

SCHOOL ID: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
TODAY'S Date: |D|D| / |M|M| / |Y|Y|

Survey ID: **DD-MAIN-**  
(same for all pages)



Tick one appropriate box

STH ONLY

SCHISTO + STH

**DD-MAIN: DEWORMING DAY MAIN**

**GENERAL INSTRUCTIONS**

1. Specific instructions to monitor will be written in **BOLD AND CAPITAL**
2. Whenever writing text, please print in CAPITAL LETTERS
3. If **STH ONLY** survey indicated above, **do not ask question numbers indicated with a ‘\*’**
4. Please ensure all questions are filled. Fill in responses by circling the correct number code.
5. Read instructions below each question. **SINGLE CODE**:- only one response required; **MULTIPLE CODE**:- one or more responses.

**IF ANYONE AT THE SCHOOL HAS QUESTIONS OR CONCERNS,  
THEY CAN CALL THE DEWORMING SUPPORT LINE: 0715 836 787**

**SURVEY INSTRUCTIONS**

- Use the DD-MAIN instrument to conduct interviews and note observations at the selected primary school on deworming day.
- In case selected school is closed or does not exist or has already dewormed, move to the next nearby primary school.
- DD-MAIN should be completed along with DD-INT
- Maintain detailed notes in field diary on observations from this visit.

**LOCATION DETAILS**

**DETAILS SHOULD BE AVAILABLE TO THE MONITOR BEFORE GOING TO SCHOOL**

County Name:

District Name:

District ID:

Division Name:

Division ID:

School Name:

School ID:

Randomly Selected Class and Stream:  
**(To be assigned before school visit)**

- 1.
- 2.
- 3.

**DATA COLLECTION DETAILS**

Monitor Name:

Monitor Id #:

Editor Name:

Editor Id #:

**ANSWER THIS SECTION AT THE END OF THIS INSTRUMENT.**

1 a	Were all sections of instrument filled? <b>SINGLE CODE.</b>	1 - Yes	1	<b>SKIP 1b and 1c</b>
		2 - No	2	
1 b	Why were all sections not completed? <b>WRITE TEXT</b>	_____		
1 c	Which sections are blank? <b>MULTIPLE CODE</b>	1 – Section 1	1	
		2 – Section 2	2	
		3 – Section 3	3	
		4 – Section 4	4	
		5 – Section 5	5	
		6 – Section 6	6	
		7 – Section 7	7	
		8 – Section 8	8	

**1. HEAD TEACHER PRE-INTERVIEW**

Thank you for speaking with me, could you please provide me with some details about your school:

1.1	How many primary school students are enrolled in this school? (Exclude attached ECD) <b>WRITE NUMBER</b>	<table border="1" style="display: inline-table; 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> </tr> </table>							
1.2	Is there an attached ECD centre? <b>SINGLE CODE</b>	1 – Yes	1	<b>SKIP TO 1.4</b>					
		2 – No	2						
1.3	Do the children from the attached ECD centre participate in the daily school assembly? <b>SINGLE CODE</b>	1 – Yes	1						
		2 – No	2						
1.4	How many stand-alone ECD centres operate close/are linked to this primary school? (Nursery school not in primary school) <b>WRITE NUMBER</b>	<table border="1" style="display: inline-table; 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> </tr> </table> <p>Fill (-99) for Don't Know</p>							
1.5	Are there any events or special programs happening at this school today? <b>SINGLE CODE</b>	1 – Deworming Day	1	<b>SKIP TO 1.8</b>					
		2 – Other (specify): _____	2						
		3 – No	3						
1.6	Will children at this school get deworming medicine through the school today? <b>SINGLE CODE</b>	1 – Yes	1	<b>SKIP TO 1.8</b>					
		2 – Already Dewormed, Before Today	2						
		3 – Plan to deworm later	3						
1.7	When did/will the children get dewormed? <b>WRITE DATE</b>	D D / M M / Y Y							
1.8	What time have you planned to start deworming the children? <b>WRITE TIME (USE 24 HRS)</b>	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 10px; text-align: center;">:</td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>					:		
		:							

Thank you. Your feedback regarding the deworming exercise is extremely valuable. I have a few questions regarding deworming day. There are no right or wrong answers, we want to understand how deworming happens at the school level across the country.

1.9	Where on the school compound will deworming be happening? <b>SINGLE CODE</b>	1 – In Classroom	1	<b>SKIP TO 1.11</b>
		2 – Outside classroom	2	
		3 – Other (specify): _____	3	
		4 – outside school(specify) _____	4	

1.10	Was there any specific reason for not conducting the deworming exercise outside classroom? <b>SINGLE CODE</b>	1 – No space	1	
		2 – Raining Heavily	2	
		3 –Space used for other activity	3	
		4 –Suggested at Teacher Training	4	
		5 – Other (specify): _____	5	
		6 – No specific reason.	6	
1.11	Who will administer the tablets to the children? <b>SINGLE CODE. PROBE.</b>	1 – Head Teacher	1	
		2 – Trained teachers.	2	
		3 – Class teachers to Deworm their Own Classes	3	
		4 – Few Teachers (more than 2 Teachers, but Not All)	4	
		5 – Other (specify): _____	5	
1.12	What is the plan for the treatment of ECD children? <b>SINGLE CODE</b>	1–Designated teacher (not ECD teacher)	1	
		2 – ECD teacher will administer	2	
		3 – Each teacher will deworm ECD children as they are approached by them	3	
		4 – Other (specify): _____	4	
		5 – No specific plan	5	
1.13	Have the attached and stand-alone/feeder/linked ECD centres been notified about the deworming day? <b>SINGLE CODE</b>	1–Yes	1	<b>SKIP TO 1.15</b>
		2 – No	2	
		-99 – Don't know	-99	
1.14	Who informed the ECD centres about the deworming day? <b>MULTIPLE CODE</b>	1–Head Teacher informed	1	
		2 –DICECE informed	2	
		3 –Other MOE/MOH officials informed	3	
		4 –Head Teacher delegated someone to inform	4	
		5 – Other (specify): _____	5	
		-99 – Don't Know	-99	
1.15	What is the plan for the treatment of non-enrolled children? <b>SINGLE CODE</b>	1–Designated teacher	1	
		2 – Each teacher will deworm non-enrolled children as they are approached by them	2	
		3 – Other (specify): _____	3	
		4 – No specific plan	4	
1.16	What types of worms will you be treating for today? <b>MULTIPLE CODE</b>	1 – STH/Soil Transmitted/Hook Worm, Round Worm, Tape Worm, Whip Worm/Minyoo	1	
		2 – SCHISTO/Bilharzia/Water Transmitted/ Kichocho	2	
		3 – Other(specify): _____	3	
		-99 – Don't Know	-99	
1.17	Which tablets will children receive at your school today? <b>MULTIPLE CODE</b>	1 – Albendazole	1	
		2 – Praziquantel	2	
		3 – Other(specify): _____	3	
		-99 – Don't Know	-99	

1.18	What are the steps to administer drugs on deworming day? <b>MULTIPLE CODE. PROBE.</b>	1 – Names of all enrolled children need to be copied from the class register on to Form E (for STH).	1	
		2 – One Albendazole Tablet to be given to each child	2	
		3 – Check child’s mouth to make sure that each child chews and swallows the tablet	3	
		4 – Complete Form E as child is treated	4	
		5 – Mark tick if the child took the tablet	5	
		6 – Mark X if they refused the tablet	6	
		7 – Mark 0 if they were absent	7	
		8 – For non-enrolled children use Form N to record treatment	8	
		9 – Use form E-P and N-P for SCHISTO treatment	9	
		10 – Ensure child has eaten before receiving SCHISTO treatment	10	
		11 – Use tablet pole to determine dosage for Praziquantel	11	
		12 – Other (specify) _____	12	

Now I would like to ask you a few questions about worms or Minyoo. Whenever I say STH I am talking specifically about, hookworm, round worm and whip worm, not Bilharzia/Kichocho. There is no correct or wrong response, please respond freely.

