | | | | | | | | | | |
| | | | | | | | | | | | |
| 0.3 Date of Monitoring : | <table border="1" style="width: 100%;"> <tr> <td style="width: 12.5%; text-align: center;">D</td><td style="width: 12.5%; text-align: center;">D</td><td style="width: 12.5%;"></td><td style="width: 12.5%; text-align: center;">M</td><td style="width: 12.5%; text-align: center;">M</td><td style="width: 12.5%;"></td><td style="width: 12.5%; text-align: center;">Y</td><td style="width: 12.5%; text-align: center;">Y</td> </tr> </table> | D | D | | M | M | | Y | Y | | |
| D | D | | M | M | | Y | Y | | | | |
| 0.4 Time of Monitoring Visit | <table border="1" style="width: 100%;"> <tr> <td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%; text-align: center;">:</td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%; text-align: center;">AM/PM</td> </tr> </table> | | | : | | | | AM/PM | | | |
| | | : | | | | AM/PM | | | | | |
| 0.5 Signature | | | | | | | | | | | |

| Initial Perceptions | |
|---|--|
| (Refer to your initial observation as you enter the school for answers to questions 1.1 to 1.3) | |
| 1.1 Is the Deworming day banner still displayed in the school? | 1. Yes 2. No 98. Other, specify _____ |
| 1.2 Does deworming activity obviously appear to be taking place inside classrooms today? | 1. Yes 2. No →2.1 98. Other, specify _____ |
| 1.3 Does deworming activity appear to be taking place in an orderly manner? <i>(one by one child role wise or sitting arrangement wise)</i> | 1. Yes 2. No 98. Other, specify _____ |

| School details and about Mop Up Operations | |
|---|---|
| (Speak to the principal for answers to questions 2.1 to 2.18) | |
| (Before you start your conversation, ask for the Summary Form; the Attendance register of the chosen classes; a pouch of drugs – used/ non-used and stored) | |
| 2.1 Name of School: | |
| 2.2 Type of school: | 1. GoD 2. MCD 3. NDMC 98. Other, specify _____ |
| 2.3 District: | |
| 2.4 Supervisor Name: | |
| 2.5 Name of Head-teacher/Principal: | |

| | |
|---|--|
| 2.6 Contact: | |
| 2.7 Can you show me the school summary form <i>(Ask the Head teacher/Principal)</i> | 1. Yes 2. No 98. Other, specify _____ |
| 2.8 Note Total Enrollment <i>(Verify with Summary Form)</i> | |
| 2.9 Note Total Attendance <i>(Verify with Summary Form)</i> | |
| 2.10 When is the Delhi State Deworming Mop Up Day? | 1. Today 2. Tomorrow 97. Don't Know /Don't Remember 98. Other, specify _____ |
| 2.11 Did you or another teacher attend official training for the deworming day? | 1. Yes → 2.13 2. No → 2.12 97. Don't Know /Don't remember → 2.12 99. No response → 2.12 |
| 2.12 How did you receive the information about drug delivery? | 1. from SIs/ZOs 2. from other teacher who attended training. 3. from other schools 98. other, specify _____ |
| 2.13 Have you or other trained teachers trained all other class teachers in the school? | 1. Yes 2. No 98. Other, specify..... |
| 2.14 Did you receive any drugs/ IEC material after Deworming Day but before mop up day: | 1. Yes 2. No 98. Other, specify _____ |
| <u>OBERVATION</u> 2.15 Is the number of Mebendazole received recorded on the Principal's summary: | 1. Yes 2. No 98. Other, specify _____ |
| 2.16 Is Mebendazole received sufficient? <i>(Adequate for Enrolled Children in school)</i> | 1. Yes 2. No 98. Other, specify _____ |
| 2.17 Do you understand the summary form and necessary data s/he has to submit and when? <i>(Verify with Summary Form)</i> | 1. Yes 2. No 3. Partly 99. No response |
| <u>OBERVATION</u> 2.18 Pouches of Tablets are the correct ones and marked with Expiry Date: <i>(Verify with a sample pouch in which drugs were delivered to the school)</i> | 1. Yes 2. No 98. Other, specify _____ |

