

DETAILED ANALYSIS OF INDEPENDENT MONITORING INDICATORS FOR DELHI

Table SA-1: Sample Sizes During Independent Monitoring	No. of schools visited	No. of Headmasters/ Teachers Interviewed	No. of school children interviewed	No. of <i>Anganwadis</i> visited
Deworming day	58	58	58 (1 child per school)	61
Mop-up day	89	89	89 (1 child per school)	90
Coverage validation	253	253	759 (3 children per school)	249
Total	400	400	906	400

For Schools

Table S1: Training Related Indicators	Deworming Day (N=58)	Mop-Up Day (N=89)	Aggregate (DD+MUD)
Indicators	Percentage	Percentage	Percentage
Response from the headmasters/principals interviewed:			
Attended training for deworming program	84.5	92.1	89.1
For schools that didn't attend training, reasons were:			
Problem with the location of training	11.1	14.3	12.5
Problem with the timing of training	11.1	42.9	25.0
Weren't aware of the date of training	55.6	28.6	43.8
Problem due to monitory constraints	11.1	14.3	12.5
Attended training in last year	11.1	14.3	12.5
Response from the teachers interviewed:			
Training status of teachers who were conducting deworming:			
Teachers who were trained at official level training	43.1	50.6	47.6
Teachers trained by headmaster or other teachers	41.4	44.9	43.5
Teachers who did not receive training	15.5	4.5	8.8
Based on monitor's observation:			
Deworming activities were taken place in the class	87.9	75.3	80.3
Type of health education about deworming had given			
Harmful effects of worms	70.6	61.2	65.3
How worms get transmitted	72.5	70.1	71.2
Benefits of deworming	80.4	76.1	78.0
Methods of STH prevention	51.0	53.7	52.5
No health education given	5.9	7.5	6.8
Percentage of teachers who identified sick children before administering the tablet	84.3	100.0	93.2
If there were sick children, the response of the teacher:			
Separate the children	41.9	32.8	36.4
Give the medicine	7.0	0.0	2.7
Did not give the medicine	46.5	56.7	52.7
Send back to home	2.3	0.0	0.9
Others	2.3	10.4	7.3
Schools where the drug was being given by teachers/headmasters	100.0	100.0	100.0
Teachers who told the children to chew the tablets before swallowing it	91.5	100.0	96.4
Teachers who followed the correct recording protocol of ticking (single tick on Deworming Day and double tick on Mop-Up Day)	84.3	85.1	84.7
Schools where children were given less than prescribed dose of albendazole	5.9	0.0	2.5
Schools where children were given more than prescribed dose of albendazole	2.0	0.0	0.8

Table S2: Awareness Related Indicators	Deworming day(N=58)	Mop-up day(N=89)	Aggregate (DD+MUD)
Indicators	Percentage	Percentage	Percentage
Response from the headmasters/principals interviewed:			
Different sources of information about the recent round of deworming			
Departmental communication	36.2	40.4	38.8
Radio	17.2	14.6	15.6
Newspaper	25.9	25.8	25.9
Banner	48.3	51.7	50.3
SMS	65.5	66.3	66.0
Training	56.9	62.9	60.5
Others	10.3	14.6	12.9
Awareness about different ways of STH infection			
Having foods without washing hands	94.8	95.5	95.2
Not washing hands after using toilets	87.9	87.6	87.8
Not using sanitary latrine	53.4	55.1	54.4
Moving in bare feet	67.2	62.9	64.6
Consume vegetables and fruits without washing	29.3	62.9	49.7
Having long and dirty nails	55.2	57.3	56.5
Others	8.6	4.5	6.1
Discussed about deworming in the last parent- teacher meeting	70.7	75.3	73.5
Banner visibility			
Schools in which the banner was clearly visible to all	94.2	88.2	90.4
Schools in which the banner was partially visible/ hidden in a room	1.9	11.8	8.1
Schools in which the banner was not posted/visible	3.8	0.0	1.4
Received SMS about deworming program	75.9	82.0	79.6
Schools where handouts about deworming program was available	58.6	62.9	61.2
Response from the teachers interviewed:			
Awareness about different ways of STH infection			
Having foods without washing hands	91.4	95.5	93.9
Not washing hands after using toilets	79.3	71.9	74.8
Not using sanitary latrine	53.4	51.7	52.4
Moving in bare feet	65.5	70.8	68.7
Consume vegetables and fruits without washing	63.8	61.8	62.6
Having long and dirty nails	63.8	57.3	59.9
Others	3.4	0.0	1.4
Teachers aware that if child is unwell could not give her/him the deworming tablet	96.6	100.0	98.6
Teachers aware that one deworming tablet/syrup were to be given	96.6	100.0	98.6

Response from the children interviewed:			
Children who knew what the medicine was for deworming	85.7	100.0	94.2
Children who had heard of deworming before deworming day /before mop-up day	67.3	83.1	77.3
Children who had heard of deworming on deworming day/mop-up day	28.6	16.9	21.2
The following are the mediums through which children became aware of deworming-			
Teacher/school	95.9	94.0	94.7
Radio	4.1	7.2	6.1
Newspaper	8.2	8.4	8.3
Banner	30.6	33.7	32.6
Parents/siblings	20.4	18.1	18.9
Friends/relatives	6.1	2.4	3.8

Table S3: Reporting Indicators	Deworming day(N=58)	Mop-up day(N=89)	Aggregate (DD+MUD)
Indicators	Percentage	Percentage	Percentage
Schools where school reporting form was available	81.0	86.5	84.4
Respondents who were aware of the last date of submission of school reporting form	63.8	65.2	64.6
Respondents who were aware of whom to submit the school reporting form to			
Zonal officer	63.8	68.5	66.7
School inspector	22.4	30.3	27.2
Any other person	3.4	1.1	2.0
Respondents who were aware of one copy of school reporting form to be submitted	75.9	83.1	80.3
Respondents who were aware that a copy of school reporting form have to retain in the school	69.0	76.4	73.5