1.19	What drug will be used for the treatment of STH? <b>SINGLE CODE</b>	1 – Albendazole	1	
		2 – Praziquantel	2	
		3 – Other (specify): _____	3	
		-99 – Don’t Know	-99	
1.20	What is the dosage for the treatment of STH? <b>SINGLE CODE</b>	1 – One Tablet Per Child	1	
		2 – Other (specify): _____	2	
		-99 – Don’t Know	-99	
1.21	What is the age group you will be treating for STH? <b>SINGLE CODE</b>	1 – 2-14 Years	1	
		2 – 6-14 Years	2	
		3 – Other (specify): _____	3	
		-99 – Don’t Know	-99	
1.22	What mild side effects would be considered normal while treating for STH? <b>MULTIPLE CODE</b>	1 – Headache	1	
		2 – Nausea	2	
		3 – Abdominal discomfort	3	
		4 – Vomiting	4	
		5 – Fainting	5	
		6 – Other(specify): _____	6	
		-99 – Don’t Know	-99	

Now I would like to ask you a few questions about Schistosomiasis, which you may know as Bilharzia or Kichocho, the worm transmitted by playing or swimming in contaminated water. There is no correct or wrong response, please respond freely.

1.23*	What drug will be used for the treatment of SCHISTO? <b>SINGLE CODE</b>	1 – Albendazole	1				
		2 – Praziquantel	2				
		3 – Other (specify): _____	3				
		-99 – Don't Know	-99				
1.24*	What is the dosage for the treatment of SCHISTO? <b>SINGLE CODE</b>	1 – 1 Tablet per child	1				
		2 – According to the tablet pole	2				
		3 – Other(specify): _____	3				
		-99 – Don't Know	-99				
1.25*	What is the age group treated for SCHISTO? <b>SINGLE CODE</b>	1 – 2-14 Years	1				
		2 – 6-14 Years	2				
		3 – Other(specify): _____	3				
		-99 – Don't Know	-99				
1.26*	What are the likely expected side effects for SCHISTO treatment? <b>MULTIPLE CODE</b>	1 – Headache	1				
		2 – Nausea	2				
		3 – Abdominal discomfort	3				
		4 – Fainting	4				
		5 – Vomiting	5				
		6 – Other(specify): _____	6				
		-99 – Don't Know	-99				
1.27*	What can be done to minimize the side effects of SCHISTO treatment/Praziquantel? <b>SINGLE CODE</b>	1 – Feed Children Before Treatment	1				
		2 – Feed Children After Treatment	2				
		3 – Feed Children (Time not Specified)	3				
		4 – Other (specify) : _____	4				
		-99 – Don't Know	-99				
Thank you, I would like to know about any training you might have attended to prepare for this deworming day							
1.28	Have you attended any training session on deworming in the past 15 days? <b>SINGLE CODE</b>	1 – Yes	1				
		2 – No	2				
1.29	Did you and/or any other trained teacher train /sensitize the rest of the teachers at your school on how to administer deworming drugs? <b>SINGLE CODE</b>	1 – Yes	1				
		2 – No	2	<b>SKIP TO 1.34</b>			
1.30	What materials did you use to train or sensitize the teachers at your school? <b>MULTIPLE CODE</b>	1 – Teacher Training Guide/Booklet	1				
		2 – My Own Material	2				
		3 – My own notes from the training	3				
		4 – Posters	4				
		5 – Monitoring forms	5				
		6 – Tablet pole	6				
		7 – Other(specify): _____	7				
		8 – No Material	8				
1.31	How many teachers were there for the sensitization session at your school? <b>WRITE NUMBER</b>	<table border="1" style="margin: auto;"> <tr> <td style="width: 30px; height: 30px;"></td> <td style="width: 30px; height: 30px;"></td> <td style="width: 30px; height: 30px;"></td> </tr> </table>					
1.32	How much time was spent on sensitizing teachers? <b>WRITE TIME IN MINUTES</b>	<table border="1" style="margin: auto;"> <tr> <td style="width: 30px; height: 30px;"></td> <td style="width: 30px; height: 30px;"></td> <td style="width: 30px; height: 30px;"></td> </tr> </table>					

1.33	Were there concerns raised from teachers? <b>RECORD VERBATIM</b>	1 – Yes (specify)_____	1	
		2 – No	2	
1.34	What are the key messages to be shared with the community on the National School-based Deworming Program? <b>MULTIPLE CODE</b>	1 – Free Deworming Tablets	1	
		2 – To Children aged 2-14 years	2	
		3 – Date of Deworming Day	3	
		4 – One Deworming Day for the whole County	4	
		5 – Food for Children before SCHISTO/Bilharzia treatment	5	
		6 – Children in and out of school can be treated.	6	
		7 – Deworming can improve health and/or education	7	
		8 - Other (specify)_____	8	
		-99 – Don't Know	-99	
1.35	What activities have you/your school conducted for the deworming day to sensitize the community around the school? <b>MULTIPLE CODE</b>	1–Conduct Health Education in Class	1	
		2 –Display Posters in the School	2	
		3–Discuss Deworming Day at School Management Meetings	3	
		4 –Conduct ECD Outreach	4	
		5 –Encourage Children to share Deworming Day Information with Parents	5	
		6 –Other (specify) _____	6	
		7 – None	7	
1.36*	Does this school have a school feeding program? <b>SINGLE CODE</b>	1 – Yes	1	<b>SKIP TO 1.40</b>
		2 – No	2	
1.37*	Have you/other teachers requested children to eat before school or carry something with them to eat today? <b>SINGLE CODE</b>	1 – Yes	1	<b>SKIP TO 1.40</b>
		2 – No	2	
		3 –Other (specify) _____	3	
1.38*	Is there any other plan regarding whether the children will eat before treatment? <b>SINGLE CODE</b>	1 – Yes (specify) _____	1	
		2 – No	2	
1.39*	What would they eat before treatment? <b>MULTIPLE CODE</b>	1 - Tea	1	
		2 – Porridge	2	
		3 – Fruits	3	
		4 – Others(specify)_____	4	
Thank you, I would love to know how the district and national team is supporting this program in the schools. I have a few questions regarding printed materials and drugs to learn how they can support the schools better.				
1.40	Have you received the Albendazole tablets? <b>SINGLE CODE</b>	1 – Yes	1	
		2 – No	2	<b>SKIP TO 1.49</b>
1.41	Did you receive the Albendazole tablets at the teacher training? <b>SINGLE CODE</b>	1 – Yes	1	<b>SKIP TO 1.46</b>
		2 – No	2	
1.42	Were the Albendazole tablets delivered to your school, or did you have to collect them? <b>SINGLE CODE</b>	1 – Delivered	1	<b>SKIP TO 1.44</b>
		2 – Collected	2	

