

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

Survey ID: **PD-SCH-**  
(same for all pages)



Tick one appropriate box

STH ONLY

SCHISTO + STH

### PD-SCH: PRE-DEWORMING DAY SCHOOL VISIT

#### 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 PRE-DD-SCHOOL instrument to conduct interviews and note observations at the selected primary school before deworming day.
- In case selected school is closed, does not exist or has already dewormed move to the next nearby primary school.
- Allow Head teacher or Rep to consult with Head teacher/ REP when necessary.
- PRE-DD-SCHOOL should be completed along with PRE-DD-ECD or PRE-DD-COMMUNITY
- Maintain detailed notes in field diary on observations from this visit.

#### LOCATION DETAILS

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

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 #:

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**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 are sections of the Instrument incomplete? <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	

**1. HEAD TEACHER INTERVIEW**

Thank you for speaking with me, could you please provide me with some details about your school: **(FO allow H/T to ask other teachers).**

1.1	How many primary school students are enrolled in this school? (Not ECD) <b>WRITE NUMBER</b>	<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> </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	How many ECD children are enrolled at the attached ECD centre? <b>WRITE NUMBER</b>	<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> </tr> </table>						
1.4	Are there any stand-alone/feeder ECD centre linked to this primary school? <b>(NURSERY SCHOOL THAT ARE NOT IN PRIMARY SCHOOL COMPOUND) SINGLE CODE</b>	1 – Yes	1	<b>SKIP TO 1.6</b>				
		2 – No	2					
1.5	How many ECD centres are linked to/associated with this primary school? <b>WRITE NUMBER</b>	<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> </tr> </table> <p style="text-align: center;">Fill (-99) for Don't Know</p>						
1.6	What school health programmes does this school participate in? <b>MULTIPLECODE</b>	1 – School Based Deworming	1	<b>SKIP TO 1.9</b>				
		2 – Other (specify): _____	2					
		3 – None	3					
1.7	Are there any events or special programs happening at this school in the next 2-3 days? <b>SINGLE CODE</b>	1 – Deworming Day	1	<b>SKIP TO 1.9</b>				
		2 – Other (specify): _____	2					
		3 – No	3					
1.8	Will children at this school get deworming medicine through the school any time soon? <b>SINGLE CODE</b>	1 – Yes	1	<b>SKIP TO SECTION 2</b>				
		2 – No	2					
		3 – Already dewormed	3		<b>SKIP TO SECTION 5</b>			

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1.9	When will the children get the deworming medicine? <b>WRITE DATE</b>	D D  /  M M  /  Y Y   If Anything Other Than A Single Day, Record Verbatim Here: _____
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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.

1.10	Where will deworming happen on the school compound? <b>MULTIPLE CODE</b>	1 – In Classrooms	1	
		2 – Outside classrooms	2	
		3 – Other (specify): _____	3	
		4 – Outside school(specify)_____	4	
1.11	Who will administer the tablets to the children? <b>SINGLE CODE</b>	1 – Head Teacher Only	1	
		2 – Two teachers who attended training	2	
		3 – All Teachers	3	
		4 – Few Teachers (more than the two teachers trained at teacher training, 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 – Other (specify): _____	3	
		4 – No specific plan	4	
1.13	Have you or someone from your school notified/will notify the attached and stand-alone/feeder/linked ECD centres about the deworming day? <b>SINGLE CODE</b>	1–Yes	1	
		2 – No	2	<b>SKIP TO 1.15</b>
1.14	What method was used/will be used to notify the ECD centres about the deworming day? <b>MULTIPLE CODE</b>	1–Head Teacher will inform	1	
		2 –DICECE program officer will inform	2	
		3 –Other MOEST/MOH officials will inform	3	
		4 –Head Teacher will delegate someone to inform	4	
		5 – Other (specify): _____	5	
		6 – No plan	6	
		-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 – Other (specify): _____	2	
		3 – No specific plan	3	

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1.16	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	
		-99 – Don’t know	-99	
1.17	What types of worms will you be treating for on deworming day? <b>MULTIPLE CODE</b>	1 – STH/Soil Transmitted/Hook Worm, Round Worm, Tape Worm, Whip Worm/Minyoo(common worms)	1	
		2 – SCHISTO/Bilharzia/Water Transmitted/ Kichocho	2	
		3 – Other(specify): _____	3	
		-99 – Don’t Know	-99	
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 Schistosomiasis/Bilharzia. There is no correct or wrong response, please respond freely.				
1.18	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	
1.19	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	
1.20	What age group will you 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	
1.21	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	

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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.