Table S4: Drug availability and storage Indicators	Deworming day(N=58)	Mop-up day(N=89)	Aggregate (DD+MUD)
Indicators	Percentage	Percentage	Percentage
Response from the headmasters/principals interviewed:			
Respondents who got information about drug delivery at official training for deworming	67.2	87.6	79.6
Schools received deworming tablets / syrups	96.6	100.0	98.6
According to the drug packets, the expiration date was			
Before deworming day /before mop-up day	0.0	0.0	0.0
After deworming day /after mop-up day	100.0	100.0	100.0
Schools received deworming drug at the official level training	69.6	71.9	71.0
Schools received deworming drug, delivered by the zonal officer/school inspector	28.6	23.6	25.5
Schools where children got deworming tablet on deworming day/ mop-up day	96.6	100.0	98.6
The followings were available on the schools			

ORS	87.8	100.0	95.0
Tab. PCM	59.2	63.4	61.7
Tab. DOMSTAL 10 mg	28.6	21.1	24.2
Tab. DICYCLOMINE 10 mg	16.3	14.1	15.0
Based on monitor's observation			
Schools where the monitor observed spoilt tablets was			
Thrown away	43.1	4.5	21.2
Given to children	2.0	0.0	0.8
Left on the floor	0.0	0.0	0.0
Kept in some other place	7.8	1.5	4.2
Response from the children interviewed:			
Percentage of children got deworming tablet/syrup	96.6	93.3	94.6
Percentage of children who received medicine from the teacher/headmaster	98.2	100.0	99.3
Percentage of children consume deworming medicine	100.0	100.0	100.0
Percentage of children received deworming tablet	89.3	94.0	92.1
Percentage of children received deworming syrup	8.9	6.0	7.2
Percentage of children chewed tablet before swallowing	86.3	85.9	86.0

Table S5: Adverse Events related Indicators	Deworming day(N=58)	Mop-up day(N=89)	Aggregate (DD+MUD)
Indicators	Percentage	Percentage	Percentage
Response from the headmasters/principals interviewed:			
Percentage of headmaster who did not think there could be adverse effects due to deworming	67.2	73.0	70.7
Headmasters who believed the following to be the adverse effects of deworming			
Mild abdominal pain	89.5	95.8	93.0
Nausea/vomiting	63.2	79.2	72.1
Diarrhea	36.8	29.2	32.6
Fatigue	52.6	25.0	37.2
When asked about their response in case a student suffers from adverse effects, the headmasters answered:			
Make the child lie down in shade	56.9	58.4	57.8
Give ORS	55.2	57.3	56.5
Take the child to the hospital immediately	67.2	60.7	63.3
When asked about their response in case a student continues to suffer from adverse effects, the teachers answered :			
Call PHC or emergency number	51.7	62.9	58.5
Take the child to the hospital immediately	75.9	82.0	79.6
Schools prepared ERS (emergency response system) contact list	77.6	71.9	74.1
Schools where ERS (emergency response system) contact list were posted	75.6	79.7	78.0
Based on monitor's observation			
Percentage of teachers who did not identify sick children before administering the tablet	15.7	0.0	6.8
Schools where the monitor observed types of adverse event			
Stomach ache	9.8	10.4	10.2
Nausea	7.8	1.5	4.2
Vomiting	7.8	3.0	5.1
Diarrhea	2.0	0.0	0.8
Response from the teachers interviewed			
Percentage of teachers aware about unwell children could not get the deworming tablet	96.6	100.0	98.6
Percentage of teachers who thought it was acceptable for sick children to be dewormed	1.7	0.0	0.7
Percentage of teachers who did not think there could be adverse effects due to deworming	44.8	60.7	54.4
Teachers who believed the following to be the adverse effects of deworming			
Mild abdominal pain	81.3	88.6	85.1
Nausea/vomiting	81.3	80.0	80.6

Diarrhea	31.3	14.3	22.4
Fatigue	34.4	20.0	26.9
When asked about their response in case a student suffers from adverse effects, the teachers answered:			
Make the child lie down in shade	58.6	57.3	57.8
Take the child to the hospital immediately	65.5	79.8	74.1
When asked about their response in case a student continues to suffer from adverse effects, the teachers answered :			
Call PHC or emergency number	57.4	53.9	55.2
Take the child to the hospital immediately	72.2	74.2	73.4

Table S6: Effectiveness of Training and IEC materials	Deworming day(N=58)	Mop-up day(N=89)	Aggregate (DD+MUD)
Indicators	Percentage	Percentage	Percentage
Response from the headmasters/principals interviewed:			
Attended training for deworming program	84.5	92.1	89.1
Perceived usefulness of training for deworming			
Strongly disagree	5.2	6.7	6.1
Disagree	1.7	0.0	0.7
Agree	36.2	33.7	34.7
Strongly agree	43.1	51.7	48.3
Received SMS about deworming program	75.9	82.0	79.6
Number of SMS received			
Less than four	36.4	21.9	27.4
Four to eight	38.6	35.6	36.8
More than eight	22.7	42.5	35.0
Preferred time to receive SMS			
Morning	59.1	67.1	64.1
Afternoon	47.7	24.7	33.3
Evening	36.4	38.4	37.6
Not to prefer SMS	2.3	4.1	3.4
Most useful things recall from the SMS			
Dates of deworming	90.9	82.2	85.5
Availability of handouts/drugs	63.6	53.4	57.3
Availability of reporting format	43.2	53.4	49.6
Benefits of deworming	56.8	52.1	53.8
Drug dosage and administration	45.5	53.4	50.4
Adverse event management	25.0	34.2	30.8
Perceived helpfulness of SMS providing information about deworming			
Strongly disagree	2.3	6.8	5.1
Disagree	2.3	1.4	1.7
Agree	52.3	52.1	52.1
Strongly agree	43.2	39.7	41.0

Received banner for deworming program	89.7	95.5	93.2
Seen the banner that have received	96.2	96.5	96.4
Most useful things remembered from the banner			
Drug dosage and administration	72.0	81.7	78.0
Adverse event	52.0	50.0	50.8
Health information on STH and transmission	66.0	78.0	73.5
Prevention of worm infection	56.0	45.1	49.2
Perceived usefulness of banner that have remembered			
Strongly disagree	2.0	6.1	4.5
Disagree	6.0	1.2	3.0
Agree	52.0	42.7	46.2
Strongly agree	40.0	50.0	46.2
Schools where handouts about deworming program was available	58.6	62.9	61.2
Handouts was helpful for			
Drug dosage and administration	79.4	73.2	75.6
Adverse event	76.5	76.8	76.7
Health information on STH and transmission	61.8	48.2	53.3
Prevention of worm infection	67.6	55.4	60.0