1.43	Where did you have to collect the Albendazole tablets from? <b>SINGLE CODE</b>	1 – AEO Office	1	<b>SKIP TO 1.45</b>						
		2 – DEO Office	2							
		3 – Another School	3							
		4 – Other (specify): _____	4							
1.44	Who delivered the Albendazole tablets? <b>SINGLE CODE</b>	1 – AEO	1							
		2 – DEO	2							
		3 – Other School Teacher	3							
		4 – DivPHO	4							
		5 – DMOH	5							
		6 – CHEW	6							
1.45	When did the Albendazole tablets arrive/were collected? <b>WRITE DATE</b> (Approx. date if Head Teacher does not know exact date)	Albendazole:  D D / M M / Y Y								
1.46	Where are the Albendazole tablets currently? Could you please show them to me? <b>SINGLE CODE</b> (check physical drugs)	1 – Head Teacher's Office	1							
		2 – Another Office (specify): _____	2							
		3 – Outside	3							
		4 – A Classroom	4							
		6 – Other (specify): _____	6							
1.47	Approximately how many Albendazole tablets have you received? <b>WRITE NUMBER</b> (check physical drugs)	Albendazole: <table border="1" style="margin-left: auto; margin-right: auto;"> <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> </tr> </table>								
1.48	What package are the Albendazole tablets in? <b>MULTIPLE CODE</b> (check physical drugs)	1 – Sealed Tins – Original	1	<b>SKIP TO 1.50</b>						
		2 – Unsealed Tins – Original	2							
		3 – Unsealed Tins – Not Original	3							
		4 – Loose Bags	4							
		5 – Other (specify): _____	5							
1.49	Is there a plan for you to receive Albendazole tablets before deworming starts today? <b>SINGLE CODE</b>	1 – Yes(specify) _____	1							
		2 – No	2							
1.50*	Have you received the Praziquantel tablets? <b>SINGLE CODE</b>	1 – Yes	1	<b>SKIP TO 1.59</b>						
		2 – No	2							
1.51*	Did you receive the Praziquantel tablets at the teacher training? <b>SINGLE CODE</b>	1 – Yes	1	<b>SKIP TO 1.56</b>						
		2 – No	2							
1.52*	Were the Praziquantel tablets delivered to your school, or did you have to collect them? <b>SINGLE CODE</b>	1 – Delivered	1	<b>SKIP TO 1.54</b>						
		2 – Collected	2							
1.53*	Where did you have to collect the Praziquantel tablets from? <b>SINGLE CODE</b>	1 – AEO Office	1	<b>SKIP TO 1.55</b>						
		2 – DEO Office	2							
		3 – Another School	3							
		4 – Other (specify): _____	4							

1.54*	Who delivered the Praziquantel tablets? <b>SINGLE CODE</b>	1 – AEO	1							
		2 – DEO	2							
		3 – Other School Teacher	3							
		4 – DivPHO	4							
		5 – DMOH	5							
		6 – CHEW	6							
		7 – Other (specify): _____	7							
1.55*	When did the Praziquantel tablets arrive/were collected? <b>WRITE DATE</b> (Approx. date if Head Teacher does not know exact date)	Praziquantel:  D D  /  M M  /  Y Y								
1.56*	Where are the Praziquantel tablets currently? Could you please show them to me? <b>SINGLE CODE</b>	1 – Head Teacher's Office	1							
		2 – Another Office (specify): _____	2							
		3 – Outside	3							
		4 – A Classroom	4							
		5 – Other (specify): _____	5							
1.57*	Approximately how many Praziquantel tablets have you received? <b>WRITE NUMBER</b> (check physical drugs)	Praziquantel <table border="1" style="margin-left: auto; margin-right: auto;"> <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> </tr> </table>								
1.58*	What package are the Praziquantel tablets in? <b>MULTIPLE CODE</b> (check physical drugs)	1 – Sealed Tins – Original	1	<b>SKIP TO 1.60</b>						
		2 – Unsealed Tins – Original	2							
		3 – Unsealed Tins – Not Original	3							
		4 – Loose Bags	4							
		5 – Other (specify): _____	5							
1.59*	Is there a plan for you to receive Praziquantel tablets before deworming starts today? <b>SINGLE CODE</b>	1 – Yes(specify) _____	1							
		2 – No	2							
1.60	Can you show me any materials you have received for this program? <b>MULTIPLE CODE</b> (check physical copies)	1 – Teacher Training Guide/Booklet	1							
		2 – Monitoring Form E	2							
		3 – Monitoring Form N	3							
		4 – Monitoring Form S	4							
		5 – Monitoring Form E-P	5							
		6 – Monitoring Form N-P	6							
		7 – Monitoring Form S-P	7							
		8 – Posters	8							
		9 – Tablet Poles	9							
		10 – Other(specify): _____	10							
		11 – None	11							



1.61	What forms will teachers use to record treatment for STH <b>MULTIPLE CODE</b>	1 – E	1					
		2 – N	2					
		3 – S	3					
		4 – Other(specify): _____	4					
		5 – No Form	5					
1.62	What form will you use to summarize school treatment for your school? <b>SINGLE CODE</b>	1 – E/E-P/N/N-P	1					
		2 – S	2					
		3 – S-P	3					
		4 – Other(specify): _____	4					
		5 – No Form	5					
Thank you. I'd like to ask you a few more questions about the drugs and materials								
1.63	Do you have sufficient Albendazole tablets for your school? <b>SINGLE CODE</b>	1 – Yes	1	<b>SKIP TO 1.66</b>				
		2 – No	2					
		-99 – Don't Know	-99	<b>SKIP TO 1.66</b>				
1.64	How many more Albendazole tablets do you need? <b>WRITE NUMBER</b>	<table border="1" style="display: inline-table; 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> </tr> </table>						
		Fill (-99) for Don't Know						
1.65	Have you or someone informed the divisional staff about the Albendazole tablet shortage? <b>SINGLE CODE</b>	1 – Yes	1					
		2 – No	2					
1.66*	Do you have sufficient Praziquantel tablets for your school? <b>SINGLE CODE</b>	1 – Yes	1	<b>SKIP TO 1.69</b>				
		2 – No	2					
		-99 – Don't Know	-99	<b>SKIP TO 1.69</b>				
1.67*	How many more Praziquantel tablets do you need? <b>WRITE NUMBER</b>	<table border="1" style="display: inline-table; 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> </tr> </table>						
		Fill (-99) for Don't Know						
1.68*	Have you or someone informed the divisional staff about the Praziquantel tablet shortage? <b>SINGLE CODE</b>	1 – Yes	1					
		2 – No	2					
1.69	Do you have the phone no. of the AEO of this area? <b>SINGLE CODE</b>	1 – Yes	1					
		2 – No	2					
1.70	Do you have the phone no. of the CHEW of this area? <b>SINGLE CODE</b>	1 – Yes	1					
		2 – No	2					

**END INTERVIEW:** Thank you very much for your time.

Could I now briefly speak to one of your ECD teachers and a class teachers: CLASS \_\_\_\_\_, STREAM \_\_\_\_\_ (WRITTEN ON THE COVER PAGE)? Again, nobody is being marked in this, I am looking for ways the national and district teams can support the schools better. If ECD has more than one teacher, ask the teachers to establish one that can speak on their behalf.

