



NATIONAL DEWORMING DAY – AUGUST 2018

COMMON REPORTING FORMAT (For Sub-centre, Block, District and State)

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

State Name:		District Name:		Block Name:	
No. of Govt/Govt Aided Schools:				No. of Govt/Govt Aided Schools Reporting Coverage:	
No. of Targeted Private Schools:				No. of Private Schools Reporting Coverage:	
No. of Anganwadi Centre (AWCs):				No. of AWCs Reporting Coverage:	
Training and Albendazole Drug Coverage Details					
Training Details					
No. of ASHAs oriented/trained on National Deworming Day (NDD):					
No. of Govt/Govt aided schools who attended training on NDD:					
No. of private schools who attended training on NDD:					
No. of Anganwadi workers oriented/trained on NDD:					
Coverage Details				Girls	Boys
Total no. of children registered in AWCs (1-5 years)					(A)
Total no. of children unregistered in AWCs (1-5 years)					(B)
Total no. of children out-of-school at the AWCs (6-19 years)					(C)
Total children enrolled in the schools (class 1-12)		Govt. school			(D)
		Pvt. school			(E)
Total number of children targeted (Z)=(A)+(B)+(C)+(D)+(E)					
No. of enrolled children (class 1-5) who were administered Albendazole on NDD and Mop-up day (MUD)		Govt. school			1(a)
		Pvt. school			1(b)
No. of enrolled children (class 6-12) who were administered Albendazole on NDD and MUD		Govt. school			2(a)
		Pvt. school			2(b)
No. of registered children in AWCs (1-5 years) who were administered Albendazole on NDD and MUD					(3)
No. of unregistered children (1-5 years) who were administered Albendazole on NDD and MUD					(4)
No. of out-of-school children (6-19 years) who were administered Albendazole on NDD and MUD					(5)
GRAND TOTAL of number of children who were administered Albendazole (T=1a+1b+2a+2b+3+4+5)				(T)	
Percent coverage				(T) X 100 / (Z)=	
No. of severe adverse events reported from schools and AWCs					
Stock Details: Block/District/State (tick as applicable)				Govt. Schools	Private Schools
Total no. of Albendazole tablets given					
Total no. of Albendazole tablets left with school					
Feedback (if any) –					
Name, designation, and signature of the official preparing the report:					
Name, designation, and signature of the official reviewing the report:					
Contact number of official submitting the report:					
You may call up the State/District/Block Office (Name: _____/ Phone: _____) for any assistance required					

SUBMIT TO _____ (states to adapt this information):
 (For Blocks: Submission to District M&E Officer by **10 September 2018**)
 (For Districts: Submission to State Nodal Officer by **17 September 2018**)