| Mop Up Observation in the class | |
|---|--|
| (Visit a classroom consulting the Sample Table and refer to your observation of proceedings for answers to questions 3.1 to 3.18, if your visit is when Deworming is happening) | |
| (Before your interaction, ask for the Attendance register of the chosen class, a pouch of drugs used /non used at the store) | |
| (If the deworming has already taken place in school before you reach there, complete question 3.1 and then directly go to 3.13) | |
| 3.1 Class Selected: | 1 2 3 4 5 6 7 8 9 10 11 12 |
| 3.2 Is there any health education before commencement of deworming | 1. Yes 2. No 98. Other, specify..... |
| 3.3 Is there any child who has more than two ticks before his/her name in attendance register? | 1. Yes 2. No 98. Other, specify..... |
| 3.4 Have the children taken their mid day- morning meal? | 1. Yes 2. No 98. Other, specify..... |
| 3.5 Have the Teachers and Children cleaned their hands? | 1. Yes 2. No 98. Other, specify..... |
| 3.6 Is each child (chewing and) swallowing the tablet in front of the teacher? | 1. Yes 2. No 98. Other, specify..... |
| 3.7 Is the teacher administering the deworming tablets to the children? | 1. Yes → 3.9 2. No → 3.8 98. Other, specify..... →3.8 |
| 3.8 Who is administering the tablet | 1. Children 2. Other Adult 3. Children are taking to home 98. Other, specify..... |
| 3.9 Is the teacher/administrator double ticking each child's name in the class register as they receive the tablet? | 1. Yes 2. No 98. Other, specify..... |
| 3.10 Do you observe any sick children taking deworming tablets? | 1. Yes 2. No 98. Other, specify..... |
| 3.11 Do you observe any children taking more than one deworming tablet? | 1. Yes 2. No 98. Other, specify..... |
| 3.12 Do you observe any adverse reactions during this deworming? | 1. Yes 2. No 98. Other, specify..... |
| 3.13 Where do we find these worms in Human Body (Ask the teacher during observation) | 1. In Brain 2. In Intestine 98. Other, specify |
| 3.14 How do these worms get transmitted? (Ask the teacher during observation) | 1. From Soil, 2. From Raw and infected food. 3. From other people 98. Other, specify..... |
| 3.15 How can it be prevented? (Ask the teacher during observation) | 1. By knowing about them 2. By adopting hygiene practices 3. By taking medicine 4. all of the above |

| | |
|--|--|
| 3.16 Does the data recorded on the number of children dewormed today match your own observation? | 1. Yes 2. No 98. Other, specify _____ |
| 3.17 Which report you are to submit? (Ask the AWW) | 1. deworming data as per attendance register 2. Gender wise data 98. Other, specify..... |
| <u>OBSERVATION</u> 3.18 Are there tick marks against the name of students dewormed in the class attendance register? | 1. Yes 2. No 98. Other, specify..... |

| Random student selection details –1 Child | |
|--|--|
| Note: Choose a child as per sample table, one student per school, in the attendance register; check whether the child is present. If yes complete the following section; if No choose next child | |
| <u>OBSERVATION</u> 4.1 Selected child's roll number: (Note: Refer to attendance register for this information) | <input type="text"/> <input type="text"/> |
| <u>OBSERVATION</u> 4.2 Has child been de-wormed? (Note: Refer to attendance register for this information is there a tick mark against name) | 1. Yes 2. No 3. There are no tick marks in register 98. Other, specify _____ |
| <u>OBSERVATION</u> 4.3 Was the child present on the Deworming day- Feb 21 st ? (Note: Refer to attendance register for this information) | 1. Yes 2. No 98. Other, specify..... |
| 4.4 What is your name? आपका नाम क्या है? | |
| 4.5 What is your age? आपकी उम्र क्या है? | <input type="text"/> <input type="text"/> |
| 4.6 How do you come to school? आप स्कूल कैसे आते हैं ? | 1. Walk 2. Bus 3. Cycle 98. Other, specify _____ 99. No response |
| 4.7 When did you get to know about the deworming activity? आपको कब deworming के विषय में पता चला? | 1. Before deworming day/ 21 st Feb 2. On 21 st Feb 3. Between deworming day and mop-up day 4. At school today 97. Don't know/Don't remember → 4.9 98. Other, specify _____ → 4.9 99. No response → 4.9 |
| 4.8 How did you find out? आपको कैसे पता चला? (Mark all responses that apply for each child. Do not prompt child with possible answers.) | 1. Teacher /School 2. Radio 3. Television 4. Banners 5. Friends and relatives |