**2. ATTACHED ECD TEACHER INTERVIEW**

**CONTINUE IF SCHOOL HAS ATTACHED ECD OR ELSE GO TO SECTION 3**

Ask the head teacher to lead you to the ECD class and talk to the ECD teacher (Allow for introduction first)

2.1	How many ECD children are enrolled at the attached ECD centre? <b>WRITE NUMBER</b>	<input type="text"/> <input type="text"/> <input type="text"/>		
2.2	What is the average daily attendance of the ECD? <b>WRITE NUMBER</b>	<input type="text"/> <input type="text"/> <input type="text"/>		
2.3	How many children are present today? <b>WRITE NUMBER</b>	<input type="text"/> <input type="text"/> <input type="text"/>		
2.4	Are there any events or special programs happening at this school today? <b>SINGLE CODE</b>	1 – Deworming Day	1	
		2 – Other (specify): _____	2	
		3 – No	3	
		-99 – Don't know	-99	
2.5	Will your class children get deworming medicine through the school today? <b>SINGLE CODE</b>	1 – Yes	1	
		2 – No	2	<b>SKIP TO SECTION 3</b>
2.6	Did you know before today that school children would be given deworming tablets today? <b>SINGLE CODE</b>	1 – Yes	1	
		2 – No	2	
2.7	What will be your role as ECD teacher during today's deworming day? <b>MULTIPLE CODE</b>	1 – Administer Drugs	1	<b>SKIP TO 2.9 IF 1 NOT CODED</b>
		2 – Supervise ECD Children	2	
		3 – Other (specify): _____	3	
		-99 – Don't Know	-99	
2.8	What are the steps to administer drugs on deworming day? <b>MULTIPLE CODE. PROBE.</b>	1 – Names of all enrolled children need to be copied from the class register on to Form E (for STH).	1	
		2 – Indicate Form E for ECD children	2	
		3 – One Albendazole Tablet to be given to each child	3	
		4 – Check child's mouth to make sure that each child chews and swallows the tablet	4	
		5 – Complete Form E as child is treated	5	
		6 – Mark tick if the child took the tablet	6	
		7 – Mark X if they refused the tablet	7	
		8 – Other (specify) _____	8	
		-99 – Don't Know	-99	
2.9	Have the parents of the ECD children been informed about the planned deworming day? <b>SINGLE CODE</b>	1 – Yes	1	<b>SKIP TO SECTION 3</b>
		2 – No	2	
		-99 – Don't Know	-99	

2.10	What do the parents of the ECD children think about the national school-based deworming program? <b>SINGLE CODE</b>	1 – Positive (specify) _____	1	
		2 – Neutral (specify) _____	2	
		3 – Negative (specify) _____	3	
		-99 – Don't Know	-99	
2.11	Is the deworming day open to stand-alone ECDs near this school? <b>SINGLE CODE</b>	1 – Yes	1	
		2 – No	2	

### 3. CLASS TEACHER INTERVIEW

Thank you for speaking with me, could you please provide me with some details about your class:

3.1	a. Class: <b>WRITE NUMBER</b>	<input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/>		
	b. Stream: <b>RECORD VERBATIM.</b>	_____		
3.2	How many children are enrolled in your class? <b>WRITE NUMBER</b>	<input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/>		
3.3	How many children are <b>absent</b> from class today? <b>WRITE NUMBER</b>	<input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/>		
3.4	Are there any events or special programs happening at this school today? <b>SINGLE CODE</b>	1 – Deworming Day	1	<b>SKIP TO 3.6</b>
		2 – Other (specify): _____	2	
		3 – No	3	
3.5	Will children at this school get deworming medicine through the school today? <b>SINGLE CODE</b>	1 – Yes	1	
		2 – No	2	<b>SKIP TO SECTION 6</b>

Thank you. Your feedback regarding the deworming exercise is extremely valuable. I have a few questions regarding deworming day. There are no right or wrong answers, we want to understand how deworming happens at the school level across the country.

3.6	What types of worms will the school treat for today? <b>MULTIPLE CODE</b>	1 – STH/Soil Transmitted/Hook Worm, Round Worm, Tape Worm, Whip Worm/Minyoo	1	
		2 – SCHISTO/Bilharzia/Water Transmitted/ Kichocho	2	
		3 – Other(specify): _____	3	
		-99 – Don't Know	-99	
3.7	What will be your role during today's deworming day? <b>MULTIPLECODE. PROBE.</b>	1 – Administer Drugs	1	<b>SKIP TO SECTION 4 ONLY IF 1 NOT CODED</b>
		2 – Supervise Children	2	
		3 – No role	3	
		-99 – Don't Know	-99	

3.8	What are the steps to administer drugs on deworming day? <b>MULTIPLE CODE. PROBE.</b>	1 – Names of all enrolled children need to be copied from the class register on to Form E (for STH).	1	
		2 – One Albendazole Tablet to be given to each child	2	
		3 – Check child’s mouth to make sure that each child chews and swallows the tablet	3	
		4 – Complete Form E as child is treated	4	
		5 – Mark tick if the child took the tablet	5	
		6 – Mark X if they refused the tablet	6	
		7 – Mark 0 if they were absent	7	
		8 – For non-enrolled children use Form N to record treatment	8	
		9 – Use form E-P and N-P for SCHISTO treatment	9	
		10 – Ensure child has eaten before receiving SCHISTO treatment	10	
		11 – Use tablet pole to determine dosage for Praziquantel	11	
		12 – Other (specify) _____	12	
Now I would like to ask you a few questions about worms or Minyoo. Whenever I say STH I am talking specifically about, hookworm, round worm and whip worm, not Bilharzia/Kichocho. There is no correct or wrong response, please respond freely.				
3.9	What drug will be used for the treatment of STH? <b>SINGLE CODE</b>	1 – Albendazole	1	
		2 – Praziquantel	2	
		3 – Other (specify): _____	3	
		-99 – Don’t Know	-99	
3.10	What is the dosage for the treatment of STH? <b>SINGLE CODE</b>	1 – One Tablet Per Child	1	
		2 – Other (specify): _____	2	
		-99 – Don’t Know	-99	
3.11	What is the age group you will be treating for STH? <b>SINGLE CODE</b>	1 – 2-14 Years	1	
		2 – 6-14 Years	2	
		3 – Other (specify): _____	3	
		-99 – Don’t Know	-99	
3.12	What mild side effects would be considered normal while treating for STH? <b>MULTIPLE CODE</b>	1 – Headache	1	
		2 – Nausea	2	
		3 – Abdominal discomfort	3	
		4 – Vomiting	4	
		5 – Fainting	5	
		6 – Other(specify): _____	6	
		-99 – Don’t Know	-99	

Now I would like to ask you a few questions about Schistosomiasis, which you may know as Bilharzia or Kichocho, the worm transmitted by playing or swimming in contaminated water. There is no correct or wrong response, please respond freely.

3.13*	What drug will be used for the treatment of SCHISTO/Bilharzia? <b>SINGLE CODE</b>	1 – Albendazole	1	
		2 – Praziquantel	2	
		3 – Other (specify): _____	3	
		-99 – Don't Know	-99	
3.14*	What is the dosage for the treatment of SCHISTO/Bilharzia? <b>SINGLE CODE</b>	1 – 1 Tablet per child	1	
		2 – According to the tablet pole	2	
		3 – Other(specify): _____	3	
		-99 – Don't Know	-99	
3.15*	What is the age group treated for SCHISTO/Bilharzia? <b>SINGLE CODE</b>	1 – 2-14 Years	1	
		2 – 6-14 Years	2	
		3 – Other(specify): _____	3	
		-99 – Don't Know	-99	
3.16*	What are the likely expected side effects for SCHISTO/Bilharzia treatment? <b>MULTIPLE CODE</b>	1 – Headache	1	
		2 – Nausea	2	
		3 – Abdominal discomfort	3	
		4 – Fainting	4	
		5 – Vomiting	5	
		6 – Other(specify): _____	6	
		-99 – Don't Know	-99	
3.17*	What can be done to minimize the side effects of SCHISTO/Bilharzia treatment/Praziquantel? <b>SINGLE CODE</b>	1 – Feed Children Before Treatment	1	
		2 – Feed Children After Treatment	2	
		3 – Feed Children (Time not Specified)	3	
		4 – Other (specify) : _____	4	
		-99 – Don't Know	-99	
Thank you, I would like to know about any training you might have attended to prepare for this deworming day				
3.18	Were you and the rest of the teachers trained or sensitized on how to administer deworming drugs? <b>SINGLE CODE</b>	1 – Yes	1	
		2 – No	2	
3.19	What activities have been conducted for the deworming day to sensitize the community around the school? <b>MULTIPLE CODE</b>	1–Conduct Health Education in Class	1	
		2 –Display Posters in the School	2	
		3 –Discuss Deworming Day at School Management Meetings	3	
		4 –Conduct ECD Outreach	4	
		5 –Encourage Children to share Deworming Day Information with Parents	5	
		6 –Other (specify) _____	6	
		7 – None	7	
3.20	Which monitoring form will you be responsible for filling today? <b>SINGLE CODE</b>	1 – Form E and N	1	
		2 – Form S	2	
		3 – Other (specify): _____	3	
		4 – None	4	

**END SECTION:** Thank you very much for your time. I will be looking around the school, but may come back later to speak to a few students individually, and ask them a few questions. The questions are not sensitive or personal; they are about the deworming day.