Table S7: Coverage Validation Indicators (N=253)	
Indicators	Percentage
Response from the headmasters/principals interviewed:	
Different sources of information about the recent round of deworming	
Departmental communication	34.0
Radio	8.7
Newspaper	20.6
Banner	51.8
SMS	71.9
Training	74.7
Awareness about different ways of STH infection	
Having foods without washing hands	95.7
Not washing hands after using toilets	83.8
Not using sanitary latrine	63.6
Moving in bare feet	77.1
Consume vegetables and fruits without washing	66.8
Having long and dirty nails	51.0
Discussed about deworming in the last parent- teacher meeting	79.1
Attended training for deworming program	92.1
For schools that didn't attend training, reasons were:	
Problem with the location of training	0.0

Problem with the timing of training	0.0
Weren't aware of the date of training	44.4
Problem due to monitory constraints	0.0
Attended training in the last year	5.6
Received SMS about deworming program	87.4
Received banner about deworming program	94.1
Received handouts about deworming program	62.1
Percentage of schools had the sufficient drugs for deworming	97.2
Percentage of schools had extra storage of drugs after deworming	82.2
Percentage of schools where school reporting form was available after deworming day and mop-up day	87.4
For schools that didn't have school reporting form, reasons were:	
Did not received	9.4
Submitted to zonal officer	62.5
Submitted to school inspector	6.3
Unable to locate	9.4
Percentage of schools had complete school reporting form	87.4
Percentage of schools did deworming on deworming day or mop-up day	99.2
Percentage of schools reported mild adverse event after taking the medicine	9.5
Percentage of schools reported serious adverse event after taking the medicine	1.2
The followings adverse event was happened after taking the medicine	
Mild abdominal pain	57.1
Nausea/vomiting	60.7
Diarrhea	.0
Fatigue	7.1
When asked about their response in case a student suffers from adverse effects, the headmaster answered:	
Make the child lie down in shade	6.3
Gave ORS	8.3
Call PHC or emergency number	1.2
Take the child to the hospital immediately	3.2
Percentage of schools received the adverse event reporting form	65.2
Percentage of schools where adverse event reporting form was available	84.4
Percentage of schools those who filled the adverse event reporting form	61.3
Schools prepared ERS (emergency response system) contact list	75.1

Table S8: Coverage Validation Indicators	
State level verification factor	0.98175
School following the recording protocol	98.8%
State inflation rate (which measures the extent to which the recording in school reporting forms exceeds records at schools)	1.9%
State level inflation rate among trained schools (which measures how much the coverage reported in reporting forms exceeded school records in registers for schools that received training)	1.9%
State level inflation rate among untrained schools (which measures how much coverage reported in reporting forms exceeded school records in registers for schools that were not trained)	1.3%
School level inflation rate for schools that followed the recording protocol (measures how much coverage reported in reporting forms exceeded school records in registers, for schools that were following recording protocols, i.e., ticking).	3.2%
Non-compliance of recording protocol	1.2%
Inaccuracy among compliant schools (schools following recording protocols where ticks in registers did not match what was reported in school reporting forms)	73.5%
Children who were present on deworming day or mop-up day received deworming tablet, according to the responses from the children interviewed)	95.6%
Average attendance of children on deworming day and mop-up day according to the DD, MUD & CV data	62.2%

Table S9: District level Verification Factor	
District name	Verification factor
Central	1.069
East Delhi	1.122
South Delhi	0.918
South West	1.033
North East	1.067
North West	1.037
North Delhi	1.136
West Delhi	0.978

Indicators	
I_1	Attended training for deworming program
I_2	Received SMS about deworming program
I_3	Received banner about deworming program
I_4	Received handouts about deworming program
I_5	Had the sufficient drugs for deworming
I_6	Had school reporting form available
I_7	Had deworming on deworming day or mop-up day

Table S10: District Wise Variation (DD, MUD & CV) (N=400)									
Sl. No.	Name of Districts	I_1	I_2	I_3	I_4	I_5	I_6	I_7	N
1	Central	95.1	85.4	95.1	48.8	87.8	95.1	97.6	41
2	East Delhi	87.2	87.2	95.7	44.7	89.4	83.0	100.0	47
3	South Delhi	89.6	83.1	94.8	64.9	90.9	87.0	98.7	77
4	South West	97.3	89.2	94.6	75.7	91.9	94.6	100.0	37
5	North East	92.3	86.5	90.4	63.5	82.7	80.8	96.2	52
6	North West	80.3	73.8	93.4	65.6	93.4	88.5	100.0	61
7	North Delhi	94.3	92.5	90.6	58.5	96.2	84.9	100.0	53
8	West Delhi	100.0	81.3	96.9	75.0	90.6	75.0	100.0	32

Table S11: Indicators by Trained and untrained schools	Deworming day(N=58)		Mop-up day (N=89)		Aggregate (DD & MUD)	
	Trained	Untrained	Trained	Untrained	Trained Schools	Untrained Schools
Indicators						
Awareness about different ways of STH infection						
Having foods without washing hands	95.9	88.9	95.1	100.0	95.4	95.6
Not washing hands after using toilets	91.8	66.7	89.0	71.4	90.1	69.5
Not using sanitary latrine	57.1	33.3	57.3	28.6	57.2	30.5
Moving in bare feet	71.4	44.4	62.2	71.4	65.8	60.8
Consume vegetables and fruits without washing	30.6	22.2	61.0	85.7	49.0	60.7
Having long and dirty nails	55.1	55.6	57.3	57.1	56.4	56.5
Teachers aware that if child is unwell could not give her/him the deworming tablet	95.9	100.0	100.0	100.0	98.4	100.0
Teachers who told the children to chew the tablets before swallowing it	93.0	75.0	100.0	100.0	97.0	89.3
Teachers who followed the correct recording protocol of ticking (single tick on deworming day and double tick on mop-up day)	87.0	60.0	87.1	60.0	87.0	60.0
Schools where children were given less than prescribed dose of albendazole	6.5	0.0	0.0	0.0	2.8	0.0
Schools where children were given more than prescribed dose of albendazole	2.2	0.0	0.0	0.0	0.9	0.0
Teachers aware that one deworming tablet were to be given	100.0	77.8	100.0	100.0	100.0	91.2
Percentage of teachers who did not think there could be adverse effects due to deworming	42.9	55.6	59.8	71.4	53.1	65.2
Teachers who believed the following to be the adverse effects of deworming						
Mild abdominal pain	85.7	50.0	87.9	100.0	86.8	76.1
Nausea/vomiting	85.7	50.0	78.8	100.0	82.1	76.1
Diarrhea	32.1	25.0	15.2	0.0	23.3	11.9
Fatigue	32.1	50.0	21.2	0.0	26.4	23.9
When asked about their response in case a student suffers from adverse effects, the teachers answered:						
Make the child lie down in shade	63.3	33.3	57.3	57.1	59.7	47.7
Take the child to the hospital immediately	69.4	44.4	79.3	79.3	75.4	65.5
When asked about their response in case a student continues to suffer from adverse effects, the teachers answered :						