| | |
|--|---|
| | 6. Newspaper 98. Other, specify _____ 99. No response |
| 4.9 Do either of your parents know about deworming? क्या आपके माता पिता को deworming के बारे में मालूम हैं? | 1. Yes 2. No 98. Other, specify _____ |
| 4.10 How were you feeling this morning , when you came to school? आप कैसा महसूस कर रहे थे जब आप आज स्कूल आये? | 1. Ok 2. Not feeling well 97. Don't know/don't remember 98. Other, specify _____ |
| 4.11 Were you given a tablet today? क्या आपको आज एक गोली दी गयी थी? | 1. Yes → 4.13 2. No 98. Other, specify _____ |
| 4.12 Were you given a tablet on Deworming day? क्या आपको Deworming day को एक गोली दी गयी थी? | 1. Yes 2. No 98. Other, specify _____ |
| 4.13 Do you know what the pill was for? क्या आपको पता है वोह गोली किस लिए दी थी ? | 1. De-worming 2. Any answer other than De-worming 97. Don't know/Don't remember 98. Other, specify _____ 99. No response |
| 4.14 What did you do with the pill? आपने गोली के साथ क्या किया? | 1. Ate it → END 2. Threw it away → 4.15 97. Don't know/Don't remember → END 98. Other, specify _____ → END 99. No response → END |
| 4.15 Why did you throw the pill away? आपने गोली को क्यों फेक दी? | 1. Didn't want to eat it → END 2. Parents told me not to eat it → END 3. I don't have worms so don't have to eat it → END 97. Don't know/Don't remember → END 98. Other, specify _____ → END 99. No response → END |

Principal Name - _____

Signature _____

Phone Number _____

7. School Coverage Validation Monitoring Form

| De-worm the World: Coverage Validation Form (Delhi) | |
|---|--|
| Survey and Monitor details | |
| 0.1 Name of Monitor: | |
| 0.2 Contact Number: | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| 0.3 Survey Start time: | <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> AM/PM |
| 0.4 Survey End time: | <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> AM/PM |

| School details (Speak to the principal for answers to questions 1.1 to 1.8) (Before you start your conversation, ask for the Attendance register of the chosen classes) | |
|---|---|
| 1.1 Name of School: | |
| 1.2 Type of school: | 1. GoD 2. MCD 3. NDMC 98. Other, specify _____ |
| 1.3 District: | |
| 1.4 Zone: | |
| 1.5 Name of Head-teacher/Principal: | |
| 1.6 Contact: | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| 1.7 Can you show me the school summary form? क्या आप हमें स्कूल सुम्मरी फॉर्म दिखा सकते हैं? | 1. Yes 2. No 98. Other, specify _____ |
| 1.8 Is the form complete? | 1. Yes 2. No 98. Other, specify _____ |

| Register Record Verification | | | |
|--|---|---|---|
| | Class 1 | Class 2 | Class 3 |
| 2.3 Class selected: | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 2.4 Name of class teacher : <i>(Ask Head-teacher/Principal)</i> | | | |
| 2.5 Class strength according the attendance register: <i>(Note: Refer to attendance register for this information)</i> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 2.6 Class strength according the School summary form: <i>(Note: Refer to School summary form for this information)</i> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 2.7 Number of children de-wormed in chosen class according to School Summary Form: | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 2.8 Number of children de-wormed in chosen class: <i>(Count number of tick marks in register)</i> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 2.9 Does the number in the Summary Form tally with the number of tick marks? | 1. Yes 2. No, number in Summary form is higher 3. No, number in Summary form is lower 4. There are no tick marks in register 98. Other, specify _____ | 1. Yes 2. No, number in Summary form is higher 3. No, number in Summary form is lower 4. There are no tick marks in register 98. Other, specify _____ | 1. Yes 2. No, number in Summary form is higher 3. No, number in Summary form is lower 4. There are no tick marks in register 98. Other, specify _____ |