1.22*	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				
1.23*	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				
1.24*	What age group will you be treating 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				
1.25*	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				
1.26*	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 and other preparations you have made to prepare for this deworming day							
1.27	Have you/your representative attended any training session on deworming in the past 15 days? <b>SINGLE CODE</b>	1 – Yes	1				
		2 – No	2				
1.28	Did you and/or any other teacher train or sensitize the teachers at your school on how to administer deworming drugs? <b>SINGLE CODE</b>	1 – Yes	1				
		2 – No	2				
1.29	What material did you use to conduct this training? ( <b>MULTIPLE CODE</b> )	1 – Teachers training booklet	1				
		2 – District training booklet	2				
		3 – own materials	3				
		4 – Others(specify)_____	4				
1.30	How much time was spent? <b>WRITE IN MINUTES</b>	<table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td style="width: 30px; height: 30px;"></td> <td style="width: 30px; height: 30px;"></td> <td style="width: 30px; height: 30px;"></td> </tr> </table>					

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1.31	How many teachers were sensitized? <b>WRITE NUMBER</b>	<input type="text"/> <input type="text"/> <input type="text"/>		
1.32	What activities have you/your school teachers 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	
1.33*	Does this school have a school feeding program? <b>SINGLE CODE</b>	1 – Yes	1	<b>SKIP TO 1.35</b>
		2 – No	2	
1.34*	Is there any plan regarding feeding children before treatment? <b>SINGLE CODE</b>	1 – Eat from home before coming to school	1	
		2 – Food will be provided by the school	2	
		3 –Other (specify) _____	3	
		4 – No plan	4	
Thank you, I would like 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.				
1.35	Have you received the Albendazole tablets? <b>SINGLE CODE</b>	1 – Yes	1	<b>SKIP TO 1.37</b>
		2 – No	2	
1.36	Is there a plan for you to receive Albendazole tablets before deworming day? <b>SINGLE CODE</b>	1 – Yes(specify) _____	1	<b>SKIP TO 1.44</b>
		2 – No	2	
1.37	When did the Albendazole tablets arrive? <b>WRITE DATE (Approx. date if Head Teacher does not know exact date)</b>	Albendazole:  D D  /  M M  /  Y Y		
1.38	Did you receive the Albendazole tablets at the teacher training? <b>SINGLE CODE</b>	1 – Yes	1	<b>SKIP TO 1.41</b>
		2 – No	2	
1.39	If NO, were they delivered to your school or collected? <b>SINGLE CODE</b>	1 - Delivered	1	<b>SKIP TO 1.41</b>
		2 – Collected	2	
1.40	Where did you have to collect the drugs from? <b>SINGLE CODE</b>	1 – AEO office	1	
		2 – DEO office	2	
		3 – Another school	3	
		4 – Others(specify) _____	4	
1.41	Where are the Albendazole tablets currently? <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	
		6 – Health facility or DMOH	6	