Call PHC or emergency number	57.4	57.1	56.1	28.6	56.6	39.4
Take the child to the hospital immediately	78.7	28.6	73.2	85.7	75.3	64.1
Respondents who were aware of the last date of submission of school reporting form	67.3	44.4	68.3	28.6	67.9	34.8
Respondents who were aware of whom to submit the school reporting form to						
Zonal officer	69.4	33.3	69.5	57.1	69.5	47.7
School inspector	22.4	22.2	29.3	42.9	26.6	34.7
Respondents who were aware of one copy of school reporting form to be submitted	79.6	79.6	84.1	71.4	82.3	74.6
Respondents who were aware that a copy of school reporting form have to retain in the school	73.5	44.4	76.8	71.4	75.5	60.8
Schools prepared ERS (emergency response system) contact list	83.7	44.4	72.0	71.4	76.6	60.8
Schools where ERS (emergency response system) contact list were posted	78.0	50.0	79.7	80.0	79.0	67.6

Table S12: Aggregate level Analysis (DD, MUD & CV) (N=400)	
Indicators	Percentage
Different sources of information about the recent round of deworming	
Departmental communication	35.8
Radio	11.3
Newspaper	22.5
Banner	51.3
SMS	69.8
Training	69.5
Awareness about different ways of STH infection	
Having foods without washing hands	95.5
Not washing hands after using toilets	85.3
Not using sanitary latrine	60.3
Moving in bare feet	72.5
Consume vegetables and fruits without washing	60.5
Having long and dirty nails	53.0
Discussed about deworming in the last parent- teacher meeting	77.0
Attended training for deworming program	91.0
For schools that didn't attend training, reasons were:	
Problem with the location of training	5.9
Problem with the timing of training	11.8
Weren't aware of the date of training	44.1
Problem due to monitory constraints	5.9
Attended training in the last year	8.8
Perceived usefulness of training for deworming	
Strongly disagree	4.8
Disagree	8.0
Agree	45.2
Strongly agree	36.4
Received SMS about deworming program	84.5
Preferred time to receive SMS	
Morning	69.5
Afternoon	39.1
Evening	44.1
Not to prefer SMS	1.8
Most useful things recall from the SMS	
Dates of deworming	93.5
Availability of handouts/drugs	57.1
Availability of reporting format	56.2
Benefits of deworming	56.8
Drug dosage and administration	31.4
Adverse event management	27.5
Perceived helpfulness of SMS providing information about deworming	
Strongly disagree	4.7
Disagree	1.2
Agree	49.1

Strongly agree	45.0
Received banner about deworming program	93.8
Most useful things remembered from the banner	
Drug dosage and administration	84.3
Adverse event	59.9
Health information on STH and transmission	59.3
Prevention of worm infection	58.5
Perceived usefulness of banner that have remembered	
Strongly disagree	4.4
Disagree	2.5
Agree	46.2
Strongly agree	46.7
Received handouts about deworming program	61.8
Handouts was helpful for	
Drug dosage and administration	78.1
Adverse event	72.5
Health information on STH and transmission	59.9
Prevention of worm infection	50.2
Schools had sufficient drugs for deworming	90.5
Schools had extra storage of drugs after deworming	80.5
Schools where children got deworming tablet on deworming day/ mop-up day	99.0
Schools where school reporting form was available	86.3
Schools prepared ERS (emergency response system) contact list	74.8
Percentage of children who were present on deworming day or mop-up day received deworming tablet (response from children)	95.6

Table S13: Enrollment- Attendance Analysis	Percentage
Percentage of children present on deworming day (based on two classes)	72.8
Percentage of children present on mop-up day (based on two classes)	66.0
Average attendance of children on deworming day and mop-up day (based on DD MUD & CV data)	62.2

For Anganwadis

Table A1: Training Related Indicators	Deworming day (N=61)	Mop-up day(N=90)	Aggregate (DD+MUD)
Indicators	Percentage	Percentage	Percentage
Response from the anganwadi worker			
Attended training for deworming program	83.6	87.8	86.1
For anganwadis that didn't attend training, reasons were:			
Problem with the location of training	10.0	9.1	9.5
Problem with the timing of training	20.0	0.0	9.5
Weren't aware of the date of training	30.0	63.6	47.6
Problem due to monitory constraints	10.0	0.0	4.8
Attended training in last year	30.0	27.3	28.6
Received information on deworming by the Is in departmental/sector meeting	100.0	96.7	98.0
Based on monitor's observation			
Deworming activities were taken place in the anganwadi	83.6	66.7	73.5
Type of health education about deworming had given			
Harmful effects of worms	49.2	33.3	39.7
How worms get transmitted	49.2	32.2	39.1
Benefits of deworming	54.1	50.0	51.7
Methods of STH prevention	34.4	31.1	32.5
No health education given	14.8	4.4	8.6
Percentage of anganwadi workers who identified sick children before administering the medicine	70.5	58.9	63.6
If there were sick children, the response of the anganwadi worker:			
Separate the children	27.9	20.0	23.2
Give the medicine	.0	.0	0.0
Did not give the medicine	32.8	34.4	33.8
Send back to home	8.2	1.1	4.0
Others	1.6	3.3	2.6
Anganwadis where the drug was being given by anganwadi worker/helper	83.6	66.7	73.5
Anganwadi workers who followed the correct recording protocol of ticking (single tick on deworming day and double tick on mop-up day)	75.4	54.4	62.9
Anganwadis where children were given more than prescribed dose of albendazole	18.0	5.6	10.6
Anganwadis where children were given less than prescribed dose of albendazole	11.5	2.2	6.0