| Random class and student selection details - Child 1 | |
|---|--|
| Note: Choose the class and child according to the random number table; check whether the child is present. If yes complete the following section; if No choose next child in random number table | |
| OBSERVATION | 1 2 3 4 5 6 7 8 9 10 11 12 |
| 3.1.1 Class selected: | |
| OBSERVATION | <input type="checkbox"/> |
| 3.1.2 Selected child's roll number: <i>(Note: Refer to attendance register for this information)</i> | <input type="text"/> |
| OBSERVATION | 1. Yes 2. No tick mark against this child. 3. There are no tick marks in register 98. Other, specify _____ |
| 3.1.3 Has child been de-wormed? <i>(Note: Refer to attendance register for this information is there a tick mark against name)</i> | |
| OBSERVATION | 1. Yes → 3.1.5 2. No → Choose next child from random number table |
| 3.1.4 Is the child present on any of the following days- Feb 21st, 22nd, 23rd, 24th, 25th or 27th? <i>(Note: Refer to attendance register for this information)</i> | |
| 3.1.5 What is your name? आपका नाम क्या है? | |
| 3.1.6 Which class are you in? आप कौसे क्लास मे पड़ते हैं ? | <input type="text"/> |
| 3.1.7 How do you come to school? आप स्कूल कैसे आते है ? | 1. Walk 2. Bus 3. Cycle 98. Other, specify _____ 99. No response |
| 3.1.8 What is your favourite subject? आप को कौनसा सुब्जेक्ट सबसे पसंद है ? | 1. English 2. Hindi 3. Math 4. Science 98. Other, specify _____ 99. No response. |
| 3.1.9 In the past week, were you given a pill/tablet to eat in school? क्या आपको पिछले हफ्ते खाने के लिए स्कूल में गोली मिली थी? | 1. Yes → 3.1.10 2. No → END 97. Don't know/Don't remember → END 98. Other, specify _____ → END 99. No response → END |
| 3.1.10 Do you know what the pill was for? क्या आपको पता है वोह गोली किस लिए दी थी ? | 1. De-worming 2. Any answer other than De-worming 97. Don't know/Don't remember 98. Other, specify _____ 99. No response |
| 3.1.11 What did you do with the pill? अपने वोह गोली के साथ क्या किया? | 1. Ate it →3.1.13 2. Threw it away →3.1.12 97. Don't know/Don't remember →END 98. Other, specify _____ →END 99. No response →END |

| | |
|--|--|
| <p>3.1.12 Why did you throw the pill away? आपने गोली को क्यों फेके ?</p> | <p>1. Didn't want to eat it →END 2. Parents told me not to eat it → END 3. I don't have worms so don't have to eat it → END 97. Don't know/Don't remember → END 98. Other, specify _____ →END 99. No response →END</p> |
| <p>3.1.13 Do you watch TV? आप टीवी देखते हो ?</p> | <p>1. Yes → 3.1.14 2. No →3.1.15 99. No response →3.1.15</p> |
| <p>3.1. 14 What do you like watching on TV? आप को टीवी में क्या देखा अच्छा लगता है ?</p> | <p>1. Cartoons 2. News 3. TV Serials 97. Don't know/Don't remember 98. Other, specify _____ 99. No response</p> |
| <p>3.1.15 What was the colour of the pill/tablet? उस गोली की रंग क्या था?</p> | <p>1. White 2. Any colour but white 97. Don't know/Don't remember 99. No response</p> |
| <p>3.1.16 How did the pill/tablet taste? उस गोली की स्वाद कैसा था? <i>(Circle all that apply)</i> <i>(If child is silent, prompt answers)</i></p> | <p>1. Sweet / मिठा 2. Bitter / कड़वा 3. Minty /Cool /ठंडा 4. Salty / नमकीन 98. Any other flavour / और कोई 97. Don't know/Don't remember 99. No response</p> |
| <p>3.1.17 Who gave you the pill? आपको गोली किसने दी थी ?</p> | <p>1. Class teacher 2. Head-teacher/Principal 3. Some teacher in school 4. Some adult 97. Don't know/Don't remember 98. Other, specify _____ 99. No response</p> |