**4. CLASS OBSERVATION**

**a. DEWORMING**

WRITE CLASS AND STREAM SELECTED:

CLASS: \_\_\_\_\_ STREAM: \_\_\_\_\_ NO. OF REGISTERED CHILDREN IN SELECTED CLASS: \_\_\_\_\_

MARK THE TOTAL NUMBER OF REGISTERED CHILDREN IN THE CLASS BY TICKING THE CORRECT NUMBER IN COLUMN 'N' BELOW. CUT OUT THE ROW AFTER THE TICK.

E.G IF THE CLASS HAS 48 STUDENTS, TICK 48 AND CUT OUT THE WHOLE 49<sup>th</sup> ROW.

FOR ALBENDAZOLE TREATMENT:

a. CIRCLE GENDER OF CHILD (REFER TO CLASS TEACHER IF REQUIRED).

b. CIRCLE IF TABLET TAKEN/REFUSED FOR ALBENDOZOLE

c. CIRCLE IF THE TEACHER OBSERVED THE CHILD TAKING THE TABLETS

FOR PRAZIQUANTEL TREATMENT (IF SCHISTO CLASS):

d\*. CIRCLE GENDER OF CHILD (REFER TO CLASS TEACHER IF REQUIRED).

e\*. CIRCLE IF TABLET TAKEN/REFUSED FOR ALBENDOZOLE OR PRAZIQUANTEL

f\*. CIRCLE IF THE TEACHER OBSERVED THE CHILD TAKING THE TABLETS

4.1 N	a. GENDER SINGLE CODE		b. ALBENDAZOLE SINGLE CODE		c. TEACHER OBSERVED SINGLE CODE		d.*GENDER SINGLE CODE		e.*PRAZIQUANTEL SINGLE CODE		f.* TEACHER OBSERVED SINGLE CODE	
	M	F	TAKEN	REFUSED	YES	NO	M	F	TAKEN	REFUSED	YES	NO
1	1	2	1	2	1	2	1	2	1	2	1	2
2	1	2	1	2	1	2	1	2	1	2	1	2
3	1	2	1	2	1	2	1	2	1	2	1	2
4	1	2	1	2	1	2	1	2	1	2	1	2
5	1	2	1	2	1	2	1	2	1	2	1	2
6	1	2	1	2	1	2	1	2	1	2	1	2
7	1	2	1	2	1	2	1	2	1	2	1	2
8	1	2	1	2	1	2	1	2	1	2	1	2
9	1	2	1	2	1	2	1	2	1	2	1	2
10	1	2	1	2	1	2	1	2	1	2	1	2
11	1	2	1	2	1	2	1	2	1	2	1	2
12	1	2	1	2	1	2	1	2	1	2	1	2
13	1	2	1	2	1	2	1	2	1	2	1	2
14	1	2	1	2	1	2	1	2	1	2	1	2
15	1	2	1	2	1	2	1	2	1	2	1	2
16	1	2	1	2	1	2	1	2	1	2	1	2
17	1	2	1	2	1	2	1	2	1	2	1	2
18	1	2	1	2	1	2	1	2	1	2	1	2
19	1	2	1	2	1	2	1	2	1	2	1	2
20	1	2	1	2	1	2	1	2	1	2	1	2
21	1	2	1	2	1	2	1	2	1	2	1	2
22	1	2	1	2	1	2	1	2	1	2	1	2
23	1	2	1	2	1	2	1	2	1	2	1	2

SCHOOL ID: \_\_\_ - \_\_\_ - \_\_\_  
 TODAY'S Date: |D|D| / |M|M| / |Y|Y|

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 (same for all pages)

N	a. GENDER SINGLE CODE		b. ALBENDAZOLE SINGLE CODE		c. TEACHER OBSERVED SINGLE CODE		a.*GENDER SINGLE CODE		b.*PRAZIQUANTEL SINGLE CODE		c.* TEACHER OBSERVED SINGLE CODE	
	M	F	TAKEN	REFUSED	YES	NO	M	F	TAKEN	REFUSED	YES	NO
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25	1	2	1	2	1	2	1	2	1	2	1	2
26	1	2	1	2	1	2	1	2	1	2	1	2
27	1	2	1	2	1	2	1	2	1	2	1	2
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45	1	2	1	2	1	2	1	2	1	2	1	2
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59	1	2	1	2	1	2	1	2	1	2	1	2
60	1	2	1	2	1	2	1	2	1	2	1	2
61	1	2	1	2	1	2	1	2	1	2	1	2
62	1	2	1	2	1	2	1	2	1	2	1	2

SCHOOL ID: \_\_\_ - \_\_\_ - \_\_\_  
 TODAY'S Date: |D|D| / |M|M| / |Y|Y|

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N	a. GENDER SINGLE CODE		b. ALBENDAZOLE SINGLE CODE		c. TEACHER OBSERVED SINGLE CODE		a.*GENDER SINGLE CODE		b.*PRAZIQUANTEL SINGLE CODE		c.* TEACHER OBSERVED SINGLE CODE	
	M	F	TAKEN	REFUSED	YES	NO	M	F	TAKEN	REFUSED	YES	NO
63	1	2	1	2	1	2	1	2	1	2	1	2
64	1	2	1	2	1	2	1	2	1	2	1	2
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101	1	2	1	2	1	2	1	2	1	2	1	2



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 TODAY'S Date: |D|D| / |M|M| / |Y|Y|

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	M	F	TAKEN	REFUSED	YES	NO	M	F	TAKEN	REFUSED	YES	NO
102	1	2	1	2	1	2	1	2	1	2	1	2
103	1	2	1	2	1	2	1	2	1	2	1	2
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116	1	2	1	2	1	2	1	2	1	2	1	2
117	1	2	1	2	1	2	1	2	1	2	1	2
118	1	2	1	2	1	2	1	2	1	2	1	2
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130	1	2	1	2	1	2	1	2	1	2	1	2
131	1	2	1	2	1	2	1	2	1	2	1	2
132	1	2	1	2	1	2	1	2	1	2	1	2
133	1	2	1	2	1	2	1	2	1	2	1	2
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135	1	2	1	2	1	2	1	2	1	2	1	2
136	1	2	1	2	1	2	1	2	1	2	1	2
137	1	2	1	2	1	2	1	2	1	2	1	2
138	1	2	1	2	1	2	1	2	1	2	1	2
139	1	2	1	2	1	2	1	2	1	2	1	2
140	1	2	1	2	1	2	1	2	1	2	1	2