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1.42	How many Albendazole tablets have you received? <b>WRITE NUMBER (check physical drugs)</b>	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>								
1.43	What package are the Albendazole tablets in? <b>MULTIPLE CODE (check physical drugs)</b>	1 – Original Tins – Sealed	1							
		2 – Original Tins – Unsealed	2							
		3 – Not Original Tins	3							
		4 – Loose Bags	4							
		5 – Other (specify): _____	5							
1.44*	Have you received the Praziquantel tablets? <b>SINGLE CODE</b>	1 – Yes	1	<b>SKIP TO 1.46</b>						
		2 – No	2							
1.45*	Is there a plan for you to receive Praziquantel tablets before deworming day?	1 – Yes(specify) _____	1	<b>SKIP TO 1.52</b>						
		2 – No	2							
1.46*	When did the Praziquantel tablets arrive? <b>WRITE DATE (Approx. date if Head Teacher does not know exact date)</b>	Praziquantel:  D D / M M / Y Y								
1.47*	Did you receive the Praziquantel tablets at the teacher training? <b>SINGLE CODE</b>	1 – Yes	1	<b>SKIP TO 1.50</b>						
		2 – No	2							
1.48	Were they delivered to your school or did you have to collect them? <b>SINGLE CODE</b>	1 - Delivered	1	<b>SKIP TO 1.50</b>						
		2 – Collected	2							
1.49	Where did you have to collect the drugs from? <b>SINGLE CODE</b>	1 – AEO office	1							
		2 – DEO office	2							
		3 – Another school	3							
		4 – Others(specify)_____	4							
1.50*	Approximately how many Praziquantel tablets have you received? <b>WRITE NUMBER (check physical drugs)</b>	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>								
1.51*	What package are the Praziquantel tablets in? <b>MULTIPLE CODE (check physical drugs)</b>	1 – Original Tins – Sealed	1							
		2 – Original Tins – Unsealed	2							
		3 – Not Original Tins	3							
		4 – Loose Bags	4							
		5 – Other (specify): _____	5							

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1.52	Can you show me any materials you have received for this program? <b>MULTIPLE CODE</b> (check physical copies before coding)	1 – Teacher Training 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					
Thank you. I'd like to ask you a few more questions about the drugs and materials								
1.53	Do you have sufficient Albendazole tablets for your school? <b>SINGLE CODE</b>	1 – Yes	1	<b>SKIP TO 1.58</b>				
		2 – No	2					
		-99 – Don't Know	-99	<b>SKIP TO 1.58</b>				
1.54	How many more tablets of Albendazole 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								
1.55	Have you or someone informed the divisional staff about the tablet shortage? <b>SINGLE CODE</b>	1 – Yes	1					
		2 – No	2	<b>SKIP TO 1.57</b>				
1.56	Who informed the Divisional staff? <b>MULTIPLE CODE</b>	1 – Head teacher	1					
		2 – Health teacher	2					
		3 – Others (specify) _____	3					
1.57	Is there a plan for you to receive more Albendazole tablets before deworming day?	1 – Yes(specify) _____	1					
		2 – No	2					
1.58*	Do you have sufficient Praziquantel tablets for your school? <b>SINGLE CODE</b>	1 – Yes	1	<b>SKIP TO 1.64</b>				
		2 – No	2					
		-99 – Don't Know	-99					
1.59*	How many more tablets of Praziquantel 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								
1.60*	Have you or someone informed the divisional staff about the tablet shortage? <b>SINGLE CODE</b>	1 – Yes	1					
		2 – No	2	<b>SKIP TO 1.62</b>				
1.61*	Is there a plan for you to receive more Praziquantel tablets before deworming day?	1 – Yes(specify) _____	1					
		2 – No	2					



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1.62	If there is a tablet shortage on deworming day, what will you do? <b>MULTIPLE CODE</b>	1 – Call AEO	1	
		2 – Go to the Clinic	2	
		3 – Other(specify): _____	3	
		-99 – Don't Know	-99	
1.63	If you have any extra tablets after deworming day, what will happen 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	
1.64	Form S will be a summary of which monitoring forms? <b>SINGLE CODE</b>	1 – Form E and N	1	
		2 – Form S	2	
		3 – Other (specify): _____	3	
		4 – None	4	
1.65	Who will you submit Form S 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	
1.66*	Form S-P will be a summary of which monitoring forms? <b>SINGLE CODE</b>	1 – Form E and N	1	
		2 – Form S	2	
		3 – Form E-Pand N-P	3	
		4 – Other (specify): _____	4	
		5 – None	5	
		-99 – Don't Know	-99	
1.67*	Who will you submit Form 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	
1.68	Do you have AEO's phone number? <b>SINGLE CODE</b>	1 – Yes	1	
		2 – No	2	
1.69	Do you have CHEW's phone number? <b>SINGLE CODE</b>	1 – Yes	1	
		2 – No	2	

**END SECTION:** Thank you very much for your time. Could I now briefly speak to one of your 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.