8. Anganwadi Coverage Validation Monitoring Form

| | | | | | | | | | | | | | | | | | | | |
|-------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| DTW code | | | | | | | | | | | | | | | | | | | |
|-------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

| De-worm the World: Coverage Validation Form (Delhi) | |
|---|--|
| Survey and Monitor details | |
| 0.1 Name of Monitor: | |
| 0.2 Contact Number: | <input type="text"/> |
| 0.3 Survey Start time: | <input type="text"/> : <input type="text"/> AM/PM |
| 0.4 Survey End time: | <input type="text"/> : <input type="text"/> AM/PM |

| AWC details (Speak to the AWC worker for answers to questions 1.1 to 1.8) (Before you start your conversation, ask for the Attendance/Enrolment register) | |
|---|---|
| 1.1 Name of AWC: | |
| 1.2 Address of AWC: | |
| 1.3 District: | |
| 1.4 Zone: | |
| 1.5 Name of AWC Worker: | |
| 1.6 Contact: | <input type="text"/> |
| 1.7 Can you show me the AWC summary form? क्या आप हमें स्कूल सुम्मरी फॉर्म दिखा सकते हैं? <i>(Ask the Head teacher/Principal)</i> | 1. Yes 2. No 98. Other, specify _____ |
| <u>OBSERVATION</u> 1.8 Is the form complete? | 1. Yes 2. No 98. Other, specify _____ |

| Random student selection details - Child 1 | | | |
|---|---|--|--|
| Choose the child according to the random number table; check whether the child's parent is available to be interviewed. If yes complete the following section; if No choose next child in random number table | | | |
| OBSERVATION 2.1.1 Selected child's roll number: <i>(Refer to attendance register for this information)</i> | <table border="1" style="margin: auto;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> | | |
| | | | |
| OBSERVATION 2.1.2 Selected child's address: <i>(Refer to attendance register for this information)</i> | | | |
| OBSERVATION 2.1.3 Name of Parents/Guardians: <i>(Refer to attendance register for this information)</i> | Mother: Father: | | |
| OBSERVATION 2.1.4 Has child been de-wormed? <i>(Refer to attendance register for this information is there a tick mark against name)</i> | 1. Yes 2. No 3. There are no tick marks in register 98. Other, specify _____ | | |
| OBSERVATION 2.1.5 Is the child present on any of the following days- Feb 21st, 22nd, 23rd, 24th, 25th or 27th? <i>(Refer to attendance register for this information)</i> | 1. Yes → 2.1.6 2. No → Choose next child from random number table | | |
| Ask the following question to the parent/guardian of the child | | | |
| 2.1.6 What is your name? आपका नाम क्या है? | | | |
| 2.1.7 What is your child's name? आपके बच्चे का नाम क्या है? | | | |
| OBSERVATION 2.1.8 Is the name same as the one mentioned in the register? क्या यह नाम रेगिस्टर में लिखे हुए नाम से मिनता है ? | 1. Yes → 2.1.9 2. No → Request AWC worker to call the correct parent, if not available; move to next child in random number sheet. | | |
| 2.1.9 How often does your child come to the Anganwadi? आपके बच्चे कितनी बार आंगनवाड़ी आते हैं? <i>(Prompt with answers)</i> | 1. Everyday → 2.1.11 2. Sometimes → 2.1.11 3. Only for special events → 2.1.10 4. Never → 2.1.11 97. Don't know/Don't remember → 2.1.11 99. No response → 2.1.11 | | |
| 2.1.10 What sort of special occasions do you visit the AWC? कौंसे विशेष अवसर पर आप अपने बच्चे को आंगनवाड़ी लेके आते हैं? <i>(Prompt answers, circle all that apply)</i> | 1. Festivals 2. Medical camps 3. Meetings 97. Don't know/Don't remember 98. Other, specify _____ 99. No response | | |