**b. CLASS OBSERVATIONS**

4.2	How was the deworming exercise conducted? <b>SINGLE CODE</b>	1 – In Class	1	
		2 – Centrally	2	
		3 – Other (specify) _____	3	
4.3	Did the class teacher administer the tablets to the class? <b>SINGLE CODE</b>	1 – Yes	1	
		2 – No (specify) _____	2	
4.4	Were all students present dewormed? Check with class teacher if required. <b>SINGLE CODE</b>	1 – Yes	1	
		2 – No (specify) _____	2	
4.5	Did the teacher have Form E? <b>SINGLE CODE</b>	1 – Yes	1	
		2 – No	2	<b>SKIP TO 4.7</b>
4.6	Had the teacher transferred the names from the class register to Form E prior to the deworming exercise? <b>SINGLE CODE</b>	1 – Yes	1	
		2 – No	2	
4.7*	Did the teacher have Form E-P? <b>SINGLE CODE</b>	1 – Yes	1	
		2 – No	2	<b>SKIP TO 4.9</b>
4.8*	Had the teacher transferred the names from the class register to Form E-P prior to the deworming exercise? <b>SINGLE CODE</b>	1 – Yes	1	
		2 – No	2	
4.9	How many tablets of ALBENDAZOLE are being given to each child? <b>SINGLE CODE</b>	1 – One Tablet	1	
		2 – Other (specify) _____	2	
4.10*	Did the class have a program tablet pole on DD? <b>SINGLE CODE</b>	1 – Yes	1	<b>SKIP TO 4.12*</b>
		2 – No	2	
4.11*	Was there a make-shift tablet pole being used on DD? <b>SINGLE CODE</b>	1 – Yes (specify) _____	1	
		2 – No type of tablet pole	2	
4.12*	Was the tablet pole being used correctly? <b>SINGLE CODE</b>	1 – Yes	1	
		2 – No	2	
		3 – Other (specify) _____	3	
4.13*	Was the tablet pole used to determine dosage of Praziquantel? <b>SINGLE CODE</b>	1 – Yes	1	
		2 – No	2	
		3 – Other (specify) _____	3	

4.14*	Did the teacher administer the number of tablets indicated by the pole? <b>SINGLE CODE</b>	1 – Yes	1	
		2 – No	2	
		3 – Other (specify) _____	3	
4.15	Did any children in the class spit out or throw away the tablet which the teacher did not notice? <b>SINGLE CODE</b>	1 – Yes (specify number) _____	1	
		2 – No	2	
4.16	Did the teacher mark on the monitoring form as the tablet was administered? <b>SINGLE CODE</b>	1 – Yes	1	
		2 – No	2	
4.17	Were any tablets spoilt – (tablet fell on floor, water spills on tablet, child spits it out)? <b>SINGLE CODE</b>	1 – Yes	1	
		2 – No	2	<b>SKIP TO 4.19</b>
4.18	What was done with the spoilt tablet/s? <b>SINGLE CODE</b>	1 – Given to a Child	1	
		2 – Thrown Away	2	
		3 – Left on the Floor	3	
		4 – Other (specify) _____	4	
4.19	Did the teacher fill out all sections of Form E? <b>SINGLE CODE</b>	1 – Yes	1	
		2 – No	2	
4.20*	Did the teacher fill out all sections of Form E-P? <b>SINGLE CODE</b>	1 – Yes	1	
		2 – No	2	
4.21	Did the teacher tick while deworming/giving tablets? <b>SINGLE CODE</b>	1 - Yes	1	
		2 - No	2	

**END SECTION:** Thank you very much for your time. Could I please speak to 3 students individually, and ask them just a few questions. The questions are not sensitive or personal; they are about the deworming day.

### 5. STUDENT INTERVIEWS

**CHOOSE CHILD 5, 10, AND 15 ON FORM E. IF LESS THAN 15 CHILDREN, SELECT THE LAST CHILD. ENSURE TO INTERVIEW AT LEAST THREE CHILDREN. ASK THE TEACHER FOR PERMISSION TO SPEAK TO THEM ONE AT A TIME**  
 Ask questions in multiple ways for interviews with students, use local language if possible. Don't rush responses. Try to make them feel at ease. Speak to one child at a time at a place where they are comfortable.

#### a. STUDENT 1

5.1	What is your age? <b>WRITE NUMBER OF COMPLETED YEARS</b>	<div style="display: flex; justify-content: center; gap: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div> </div> Fill (-9) for Don't Know		
5.2	How were you feeling today morning? <b>SINGLE CODE. PROBE FOR ANY SICKNESS.</b>	1 – Feeling Well	1	
		2 – Feeling Sick	2	
		3 – Other (specify) _____	3	
		-99 – Don't Know	-99	
5.3	Did you have any tablet today at school? <b>SINGLE CODE</b>	1 – Yes	1	
		2 – No	2	
5.4	How many different types of tablets did you have today? <b>SINGLE CODE</b>	1 – One	1	
		2 – Two	2	
		3 – Other (specify) _____	3	
		-99 – Don't Know	-99	

5.5*	Had you eaten a meal or snack before having the tablet? <b>SINGLE CODE</b>	1 – Yes	1	<b>SKIP TO 5.8</b>
		2 – No	2	
		-99 – Don't Know	-99	
5.6*	Where did you have this meal or snack? <b>SINGLE CODE</b>	1 – At home	1	
		2 – At school	2	
		3 – Other (specify) _____	3	
		-99 – Don't Know	-99	
5.7*	What did you have? <b>RECORD VERBATIM</b>	_____		
5.8	Do you know what the tablets were for? <b>SINGLE CODE</b>	1 – Worms/Minyoo	1	
		2 – Other (specify) _____	2	
		-99 – Don't Know	-99	
5.9	Did you know before today that school children would be given tablets today? <b>SINGLE CODE</b>	1 – Yes	1	<b>SKIP TO 5.12</b>
		2 – No	2	
5.10	How did you know that the tablets would be given today? <b>MULTIPLE CODE</b>	1 – Assembly Announcement	1	
		2 – Class Teacher/Other Teacher	2	
		3 – Other Students/Friends	3	
		4 – Parents	4	
		5 – Other (specify) _____	5	
		-99 – Don't Know	-99	
5.11	Did you tell your parents about deworming day? <b>SINGLE CODE</b>	1 – Yes	1	
		2 – No	2	
5.12	Do you have any siblings in this school / goes to school? <b>SINGLE CODE</b>	1 – Yes	1	<b>END INTERVIEW</b>
		2 – No	2	
5.13	Did they get deworming tablets today? <b>SINGLE CODE</b>	1 – Yes	1	
		2 – No	2	
		-99 – Don't know	-99	

**END INTERVIEW:** Thank you very much Can you please send the next student?

**b. STUDENT 2**

5.14	What is your age? <b>WRITE NUMBER OF COMPLETED YEARS</b>	<div style="display: flex; justify-content: center; gap: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px;"></div> </div> <p>Fill (-9) for Don't Know</p>		
5.15	How were you feeling today morning? <b>SINGLE CODE. PROBE FOR ANY SICKNESS.</b>	1 – Feeling Well	1	
		2 – Feeling Sick	2	
		3 – Other (specify) _____	3	
		-99 – Don't Know	-99	
5.16	Did you have any tablet today at school? <b>SINGLE CODE</b>	1 – Yes	1	
		2 – No	2	
5.17	How many different types of tablets did you have today? <b>SINGLE CODE</b>	1 – One	1	
		2 – Two	2	
		3 – Other (specify) _____	3	
		-99 – Don't Know	-99	