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**2. CLASS TEACHER INTERVIEW**

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

2.1	How many children are enrolled in your class? <b>WRITE NUMBER</b>	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 30px; height: 30px;"></td> <td style="width: 30px; height: 30px;"></td> <td style="width: 30px; height: 30px;"></td> </tr> </table>					
2.2	What school health programmes does this school participate in? <b>SINGLE CODE</b>	1 – School Based Deworming	1	<b>SKIP TO 2.6</b>			
		2 – Other (specify): _____	2				
		3 – None	3				
2.3	Are there any events or special programs happening at this school in the next 2-3 days? <b>SINGLE CODE</b>	1 – Deworming Day	1	<b>SKIP TO 2.6</b>			
		2 – Other (specify): _____	2				
		3 – No	3				
2.4	Will children at this school get deworming medicine through the school any time soon? <b>SINGLE CODE</b>	1 – Yes	1	<b>SKIP TO 2.6</b>			
		2 – No	2				
2.5	Do you know about the national school-based deworming program this year? <b>SINGLE CODE</b>	1 – Yes	1	<b>SKIP TO SECTION 3</b>			
		2 – No	2				
2.6	When will the children get the deworming medicine? <b>WRITE DATE</b>	D D  /  M M  /  Y Y  If Anything Other Than A Single Day, Record Verbatim Here:					

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.

2.7	Where will deworming happen on the school compound? <b>SINGLE CODE</b>	1 – In Classroom	1	
		2 – Outside class room	2	
		3 – Other (specify): _____	3	
		4 – Outside the school(specify) _____	4	
		-99 – Don't know	-99	
2.8	Who will administer the tablets to the children? <b>SINGLE CODE</b>	1 – Head Teacher	1	
		2 – Teachers who attended training	2	
		3 – Class Teachers deworm their own Classes	3	
		4 – Few Teachers (more than 2 Teachers, but Not All)	4	
		5 – Other (specify): _____	5	
2.9	What will be your role? <b>MULTIPLE CODE</b>	1 – Administering drugs	1	<b>SKIP TO 2.11</b>
		2 – Filling forms	2	
		3 – Supervising the exercise	3	
		4 - None	4	

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2.10	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	
		-99 – Don’t know	-99	
2.11	What types of worms will you be treating for on deworming day? <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	
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.				
2.12	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	
2.13	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	
2.14	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	
2.15	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	

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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.

2.16*	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	
2.17*	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	
2.18*	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	
2.19*	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	
2.20*	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				
2.21	Were you and the rest of the teachers trained or sensitized on how to administer deworming drugs at your school? <b>SINGLE CODE</b>	1 – Yes	1	
		2 – No	2	<b>SKIP TO 2.24</b>
2.22	What specific information were you given during this session or sensitization? <b>SINGLE CODE</b>	1 – One tablet per Child	1	
		2 – Community sensitization	2	
		3 – Management of SAEs	3	
		4 – Worms and worm prevention	4	
		5 – Filling of forms	5	
		6 – Told to read hand-outs	6	
		7 – Other(specify)_____	7	
2.23	Do you think this training or sensitization was sufficient preparation for deworming day? <b>SINGLE CODE</b>	1 - Yes	1	
		2 - No	2	