| | |
|---|---|
| <p>2.1.11 Does he/she eat the food provided at the Anganwadi? क्या आपका बच्चा आंगनवाड़ी में खाना खता है?</p> | <p>1. Yes, all the time → 2.1.12 2. Yes, sometimes → 2.1.12 3. No → 2.1.13 98. Other, specify _____ → 2.1.13 99. No response → 2.1.13</p> |
| <p>2.1.12 Does your child like the food? क्या आपके बच्चे को आंगनवाड़ी में दिया गया खाना अच्छा लगता है?</p> | <p>1. Yes, all dishes 2. Yes, some dishes 3. No 98. Others, specify _____ 99. No response</p> |
| <p>2.1.13 In the past week, was your given a pill/tablet to eat in the Anganwadi? क्या आपके बच्चे को पिछले हफ्ते खाने के लिए आंगनवाड़ी में गोली मिली थी?</p> | <p>1. Yes → 2.1.14 2. No → END 97. Don't know/Don't remember → END 98. Other, specify _____ → END 99. No response → END</p> |
| <p>2.1.14 Do you know what the pill was for? क्या आपको पता है वोह गोली किस लिए दी थी?</p> | <p>1. De-worming 2. Any answer other than De-worming 97. Don't know/Don't remember 98. Other, specify _____ 99. No response</p> |
| <p>2.1.15 Who gave him/her the pill? वोह गोली किसने दी थी?</p> | <p>1. AWC worker 2. AWC supervisor 3. Some adult 97. Don't know/Don't remember 98. Other, specify _____ 99. No response</p> |
| <p>2.1.16 What did he/she do with the pill? आपके बच्चे ने उस गोली के साथ क्या किया?</p> | <p>1. Ate it → END 2. Threw it away → 2.1.17 97. Don't know/Don't remember → END 98. Other, specify _____ → END 99. No response → END</p> |
| <p>2.1.17 Why did he/she throw the pill away? क्या आपको पता है वोह गोली क्यों फेके?</p> | <p>1. Didn't want to eat it 2. I (we) told him/her not to eat it 3. He/she don't have worms so don't have to eat it 97. Don't know/Don't remember 98. Other, specify _____ 99. No response</p> |

9. Teachers/Anganwadi Training Monitoring Form

Form I: Teacher / Anganwadi Worker Training Monitoring Form

District:

DELHI MASS DEWORMING PROGRAM

To be completed by assigned monitor IN CONFIDENCE and returned to the M&E officer in the co-ordination cell.
Please refer to the detailed instructions for monitors on how to complete this form.

Section 0: TRAINING SESSION DETAILS

| | | | | |
|---------------------------------------|--|-----------------------|--------|------|
| 0.1 Address of Training | | 0.2 Lead Trainer Name | | |
| 0.3 DATE AND TIME OF MONITORING VISIT | | 0.4 TRAINING SCHEDULE | Start: | End: |
| 0.5 NAME OF MONITOR | | 0.6 SIGNATURE | | |

MONITORING FORM

| | | | |
|--|------|------------|-------|
| Section 1: PHYSICAL ENVIRONMENT | | | |
| 1.1 Is training venue quiet enough to hear trainer? | Yes | No | Notes |
| 1.2 Was morning/afternoon tea supplied? | Yes | No | |
| If yes, ask next question, else move to question 1.4 | | | |
| 1.3 What was the quality of the tea? | Poor | Acceptable | |
| | Good | Very Good | |
| 1.4 Was morning/afternoon snacks supplied? | Yes | No | |
| If yes, ask next question, else move to question 2.1 | | | |
| 1.5 What was the quality of the snack? | Poor | Acceptable | |
| | Good | Very Good | |