Table A2: Awareness Related Indicators	Deworming day(N=61)	Mop-up day(N=90)	Aggregate (DD+MUD)
Indicators	Percentage	Percentage	Percentage
Response from the anganwadi worker			
Different sources of information about the recent round of deworming			
Departmental communication	14.8	21.1	18.5
Radio	13.1	12.2	12.6
Newspaper	16.4	14.4	15.2
SMS	47.5	67.8	59.6
Training	62.3	52.2	56.3
Others	6.6	24.4	17.2
Awareness about different ways of STH infection			
having foods without washing hands	90.2	91.1	90.7
Not washing hands after using toilets	78.7	76.7	77.5
not using sanitary latrine	50.8	45.6	47.7
Moving in bare feet	70.5	65.6	67.5
Consume vegetables and fruits without washing	59.0	63.3	61.6
Having long and dirty nails	63.9	48.9	55.0
Others	1.6	12.2	7.9
Received SMS about deworming program	67.2	85.6	78.1
Received handbills for deworming program	77.0	68.9	72.2
Anganwadis where handouts about deworming program was available	80.3	81.1	80.8
Anganwadi worker aware that if child is unwell could not give her/him the deworming tablet	100.0	98.9	99.3
Anganwadi workers aware that half deworming tablet were to be given to the children age 1-2 years	62.3	75.6	70.2
Anganwadi workers aware that one deworming tablet were to be given to the children more than 2 years	62.3	76.7	70.9
Anganwadi workers aware that half bottle deworming syrup were to be given to the children age 1-2 years	100.0	87.8	92.7
Anganwadi workers aware that one bottle deworming syrup were to be given to the children more than 2 years	100.0	95.6	97.4

Table A3: Reporting Indicators	Deworming day(N=61)	Mop-up day(N=90)	Aggregate (DD+MUD)
Indicators	Percentage	Percentage	Percentage
Anganwadis where anganwadi reporting form was available	60.7	85.6	75.5
Anganwadis where ASHA reporting form was available	32.8	81.1	61.6
Respondents who were aware about when to submit the anganwadi reporting form	42.6	38.9	40.4
Respondents who were aware that a copy of anganwadi reporting form have to retain in the anganwadi	67.2	75.6	72.2

Table A4: Drug availability and storage Indicators	Deworming day(N=61)	Mop-up day(N=90)	Aggregate (DD+MUD)
Indicators	Percentage	Percentage	Percentage
Response from the anganwadi worker			
Respondents who got information about drug delivery at project meeting	77.0	76.7	76.8
Anganwadi received only deworming tablets	0.0	10.0	6.0
Anganwadi received only deworming syrups	14.8	2.2	7.3
Anganwadi received deworming tablet and syrup both	85.2	83.3	84.1
According to the drug packets, the expiration date was for tablet			
Before deworming day /before mop-up day	0.0	1.1	0.7
After deworming day /after mop-up day	100.0	88.9	93.4
According to the drug packets, the expiration date was for syrup			
Before deworming day /before mop-up day	0.0	1.1	0.7
After deworming day /after mop-up day	100.0	93.3	96.0
Anganwadis received deworming drug at the project meeting	41.0	48.9	45.7
Anganwadis received deworming drug, delivered by lady supervisor/nodal officer	57.4	44.4	49.7
Anganwadis where children got deworming tablet on deworming day/ mop-up day	100.0	82.2	89.4
Based on monitor's observation			
Anganwadis where the monitor observed spoilt tablets was			
Thrown away	41.0	27.8	33.1
Given to children	0.0	0.0	0.0
Left on the floor	0.0	0.0	0.0
Kept in some other place	4.9	5.6	5.3

Table A5: Adverse Events related Indicators	Deworming day(N=61)	Mop-up day(N=90)	Aggregate (DD+MUD)
Indicators	Percentage	Percentage	Percentage
Response from the anganwadi worker			
Percentage of anganwadi worker who did not think there could be adverse effects due to deworming	72.1	47.8	57.6
Anganwadi workers who believed the following to be the adverse effects of deworming			
Mild abdominal pain	82.4	70.2	73.4
Nausea/vomiting	100.0	72.3	79.7
Diarrhea	29.4	23.4	25.0
Fatigue	52.9	29.8	35.9
When asked about their response in case a child suffers from adverse effects, the anganwadi workers answered:			
Make the child lie down in shade	65.6	56.7	60.3
Give water/ORS	39.3	36.7	37.7
Take the child to the hospital immediately	62.3	70.0	66.9
When asked about their response in case a child continues to suffer from adverse effects, the anganwadi workers answered :			
Call PHC or emergency number	54.1	56.7	55.6
Take the child to the hospital immediately	83.6	70.0	75.5
Percentage of anganwadi workers aware about unwell children could not get the deworming medicine	100.0	98.9	99.3
Percentage of anganwadi workers who thought it was acceptable for sick children to be dewormed	100.0	98.9	99.3
Based on monitor's observation			
Percentage of anganwadi workers who did not identify sick children before administering the medicine	13.1	58.9	40.4
Anganwadis where the monitor observed types of adverse event			
Stomach ache	0.0	2.2	1.3
Nausea	0.0	3.3	2.0
Vomiting	0.0	4.4	2.6
Diarrhea	0.0	1.1	0.7