5.18*	Had you eaten a meal or snack before having the tablet? <b>SINGLE CODE</b>	1 – Yes	1	<b>SKIP TO 5.21</b>		
		2 – No	2			
		-99 – Don't Know	-99			
5.19*	Where did you have this meal or snack? <b>SINGLE CODE</b>	1 – At home	1			
		2 – At school	2			
		3 – Other (specify) _____	3			
		-99 – Don't Know	-99			
5.20	What did you have? <b>RECORD VERBATIM</b>	_____				
5.21	Do you know what the tablets were for? <b>SINGLE CODE</b>	1 – Worms/Minyoo	1			
		2 – Other (specify) _____	2			
		-99 – Don't Know	-99			
5.22	Did you know before today that school children would be given tablets today? <b>SINGLE CODE</b>	1 – Yes	1			
		2 – No	2	<b>SKIP TO 5.25</b>		
5.23	How did you know that the tablets would be given today? <b>MULTIPLE CODE</b>	1 – Assembly Announcement	1			
		2 – Class Teacher/Other Teacher	2			
		3 – Other Students/Friends	3			
		4 – Parents	4			
		5 – Other (specify) _____	5			
		-99 – Don't Know	-99			
5.24	Did you tell your parents about deworming day? <b>SINGLE CODE</b>	1 – Yes	1			
		2 – No	2			
5.25	Do you have any siblings in this school/ goes to school? <b>SINGLE CODE</b>	1 – Yes	1			
		2 – No	2	<b>END INTERVIEW</b>		
5.26	Did they get deworming tablet today? <b>SINGLE CODE</b>	1 – Yes	1			
		2 - No	2			
<b>END INTERVIEW:</b> Thank you very much Can you please send the next student?						
<b>C. STUDENT 3</b>						
5.27	What is your age? <b>WRITE NUMBER OF COMPLETED YEARS</b>	<table border="1" style="display: inline-table; width: 60px; height: 30px;"> <tr> <td style="width: 30px;"></td> <td style="width: 30px;"></td> </tr> </table>				
Fill (-9) for Don't Know						
5.28	How were you feeling today morning? <b>SINGLE CODE. PROBE FOR ANY SICKNESS.</b>	1 – Feeling Well	1			
		2 – Feeling Sick	2			
		3 – Other (specify) _____	3			
		-99 – Don't Know	-99			
5.29	Did you have any tablet today at school? <b>SINGLE CODE</b>	1 – Yes	1			
		2 – No	2			
5.30	How many different types of tablets did you have today? <b>SINGLE CODE</b>	1 – One	1			
		2 – Two	2			
		3 – Other (specify) _____	3			
		-99 – Don't Know	-99			
5.31*	Had you eaten a meal or snack before having the tablet? <b>SINGLE CODE</b>	1 – Yes	1			
		2 – No	2	<b>SKIP TO 5.34</b>		
		-99 – Don't Know	-99			

5.32*	What did you have? <b>RECORD VERBATIM</b>	_____		
5.33*	Where did you have this meal or snack? <b>SINGLE CODE</b>	1 – At home	1	
		2 – At school	2	
		3 – Other (specify) _____	3	
		-99 – Don't Know	-99	
5.34	Do you know what the tablets were for? <b>SINGLE CODE</b>	1 – Worms/Minyoo	1	
		2 – Other (specify) _____	2	
		-99 – Don't Know	-99	
5.35	Did you know before today that school children would be given tablets today? <b>SINGLE CODE</b>	1 – Yes	1	
		2 – No	2	<b>SKIP TO 5.38</b>
5.36	How did you know that the tablets would be given today? <b>SINGLE CODE</b>	1 – Assembly Announcement	1	
		2 – Class Teacher/Other Teacher	2	
		3 – Other Students/Friends	3	
		4 – Parents	4	
		5 – Other (specify) _____	5	
		-99 – Don't Know	-99	
5.37	Did you tell your parents about deworming day? <b>SINGLE CODE</b>	1 – Yes	1	
		2 – No	2	
5.38	Do you have any siblings in this school/ goes to school? <b>SINGLE CODE</b>	1 – Yes	1	
		2 – No	2	<b>END INTERVIEW</b>
5.39	Did they get deworming tablet today? <b>SINGLE CODE</b>	1 – Yes	1	
		2 – No	2	
<b>END INTERVIEW:</b> Proceed to Deworming Day observation				

**6. DEWORMING DAY OBSERVATION**

Answer the following questions as and when possible during the deworming exercise:

6.1	How many teachers administered tablets overall? <b>WRITE NUMBER</b>	<table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>				
6.2	Were ECD children treated on-campus? <b>SINGLE CODE</b>	1 – Yes	1			
		2 – No	2			
6.3	Was there a designated teacher (not the ECD teacher) for the treatment of ECD children? <b>SINGLE CODE</b>	1 – Yes	1			
		2 – No	2			
6.4	Were 2 – 5 YRS non-enrolled children treated on campus for STH? <b>SINGLE CODE</b>	1 – Yes	1			
		2 – No	2			

6.5*	Were 6 – 14YRS non-enrolled children treated on campus for SCHISTO? <b>SINGLE CODE</b>	1 - Yes	1				
		2 - No	2				
6.6	Was there a designated teacher for the treatment of non-enrolled children? <b>SINGLE CODE</b>	1 – Yes	1				
		2 – No	2				
Answer the following questions at the end of the deworming exercise (for STH):							
6.7	Were children under 2 years old given Albendazole tablets? <b>SINGLE CODE</b>	1 – Children under 2 definitely given tablets, school knew they were under 2 and treated	1				
		2 – Children under 2 may have been given tablets, school was not very strict on checking age	2				
		3 – No children under 2 given tablets, school very strict on overseeing this	3				
6.8	Was any child given more than one Albendazole tablets? <b>SINGLE CODE</b>	1 – Yes (specify number of children): <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>				1	
2 – No	2						
6.9	Did the school seem to have enough tablets of Albendazole for the day? <b>SINGLE CODE</b>	1 – Yes	1	<b>SKIP TO 6.12</b>			
		2 – No	2				
6.10	What was done about the shortage of Albendazole tablets? <b>MULTIPLE CODE</b>	1 – CHEW was contacted	1				
		2 – AEO was contacted	2				
		3 – School visited clinic for extra tablets	3				
		4 – Someone delivered extra tablets	4				
		5 – Nothing was done	5				
		6 – Other (specify): _____	6				
6.11	Did everyone from 2 – 14 years receive the tablets of Albendazole? <b>SINGLE CODE</b>	1 – Yes	1				
		2 – No(specify)_____	2				
Answer the following questions at the end of the deworming exercise (for SCHISTO):							
6.12*	Were children under 6 years old given tablets of Praziquantel? <b>SINGLE CODE</b>	1 – Children under 6 definitely given tablets, school knew they were under 6 and treated	1				
		2 – Children under 6 may have been given tablets, school was not very strict on checking age	2				
		3 – No children under 6 given tablets, school very strict on overseeing this	3				
6.13*	Were children under minimum mark on the tablet pole given tablets of Praziquantel? <b>SINGLE CODE</b>	1 – Definitely, school knew they were shorter than the mark	1				
		2 – May be, school was not very strict on checking height	2				
		3 – No, school was very strict on overseeing height	3				