Form I: Teacher / Anganwadi Worker Training Monitoring Form

District:

| | | | |
|---|--|----|--------|
| Section 2: TRAINER | | | |
| 2.1 Did the Trainer arrive on time? | Yes | No | Notes |
| 2.2 When did the Training Start | | | |
| 2.3 Was trainer equipped with necessary training Kits? | 1. Adequate for all 2. Adequate for some 3. Did not distribute any | | |
| Tick which of the following key messages were covered: | | | |
| 2.4 Teachers / Anganwadi Workers have a crucial role in deworming | Yes | No | Notes: |
| 2.5 Most worm burden is in school aged children and pre-school children | Yes | No | |
| 2.6 Worm infection reduces attendance, and concentration | Yes | No | |
| 2.7 Deworming Tablets are very safe | Yes | No | Notes: |
| 2.8 Children without worms are healthier and learn better | Yes | No | |
| 2.9 1 tablet per child | Yes | No | |
| 2.10 Any child who is sick should not be dewormed | Yes | No | |
| 2.11 Deworming tablet should be taken after a meal | Yes | No | |
| 2.12 Teacher/ Anganwadi Worker should administer each tablet and observe child swallowing it | Yes | No | |
| 2.13 Limited side effects: stomach ache, nausea and upset stomach are sometimes seen and should not cause undue concern | Yes | No | |
| 2.14 These children should be monitored and if side effects become more serious a doctor (nearby) should be called | Yes | No | |
| 2.15 Deworming should happen in class room / Anganwadi | Yes | No | |
| 2.16 Were teachers/anganwadi workers shown how to complete Summary forms? | Yes | No | |
| 2.17 Did teachers/anganwadi workers practice summary forms? | Yes | No | |
| 2.18 Did teachers/anganwadi workers practice deworming practical exercise? | Yes | No | |

| Section 3: METHODOLOGY | | |
|---|--|--------|
| 3.1 Were all the teachers/anganwadi workers given quiz | Yes | No |
| 3.2 Was there any form of Ice breaking before the content sessions | Yes | No |
| 3.3 Did trainer give information in a clear way? | Yes | No |
| 3.4 Did the Trainer seek feedback from participants by asking questions to make the session interesting? | 1. Asked questions in each session 2. Held a Q and A session at the end 3. No Qs were asked | |
| 3.5 How many questions were asked by participants during the training? | 1. 1 – 5 questions 2. 6 – 10 questions 3. 11 – 15 questions 4. More than 15 questions 5. No questions were asked | |
| If you chose the last option in the previous question proceed to Section 4, else proceed to next question | | |
| 3.6 If Questions (Qs) were asked to the trainer, was s/he able to answer all questions (Qs) acceptably? | 1. Yes for all Qs 2. Yes for most Qs 3. Yes for similar Qs 4. No 5. No Qs were asked | |
| Section 4: ATTENDANCE | | |
| 4.1 Head count at start of training | | |
| 4.2 Does this correspond with attendance sheet? | Yes | No |
| 4.3 Head count at end of training | | Notes: |
| 4.4 Does this correspond with attendance sheet? | Yes | |

ANNEXURE 5 – SAMPLE COMMUNICATION MATERIAL



Newspaper advertisement in the Hindustan Times about Deworming Day



ANNEXURE 6 – NEWSPAPER COVERAGE

The Hindu

NEW DELHI, February 21, 2012

Operation De-worming launched for schoolchildren

SPECIAL CORRESPONDENT



Chief Minister Sheila Dikshit administering tablets to a school girl while launching the de-worming programme at her residence in New Delhi on Monday. Behind her is Health Minister A. K. Walia. Photo: Shiv Kumar Pushpakar

Schools of Delhi Govt., MCD, NDMC, Delhi Cantonment and anganwadis to be administered tablets today

Two months into the Chacha Nehru Sehat Yojna (CNSY) that seeks to provide free and comprehensive health services to all school-going children in Delhi, Chief Minister Sheila Dikshit on Monday launched a major State-wide de-worming campaign by administering chewable tablets to 50 school-going children at her residence.

Since soil-transmitted worms are the commonest infestations in pre-school and school-age children from poor communities, the campaign aims to de-worm the children and save them from worm-infested diseases such as anaemia, malnutrition, and physical and mental retardation.

Giving details of the campaign, Ms. Dikshit said the tablets would now be administered twice a year. She said the dates and months would be institutionalised to create awareness about the programme and make it more effective.

“Regular de-worming is the most effective way of immediately reducing worm burden and relieving children of the disease. Our long-term approach will continue investing in health education and sanitation. Worms damage the health of children, limit their access to education and thwart their overall development. De-worming is by far the best way to immediately improve the quality of life for our children,” she said.