Table A6: Effectiveness of Training and IEC materials	Deworming day(N=61)	Mop-up day(N=90)	Aggregate (DD+MUD)
Indicators	Percentage	Percentage	Percentage
Response from the anganwadi worker			
Attended training for deworming program	83.6	87.8	86.1
Perceived usefulness of training for deworming			
Strongly disagree	4.9	4.4	4.6
Disagree	1.6	2.2	2.0
Agree	39.3	38.9	39.1
Strongly agree	44.3	45.6	45.0
Received SMS about deworming program	67.2	85.6	78.1
Number of SMS received			
Less than four	39.0	21.1	26.7
Four to eight	43.9	24.4	30.5
More than eight	17.1	36.7	30.5
Preferred time to receive SMS			
Morning	32.8	54.4	45.7
Afternoon	11.5	15.6	13.9
Evening	31.1	35.6	33.8
Not to prefer SMS	3.3	2.2	2.6
Others	3.3	13.3	9.3
Most useful things recall from the SMS			
Dates of deworming	57.4	81.1	71.5
Availability of handouts/drugs	26.2	44.4	37.1
Availability of reporting format	26.2	40.0	34.4
Benefits of deworming	32.8	40.0	37.1
Drug dosage and administration	37.7	44.4	41.7
Adverse event management	14.8	18.9	17.2
Perceived helpfulness of SMS providing information about deworming			
Strongly disagree	0.0	8.9	5.3
Disagree	0.0	1.1	0.7
Agree	39.3	41.1	40.4
Strongly agree	27.9	34.4	31.8
Received community handbills for deworming program	77.0	85.6	82.1
When asked about their response on what aww did with this handbill, the anganwadi workers answered:			
Distributed to the community	45.9	45.6	45.7
Kept in the center	21.3	10.0	14.6
Distributed in the anganwadi	9.8	11.1	10.6
Anganwadis where handouts about deworming program was available	77.0	81.1	79.5
Handouts was helpful for			
Drug dosage and administration	52.5	62.2	58.3
Adverse event management	52.5	52.2	52.3
Health information on STH and transmission	52.5	45.6	48.3
Prevention of worm infection	44.3	12.2	25.2

Table A7: Coverage Validation Indicators (N=249)	
Indicators	Percentage
Response from the anganwadi worker	
Different sources of information about the recent round of deworming	
Departmental communication	46.2
Radio	12.4
Newspaper	20.9
SMS	57.0
Training	76.7
Awareness about different ways of STH infection	
Having foods without washing hands	92.8
Not washing hands after using toilets	75.1
Not using sanitary latrine	59.8
Moving in bare feet	75.1
Consume vegetables and fruits without washing	69.1
Having long and dirty nails	51.4
Received information on deworming by the lady supervisor in departmental/sector meeting	100.0
Attended training for deworming program	81.1
For anganwadis that didn't attend training, reasons were:	
Problem with the location of training	6.4
Problem with the timing of training	4.3
Weren't aware of the date of training	48.9
Problem due to monitory constraints	6.4
Attended training in the last year	12.8
Received SMS about deworming program	74.3
Received handouts about deworming program	83.9
Received community handbill about deworming program	74.7
Percentage of anganwadis had the sufficient drugs for deworming	88.8
Percentage of anganwadis had extra storage of drugs after deworming	42.2
Percentage of anganwadis where anganwadi reporting form was available after deworming day and mop-up day	81.1
For anganwadis that didn't have anganwadi reporting form, reasons were:	
Did not received	19.1
Submitted to lady supervisor	80.9
Unable to locate	.0
Percentage of anganwadis had complete anganwadi reporting form	85.5
Percentage of anganwadis did deworming on deworming day or mop-up day	100.0
Percentage of anganwadis reported mild adverse event after taking the medicine	16.9
Percentage of anganwadis reported serious adverse event after taking the medicine	0.0
The followings adverse event was happened after taking the medicine	
Mild abdominal pain	76.2
Nausea/vomiting	42.9
Diarrhea	11.9
Fatigue	23.8
When asked about their response in case a student suffers from adverse effects, the anganwadi worker answered:	
Make the child lie down in shade	64.3
Gave water/ORS	52.4
Call PHC or emergency number	40.5
Take the child to the hospital immediately	33.3
Percentage of anganwadis received the adverse event reporting form	40.6
Percentage of anganwadis where adverse event reporting form was available	65.3
Percentage of anganwadis those who filled the adverse event reporting form	69.7

Table A8: Coverage Validation Indicators	
State level verification factor	1.03359
Anganwadi following the recording protocol	99.2
State inflation rate (which measures the extent to which the recording in anganwadi reporting forms exceeds records at anganwadis)	-3.3
State level inflation rate among trained anganwadis (which measures how much the coverage reported in reporting forms exceeded anganwadi records in registers for anganwadis that received training)	-3.4
State level inflation rate among untrained anganwadis (which measures how much coverage reported in reporting forms exceeded anganwadi records in registers for anganwadis that were not trained)	-2.6
Anganwadi level inflation rate for anganwadis that followed the recording protocol (measures how much coverage reported in reporting forms exceeded anganwadi records in registers, for anganwadis that were following recording protocols, i.e., ticking).	-2.3
Non-compliance of recording protocol	0.8
Inaccuracy among compliant anganwadis (anganwadis following recording protocols where ticks in registers did not match what was reported in anganwadi reporting forms)	33.7
Average attendance of children on deworming day and mop-up day according to the DD & MUD data	47.2

Table A9: District level Verification Factor	
District Name	Verification factor
Central	1.017
East Delhi	1.051
South Delhi	1.093
South West	1.039
North East	1.118
North West	1.113
North Delhi	1.137
West Delhi	1.106

	Indicators
I_1	Attended Training for deworming program
I_2	Received SMS about deworming program
I_3	Received handbills about deworming program
I_4	Received handouts about deworming program
I_5	Had the sufficient drugs for deworming
I_6	Had anganwadi reporting form available
I_7	Had deworming on deworming day or mop-up day

Table A10: District Wise Variation (DD MUD & CV) (N=400)									
Sl. No.	Name of Districts	I_1	I_2	I_3	I_4	I_5	I_6	I_7	N
1	Central	90.0	80.0	90.0	75.0	85.0	75.0	95.0	20
2	East Delhi	84.6	69.2	69.2	84.6	82.1	92.3	100.0	39
3	South Delhi	82.5	72.8	78.1	86.0	83.3	76.3	98.2	114
4	South West	92.3	65.4	76.9	92.3	84.6	76.9	100.0	26
5	North East	83.0	75.5	56.6	75.5	88.7	81.1	98.1	53
6	North West	83.1	81.4	69.5	86.4	79.7	69.5	98.3	59
7	North Delhi	72.0	92.0	76.0	64.0	96.0	84.0	100.0	25
8	West Delhi	81.3	76.6	79.7	84.4	76.6	82.8	89.1	64