6.14*	Was the tablet pole being used correctly to give tablets of Praziquantel? <b>SINGLE CODE</b>	1 – All the time	1	
		2 – Sometimes (specify) _____	2	
		3 – Never(specify) _____	3	
6.15*	Did the school seem to have enough tablets of Praziquantel for the day? <b>SINGLE CODE</b>	1 – Yes	1	<b>SKIP TO 6.18</b>
		2 – No	2	
6.16*	What was done about the shortage of Praziquantel tablets? <b>MULTIPLE CODE</b>	1 – CHEW was contacted	1	
		2 – AEO was contacted	2	
		3 – School visited clinic for extra tablets	3	
		4 – Someone delivered extra tablets	4	
		5 – Nothing was done	5	
		6 – Other (specify): _____	6	
6.17*	Did everyone from 2 – 14 years receive the tablets of Praziquantel? <b>SINGLE CODE</b>	1 – Yes	1	
		2 – No(specify) _____	2	
6.18	Was the program correct monitoring form used when giving tablets of Albendazole/ Praziquantel? <b>SINGLE CODE</b>	1 – All the time	1	
		2 – Sometimes(specify) _____	2	
		3 – Never(specify) _____	3	
6.19	How did the school ensure that children treated had fed? <b>SINGLE CODE</b>	1 – School prepared meal	1	
		2 – Children shared meals they had brought from home.	2	
		3– children sent home to eat before treatment	3	
		4 – Nothing done	4	
6.20	If fed at school what did the children eat? <b>RECORD IN DETAIL</b>	_____		

**7 .HEAD TEACHER POST-INTERVIEW**

**CONDUCT INTERVIEW AFTER COMPLETING ALL SECTIONS OF DD-MAIN AND DD-INT FOR DEWORMING DAY**

Thank you for having me at the school today to observe the deworming day exercise. I have a few more questions before I leave.

7.1	Would you say the today's deworming exercise was... <b>READ OUT OPTIONS</b> <b>SINGLE CODE</b>	1 – Very Successful	1	
		2 – Somewhat Successful	2	
		3 – Neither Successful nor Unsuccessful	3	
		4– Somewhat Unsuccessful(specify) _____	4	
		5 – Very Unsuccessful(specify) _____	5	
7.2	Was the availability of drugs sufficient for today? <b>SINGLE CODE</b>	1 – Yes	1	<b>SKIP TO 7.5</b>
		2 – No	2	
7.3	Which tablet(s) were insufficient today? <b>MULTIPLE CODE</b>	1 – Albendazole	1	
		2 – Prazinquantel	2	
		3– Other(specify): _____	3	



7.4	What did you do about the tablet shortage? <b>MULTIPLE CODE</b>	1 – Called AEO	1	
		2 – Went to the Clinic	2	
		3– Other(specify): _____	3	
		-99 – Don't Know	-99	
7.5	Do you have any extra tablets left after the deworming day? <b>SINGLE CODE</b>	1 – Yes	1	
		2 – No	2	<b>SKIP TO 7.7</b>
7.6	What will you do with these excess tablets? <b>SINGLE CODE</b>	1 – Return to AEO	1	
		2 – Return to DIVPHO	2	
		3 – Keep for next year	3	
		4 – Distributed to more students	4	
		5 – Distributed to teachers	5	
		6– Other(specify): _____	6	
7.7	Which monitoring forms were filled today during the deworming exercise? <b>MULTIPLE CODE</b>	1 – Form E	1	
		2 – Form N	2	
		3 – Form E-P	3	
		4 – Form N-P	4	
		5 – Form S	5	
		6 – Other (specify): _____	6	
		7 – None	7	
7.8	Was the availability of monitoring forms sufficient for today? <b>SINGLE CODE</b>	1 – Yes	1	
		2 – No (specify forms): _____	2	
7.9	What form will you use to summarize the deworming for your school? <b>SINGLE CODE</b>	1 – Form E/N	1	
		2 – Form S	2	
		3 – Form S-P	3	
		4 – Other (specify): _____	4	
		5 – None	5	
7.10	Form S/S-P will be a summary of which monitoring forms? <b>MULTIPLECODE. PROBE</b>	1 – Form E	1	
		2 – Form N	2	
		3 – Form E-P	3	
		4 – Form N-P	4	
		5 – Other (specify): _____	5	
		6 – None	6	
7.11	Who will you submit Form S/S-P to? <b>SINGLE CODE</b>	1 – Head Teacher	1	
		2 – AEO	2	
		3 – DEO	3	
		4 – National Program	4	
		5 – Other (specify): _____	5	
		-99 – Don't Know	-99	
7.12	Regarding today's deworming exercise, would you say the community was.....? <b>READ RESPONSES. SINGLE CODE</b>	1 – Very Positive	1	
		2 – Somewhat Positive	2	
		3 – Neither Positive nor Negative	3	
		2 – Somewhat Negative (specify) _____	4	
		5 – Very Negative (specify) _____	5	

SCHOOL ID: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 TODAY'S Date: |D|D| / |M|M| / |Y|Y|

Survey ID: **DD-MAIN-**  
 (same for all pages)

**8. SCHOOL OBSERVATION**

Walk around the school and observe the following as and when possible:

8.1	Are there program issued deworming posters or flyers visible on-campus anywhere? <b>SINGLE CODE</b>	1 – No Flyers Or Posters	1	<b>SKIP TO 8.3</b>
		2 – Only 1 Flyer Or Poster	2	
		3 – Between 2 And 4 Flyers Or Posters`	3	
		4 – More Than 4 Flyers Or Posters	4	
8.2	If there is a space to write in deworming date on poster, is deworming date written? <b>SINGLE CODE</b>	1 – No Date Written	1	
		2 – Date Written, Correct Date  D D   M M   Y Y	2	
		3 – Date Written, Incorrect Date  D D   M M   Y Y	3	
8.3	What is the primary hand-washing facility available for and in use by students? <b>SINGLE CODE</b>	1 – No Hand Washing Facilities	1	
		2 – Fixed Hand Wash Facility with Running Water	2	
		3 – Designated Space with Stored Water for Hand Wash	3	
		4 – Other (specify): _____	4	
8.4	What is the primary toilet facility available for and in use by students? <b>SINGLE CODE</b>	1 – No Toilet Facility	1	
		2 – Open Toilet/Designated Space, but no Structure	2	
		3 – Toilet Structure - Common for Boys and Girls	3	
		4 – Toilet Structure - Separate for Boys and Girls	4	
		5 – Other(specify) _____	5	
8.5	What is the primary material used in the main school building Roof? <b>SINGLE CODE</b>	1 –Mabate/Tin/Iron Sheet	1	
		2 – Thatches/Branches	2	
		3 –Concrete	3	
		4 – Other (specify): _____	4	
8.6	What is the primary material used in the main school building Walls? <b>SINGLE CODE</b>	1 – Mud	1	
		2 – Cane/Palm/Bamboo With Mud	2	
		3 –Concrete	3	
		4 – Other (specify): _____	4	
8.7	What is the primary material used on the main school building Floors? <b>SINGLE CODE</b>	1 – Earth	1	
		2 – Earth / dung	2	
		3 – Concrete	3	
		4 – Other (specify): _____	4	

Thank you for your time and support today. Ask for direction to the nearby primary school to complete this section

<b>SCHOOL NAME:</b> _____		<b>SCHOOL ID:</b> _____	
Is the school on form P? ( <b>COMPLETE THIS SECTION WHEN YOU GET TO THE OFFICE</b> )	1 – Yes	1	
	2 – No	2	
<b>SPEAK TO HEAD TEACHER OF THE ANOTHER PRIMARY SCHOOL NEARBY.</b> Was there any events or special program that happened at this school today? <b>SINGLE CODE. PROBE.</b>	1 – Deworming Day Took Place	1	
	2 – Deworming Day Did not Take Place	2	

**END INSTRUMENT:** Thank you for the time and support today.