To assess the situation in Delhi and understand the disease burden among children, the Delhi Government had earlier conducted a study and found that the average prevalence of soil-transmitted worms was around 16 per cent. To overcome this, all school-age children of Delhi Government schools, Municipal Corporation Delhi schools, New Delhi Municipal Council schools, Delhi Cantonment Board schools, pre-school children in Anganwadi centres, and the adolescent girls of SABLA programme will be given one dose of the de-worming medication on Tuesday, the de-worming day. A mop-up will be conducted on February 27 for children who miss the de-worming tablet on Tuesday.

The exercise would be conducted in schools and Anganwadi centres, where the teachers and Anganwadi workers would administer mebendazole de-worming tablets to every child.

To support the campaign and ensure that it reaches children in adequate measure, a mechanism has also been devised to monitor the entire exercise. For this, external and independent monitors have been deputed to ensure quality and complete coverage.

Health Minister A. K. Walia said the CNSY under the Directorate of Health Services and State departments like Health and Family Welfare, Education, Social Welfare (Integrated Child Development Scheme) as well as the Education and Health departments of the MCD and the NDMC would be collaborating in the exercise.

Social Welfare Minister Kiran Walia said the programme would also greatly benefit the children coming to the Anganwadis and adolescent girls under SABLA programme.

Millions of children in Indian capital to be dewormed



Four million children will be given deworming pills in Delhi

A campaign has been launched to deworm millions of children in the Indian capital, Delhi.

Chief Minister Sheila Dikshit kicked off the programme by giving deworming tablets to 50 children on Monday.

On Tuesday, up to 4 million children, aged two to 17, will get the tablets at government schools and health centres.

The campaign, launched in collaboration with Deworm the World, follows a study that shows that 16% children in Delhi are infected by worms.

'Worm free'

"We found that many children were suffering from anaemia and they had worm infestation," Delhi Health Minister AK Walia told the BBC.

"All of them will be given tablets, which they have to chew. And that will be repeated after six months so all the children will be worm free," he said.

To publicise the programme, public service advertisements have been played on radio and published in newspapers.

Officials say they are targeting 4 million children in government schools, city slums and other poor areas.

The government hopes that this will address the problem of anaemia, malnutrition and low physical and mental development suffered by children who have worms.

"We have deployed several teams of doctors to supervise and monitor the programme," Mr Walia said.

Teachers and government health workers have been trained by the international organisation, Deworm The World.

"We've also supplied the pills to various locations for the campaign," said Sriram Raghavan of Deworm The World.

He said a similar project in Bihar, just over six months ago, had de-wormed 17 million children.

The Times of India

Worms eating into productivity, well-being of EWS children

Ambika Pandit, TNN Feb 19, 2012, 06.12AM IST

NEW DELHI: Children from weaker sections in [the national](#) capital are more susceptible to worms, which impact their productivity and well-being.

A medical examination of 3,251 children, as part of a study in Delhi, revealed the average prevalence of common worms was 16.09%. In slums, however, the prevalence was higher.

To assess the [spread](#) of worms among children, a study was carried out last year. As many as 3,251 children were surveyed in Delhi government and MCD schools besides 48 slums. The state government's health department, All India Institute of Medical Sciences (AIIMS) and NGO - Deworm the World - came together in this endeavour.

The survey laid out the average prevalence was 16.09%. The figures were significantly higher in MCD schools (18.86%) and slums (18.79%) as against government schools (9.91 %).

With worms impacting the mental and physical development of children, the Delhi government has decided to mark February 21 as deworming day.

Yogita Kumar from Deworm the World said soil-transmitted worms are common infestations in pre-school and school-age children among the poor, causing anaemia, malnutrition, retarded physical and mental growth. It also leads to less educational gains and productivity as adults, she added. "To deal with worm infestations, a multi-pronged approach is required comprising health education, sanitation and regular deworming. With health education and sanitation being long-term goals, regular deworming is the most effective way of getting rid of the disease in children," Kumar said.

She said several studies have shown deworming has had a significant and positive impact on health, nutritional status, growth, cognitive functions and educational achievements among children.

During the first stage of the programme on February 21, deworming drugs will be administered to an estimated 37 lakh children.