Table A11: Indicators by Trained and untrained anganwadis	Deworming day(N=61)		Mop-up day(N=90)		Aggregate (DD &MUD)	
Indicators	Trained	Untrained	Trained	Untrained	Trained	Untrained
Awareness about different ways of STH infection						
Having foods without washing hands	90.2	90.0	94.9	63.6	93.0	74.3
Not washing hands after using toilets	82.4	60.0	77.2	72.7	79.3	67.6
Not using sanitary latrine	51.0	50.0	48.1	27.3	49.3	36.5
Moving in bare feet	76.5	40.0	65.8	63.6	70.1	54.1
Consume vegetables and fruits without washing	60.8	60.8	67.1	36.4	64.5	46.2
Having long and dirty nails	60.8	40.0	48.1	54.5	53.2	48.7
Anganwadi worker aware that if child is unwell could not give her/him the deworming medicine	100.0	100.0	98.7	100.0	99.2	100.0
Percentage of anganwadi workers who identified sick children before administering the medicine	82.6	100.0	86.8	100.0	84.9	100.0
Anganwadi workers who followed the correct recording protocol of ticking (single tick on deworming day and double tick on mop-up day)	91.3	80.0	84.9	57.1	87.8	67.6
Anganwadis where children were given more than prescribed dose of albendazole	23.9	0.0	9.4	0.0	16.1	0.0
Anganwadis where children were given less than prescribed dose of albendazole	15.2	0.0	3.8	0.0	9.0	0.0
Anganwadi workers aware that half deworming tablet were to be given to the children age 1-2 years	64.7	50.0	75.9	72.7	71.4	63.5
Anganwadi workers aware that one deworming tablet were to be given to the children more than 2 years	64.7	50.0	74.7	90.9	70.7	74.4
Anganwadi workers aware that half bottle deworming syrup were to be given to the children age 1-2 years	100.0	100.0	88.6	81.8	93.2	89.2
Anganwadi workers aware that one bottle deworming syrup were to be given to the children more than 2 years	100.0	100.0	94.9	100.0	97.0	100.0
Percentage of anganwadi worker who did not think there could be adverse effects due to deworming	68.6	90.0	51.9	54.5	58.7	68.9
Anganwadi workers who believed the following to be the adverse effects of deworming						
Mild abdominal pain	81.3	100.0	76.3	80.0	77.7	85.7

Nausea/vomiting	100.0	100.0	76.3	100.0	83.0	100.0
Diarrhea	31.3	0.0	28.9	0.0	29.6	0.0
Fatigue	50.0	100.0	34.2	20.0	38.7	42.7
When asked about their response in case a child suffers from adverse effects, the anganwadi workers answered:						
Make the child lie down in shade	72.5	30.0	59.5	36.4	64.8	33.8
Give water/ORS	43.1	20.0	34.2	54.5	37.8	40.6
Take the child to the hospital immediately	58.8	80.0	69.6	72.7	65.3	75.7
When asked about their response in case a child continues to suffer from adverse effects, the anganwadi workers answered :						
Call PHC or emergency number	56.9	40.0	59.5	36.4	58.4	37.8
Take the child to the hospital immediately	86.3	70.0	68.4	81.8	75.6	77.0
Respondents who were aware about when to submit the anganwadi reporting form	47.1	20.0	41.8	36.4	43.9	29.8
Respondents who were aware that a copy of anganwadi reporting form have to retain in the anganwadi	68.6	60.0	77.2	81.8	73.7	73.0

Table A12: Aggregate level Analysis (N=400)	
Indicators	Percentage
Different sources of information about the recent round of deworming	
Departmental communication	35.8
Radio	12.5
Newspaper	18.8
SMS	58.0
Training	69.0
Awareness about different ways of STH infection	
Having foods without washing hands	92.0
Not washing hands after using toilets	76.0
Not using sanitary latrine	55.3
Moving in bare feet	72.3
Consume vegetables and fruits without washing	66.3
Having long and dirty nails	52.8
Received information on deworming by the lady supervisor in departmental/sector meeting	99.3
Attended training for deworming program	83.0
For anganwadis that didn't attend training, reasons were:	
Problem with the location of training	7.4
Problem with the timing of training	5.9
Weren't aware of the date of training	48.5
Problem due to monitory constraints	5.9
Attended training in the last year	17.6
Perceived usefulness of training for deworming	
Strongly disagree	8.0
Disagree	0.8
Agree	37.3
Strongly agree	42.5
Received SMS about deworming program	75.8
Preferred time to receive SMS	
Morning	59.4
Afternoon	34.3
Evening	47.9
Not to prefer SMS	4.3
Most useful things recall from the SMS	
Dates of deworming	93.1
Availability of handouts/drugs	46.5
Availability of reporting format	50.5
Benefits of deworming	57.1
Drug dosage and administration	52.8
Adverse event management	27.4
Perceived helpfulness of SMS providing information about deworming	
Strongly disagree	8.6

Disagree	2.3
Agree	47.2
Strongly agree	41.9
Received handouts about deworming program	82.8
Handouts was helpful for	
Drug dosage and administration	72.5
Adverse event	60.1
Health information on STH and transmission	64.4
Prevention of worm infection	45.9
Received community handbills for deworming program	73.8
When asked about their response on what aww did with this handbill, the anganwadi workers answered:	
Distributed to the community	78.3
Kept in the center	12.5
Distributed in the anganwadi	8.5
Anganwadis had sufficient drugs for deworming	83.3
Anganwadis had extra storage of drugs after deworming	53.0
Anganwadis where children got deworming tablet on deworming day/ mop-up day	97.0
Anganwadis where anganwadi reporting form was available	79.0

Annexure II: Reporting Forms

SCHOOL REPORTING FORMAT

Mass Deworming Day on 16th April, 2015 & Mop up Day 20th April 2015

*Please fill in all the details below and write 'NA' wherever it is not applicable.

