

## National Deworming Day Monitoring Form-August 2018

Date of Visit (Tick the box which applies):									
GENE	RAL INFORMATI	ON							
	& Mobile No. of	Monitoring	Name of	Schoo	ol	State	District	Block	Name of
	Monitoring Officer Site		School/	DISE/AWC		Name:	Name:	Name:	Ward
	S	1. Government	AWC:	Code:				/Village	
		school							
		2. Private School							
		3.Anganwadi							
If monitoring site is government/private school, please fill in the below two points:									
a) Total children enrolled in the school				,					
					the day of monitoring visit				
MONITORING SECTION: Circle the correct option based on your observations and interviews.									
NDD Observations									
1.	Does the school/AWC have deworming drugs? 1. YES 2. NO (If No, skip to Q.4)								
2.	0	vailable in sufficien						, 0	ered
2	children? 1. YES If Yes, specify the quantity of drugs - 2. NO								
3.		iry date of the drug		C	.1 1		0.01 1 11	.1 . 1	
4.		I/AWC have the foll							
	1. School/AWC	handout/reporting	g form 2. Drin	king w	ater 3	. ORS Packet	s 4. Others (s	specify)	
5.	Are the deworming drugs being administered to children? 1. YES 2.NO								
6.	If NO, why deworming is not happening at school/Anganwadi? Specify reason.								
7.	If YES, who is administering the drugs to the children? Circle all that apply. (If the deworming has already happened, check with school headmaster/AWW) 1. AWW 2. Teacher/Principal 3. ASHA 4. Other (specify)								
0	Iatha ACIIA mma	gont at the AMICO	This quarties is	a annli	aabla ta	Anganwadi (	Contra only)		
8.	-	esent at the AWC? <i>(</i> O (If No, skip to Q.1	•	<i>з арр</i> и	cable to	Angunwaai (	entre only)		
9.	Is the ASHA assisting the AWW in the deworming process? (This question is applicable to Anganwadi Centre only)								
	1. YES 2.NO								
10.	Is the teacher/A	AWW separating sid							
	1. YES 2.NO	3. Incase no	ot able to obser	rve as (	deworm	ing already l	nappened, che	ck with teach	er/AWW
11.	Did the teacher, 1. YES 2. N	/AWW tick (✓/✓✓ IO 3. Incase no	) each child's r ot able to obser					0	_
12.		AWW make a list of							,
	1. YES 2.NO		olled children o	,	_		_	0.	
13.		ol children getting					YES 2.NO		
14.		ving any health edu	Ū	U		•			
14.	1. YES 2.NO		eck with 1-2 st					enefits and m	ake note
15.	Whether childr teacher/AWW?	ren are given appro 1. Yes	priate dose (ha 2. No	alf tabl	et for 1	-2 years/one	tablet for 2-19	9 years) of All	pendazole by
16.		VW asking children		in fron	t of the	n only?			
	1. YES 2. No	_	able to observ			J			
				-					
17. Whether children are told to chew the tablet before swallowing it?									
	1. YES 2. NO	3. Incase not	able to observ	ze, mal	ke note				



Training Aspects								
18.	Have you or any other person from your school/AWW attended official training for deworming in the last two months? 1. YES 2. NO If No, specify reason -							
19.	If YES, did those who attend deworming training provide training to others? 1. YES 2.NO  If No, specify reason							
20.	Where did the teacher/AWW receive training?  1. At school 2. At Block-level training 3. At District-level training 4. Other (Specify)							
21.	Materials received during training? 1. Tablets 2. Poster/banner 3. Handouts /reporting form 4. Adverse event reporting form 5. Others (Specify)							
22.	Did you receive any SMS about the NDD? 1. YES 2.NO							
	Adverse Events							
23.	According to the teacher/AWW, can the deworming drugs be administered to sick children?  1. YES  2. NO  3. Don't know							
24.	Is the teacher/AWW aware of the possibility of adverse events from deworming?  1. YES 2.NO 3. Don't know (Skip to Q.26)							
25.	If YES, according to the teacher/AWW, what is the appropriate response in case of severe adverse events?  Circle all that apply.  1. Let the child rest in an open and shaded place 2. Provide clean water to drink 3. Contact the ANM/nearby PHC 4. Others (Specify)							
26.	What possible adverse events could be reported by children after having the tablets? Circle all that apply.  1. Mild abdominal pain  2. Nausea/vomiting  3. Diarrhea  4. Fatigue  5. Don't know  6. Others  (Specify)							
27.	Did you witness any serious cases of adverse events in the school/AWC? 1. YES 2.NO							
28.	Does the school/AWC have phone numbers of the nearest ANM or MO-PHC? 1. YES 2.NO							
	Community Awareness and IEC Materials							
29.	Which of the following IEC materials are visible at the school/AWC? Circle all that apply.  1. Poster 2. Banner 3. No IEC materials 4. Not received 4. Others (Specify)							
30.	Which of the following reference documents are available at the school/AWC? Circle all that apply.  1. Teacher/AWW Handout/reporting form 2. Adverse Events Protocol 3. No documents  4. Others (Specify)							
31.	Which of the following community mobilization steps have been under taken by the ASHA before NDD? Circle all that apply.  1. Conducted village meetings with parents 2. Informed parents about harmful effects of worms 3. Informed parents of benefits of deworming 4. Informed parents about behavior change to prevent reinfection 5. Others (Specify)							
32.	From where did you get information about the recent round of deworming program?  1. Departmental communication 2. Television 3. Radio Newspaper 4. Banner 5. SMS  6. Training 7. Others (Specify)							
33.	What are the different ways that children can get worm infection? Circle all that apply.  1. Having foods without washing hands  2. Not washing hands after using toilets  3. Not using sanitary toilets  4. Moving in bare feet  5. Consume vegetables and fruits without washing							
ADDITIONAL COMMENTS: Please write any observations that have not been captured in the preceding sections								