State :		District :	
Name of the School		DISE Code of the School	
Number of Teachers trained for Mass Deworming Programme			
Albendazole Coverage			
	Girls	Boys	Total
Total No. of children enrolled in the school (Nursery-12 th class)			(A)
No. of enrolled children (upto 2 nd class) who were administered Syp Albendazole on Mass Deworming Day			(1)
No. of enrolled children (upto 2 nd class) who were administered Syp Albendazole on the Mop Up Day			(2)
No. of enrolled children (3 rd to 5 th class) who were administered Tab Albendazole on Mass Deworming Day			(3)
No. of enrolled children (3 rd to 5 th class) who were administered Tab Albendazole on the Mop Up Day			(4)
No. of enrolled children (class 6 th to 12 th) who were administered Tab Albendazole on Mass Deworming Day			(5)
No. of enrolled children (class 6 th to 12 th) who were administered Tab Albendazole on the Mop Up Day			(6)
GRAND TOTAL of number of children who were administered Albendazole (B= 1+2+3+4+5+6)	(B)		
Number of adverse events reported from the school (submit adverse event reporting format as applicable)			
Logistic Details			
Total No. of Syp Albendazole given to the school			
Total No. of Syp Albendazole administered to the children by the school (total of both Mass Deworming Day and Mop-Up day)			
Stock of Syp Albendazole left in school			
Total No. of Tab Albendazole given to the school			
Total No. of Tab Albendazole administered to the children by the school (total of both Mass Deworming Day and Mop-Up day)			
Stock of Tab Albendazole left in school			
(Name and signature of the signatory) (School Principal/Nodal Teacher)			
You may call up the Monitoring Incharge (Name :-Dr. Namdita Chhibber / Phone:8745011261) for any assistance if required			

Submit to Zonal officer (Edu. Dept.) by 25th April, 2015. Zonal Officer will submit all school reporting formats to District Incharge of School Health Scheme by 28th April, 2015.

रिपोर्टिंग प्रारूप डिवर्निंग डे और मॉप अप डे

आंगनवाड़ी रिपोर्टिंग प्रारूप

* कृपया सभी खाली बॉक्स भरें एवं कोई कॉलम खाली न छोड़ें।

राज्य:		जिला का नाम:	
परियोजना का नाम:		आंगनवाड़ी केंद्र:	
क्या आंगनवाड़ी कार्यकर्ता ने डिवर्निंग पर प्रशिक्षण प्राप्त किया है? (हां/नहीं) ?			
अल्बेडाजोल कवरेज			
	लड़कियाँ	लड़के	कुल
आंगनवाड़ी केंद्र में पंजीकृत बच्चों (1 से 6 साल) की कुल संख्या			
पंजीकृत बच्चों की कुल संख्या (1 से 6 साल) जिन्हें डिवर्निंग डे पर अल्बेडाजोल की दवा दी गयी			(A)
पंजीकृत बच्चों की कुल संख्या (1 से 6 साल) जिन्हें डिवर्निंग डे पर अल्बेडाजोल की दवा दी गयी			(1)
पंजीकृत बच्चों की कुल संख्या (1 से 6 साल) जिन्हें मॉप अप डे पर अल्बेडाजोल की दवा दी गयी			(2)
अपंजीकृत बच्चों की कुल संख्या (1 से 6 साल) जिन्हें डिवर्निंग डे पर अल्बेडाजोल की दवा दी गयी			(3)
अपंजीकृत बच्चों की कुल संख्या (1 से 6 साल) जिन्हें मॉप अप डे पर अल्बेडाजोल की दवा दी गयी			(4)
अनामांकित बच्चों की कुल संख्या (6 से 10 साल) जिन्हें डिवर्निंग डे पर अल्बेडाजोल की दवा दी गयी			(5)
अनामांकित बच्चों की कुल संख्या (6 से 10 साल) जिन्हें मॉप अप डे पर अल्बेडाजोल की दवा दी गयी			(6)
पंजीकृत किशोरियों की कुल संख्या (10 से 19 साल) जिन्हें डिवर्निंग डे पर अल्बेडाजोल की दवा दी गयी			(7)
पंजीकृत किशोरियों की कुल संख्या (10 से 19 साल) जिन्हें मॉप अप डे पर अल्बेडाजोल की दवा दी गयी			(8)
अनामांकित किशोर/किशोरियों की कुल संख्या (10 से 19 साल) जिन्हें डिवर्निंग डे पर अल्बेडाजोल की दवा दी गयी			(9)
अनामांकित किशोर/किशोरियों की कुल संख्या (10 से 19 साल) जिन्हें मॉप अप डे पर अल्बेडाजोल की दवा दी गयी			(10)
कुल योग : बच्चों की कुल संख्या जिन्हें अल्बेडाजोल की दवा दी गयी (B = 1+2+3+4+5+6+7+8+9+10)		(B)	
आंगनवाड़ी द्वारा सूचित कुल प्रतिकूल घटनाओं की संख्या (प्रतिकूल घटना रिपोर्टिंग प्रारूप प्रस्तुत करें)			
विवरण			
आंगनवाड़ी केंद्र को प्राप्त अल्बेडाजोल गोण्डियों की कुल संख्या			
आंगनवाड़ी केंद्र को प्राप्त अल्बेडाजोल सिरप शीशी की कुल संख्या			
आंगनवाड़ी केंद्र द्वारा बच्चों को खिलायी गयी अल्बेडाजोल की गोण्डियों की कुल संख्या (डिवर्निंग डे + मॉप अप डे)			
आंगनवाड़ी केंद्र द्वारा बच्चों को खिलायी गयी अल्बेडाजोल की सिरप शीशी की कुल संख्या (डिवर्निंग डे + मॉप अप डे)			
आंगनवाड़ी केंद्र के पास बची अल्बेडाजोल गोण्डियों की कुल संख्या			
आंगनवाड़ी केंद्र के पास बची अल्बेडाजोल सिरप शीशी की कुल संख्या			
(आंगनवाड़ी कार्यकर्ता का नाम एवं हस्ताक्षर)			
किसी भी समस्या के निवारण हेतु आप राज्य कार्यालय (नाम : डॉ. गौतम सिंह/फोन नं. 011- 23813214/9868394884) से संपर्क कर सकते हैं।			

इस फॉर्मेट/प्रारूप की एक कापी आंगनवाड़ी कार्यकर्ता 23 अप्रैल, 2015 तक लेडी सुपरवाइजर के पास जमा करें तथा दूसरी कापी आशा कार्यकर्ता अथवा एएनएम को दें।