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2.24	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 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	
2.25	Which monitoring form will you be responsible for filling on deworming day? <b>MULTIPLE CODE</b>	1 – Form E and E-P	1	
		2 – Form N and N-P	2	
		3 – Form S	3	
		4 – Other (specify): _____	4	
		5 – None	5	
<b>END SECTION:</b> Thank you very much for your time. I'd like to talk to 3 different students individually, and ask them a few questions. The questions are about the upcoming deworming day. Can you show me the best place for this?				
<b>3. STUDENT INTERVIEWS</b>				
<b>CHOOSE 3 CHILDREN RANDOMLY FROM THE CLASS; HAVE AT LEAST ONE OF EACH GENDER.</b>				
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.				
<b>a. STUDENT 1</b>				
3.1	Are there any events or special health programs planned at the school in the next 2-3 days? <b>SINGLE CODE</b>	1 – Deworming Day	1	<b>SKIP TO 3.4</b>
		2 – Other (specify): _____	2	
		3 – No	3	
3.2	Have you heard of a program where children get treatment for minyoo from the school? <b>SINGLE CODE</b>	1 – Yes	1	
		2 – No	2	<b>END INTERVIEW</b>
3.3	Do you know when deworming day is at this school? <b>SINGLE CODE</b>	1 – Yes	1	
		2 – No	2	<b>SKIP TO 3.5</b>
3.4	Can you tell me the date when deworming day will happen at this school? <b>WRITE DATE. PROBE</b>	D D / M M / Y Y  If date not known write 99/99/99 and verbatim response: _____		
3.5	Is deworming day open to children who are not enrolled in school? <b>SINGLE CODE</b>	1 – Yes	1	
		2– No	2	
		-99 – Don't know	-99	
3.6	Did you tell your parents about deworming day? <b>SINGLE CODE</b>	1 – Yes	1	
		2 – No	2	

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3.7*	Did anybody instruct you to do something special for deworming day, like eat breakfast/bring food on deworming day? <b>SINGLE CODE</b>	1 – Yes	1	
		2 – No	2	

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

**b. STUDENT 2**

3.8	Are there any events or special health programs planned at the school in the next 2-3 days? <b>SINGLE CODE</b>	1 – Deworming Day	1	<b>SKIP TO 3.11</b>
		2 – Other (specify): _____	2	
		3 – No	3	
3.9	Have you heard of a program where children get a treatment for minyoo from the school? <b>SINGLE CODE</b>	1 – Yes	1	
		2 – No	2	<b>END INTERVIEW</b>
3.10	Do you know when deworming day is at this school? <b>SINGLE CODE</b>	1 – Yes	1	
		2 – No	2	<b>SKIP TO 3.12</b>
3.11	Can you tell me the date when deworming day will happen at this school? <b>WRITE DATE. PROBE</b>	D D  /  M M  /  Y Y  If date not known write 99/99/99 and verbatim response: _____		
3.12	Is deworming day open to children who are not enrolled in school? <b>SINGLE CODE</b>	1 – Yes	1	
		2 – No	2	
		-99 – Don't know	-99	
3.13	Did you tell your parents about deworming day? <b>SINGLE CODE</b>	1 – Yes	1	
		2 – No	2	
3.14*	Did anybody instruct you to do something special for deworming day, like eat breakfast/bring food on deworming day? <b>SINGLE CODE</b>	1 – Yes	1	
		2 – No	2	

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

**c. STUDENT 3**

3.15	Are there any events or special health programs planned at the school in the next 2-3 days? <b>SINGLE CODE</b>	1 – Deworming Day	1	<b>SKIP TO 3.18</b>
		2 – Other (specify): _____	2	
		3 – No	3	
3.16	Have you heard of a program where children get a free deworming tablet from the school? <b>SINGLE CODE</b>	1 – Yes	1	
		2 – No	2	<b>END INTERVIEW</b>
3.17	Do you know when deworming day is at this school? <b>SINGLE CODE</b>	1 – Yes	1	
		2 – No	2	<b>SKIP TO 3.19</b>

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3.18	Can you tell me the date when deworming day will happen at this school? <b>WRITE DATE. PROBE</b>	D D  /  M M  /  Y Y  If date not known write 99/99/99 and verbatim response: _____		
3.19	Is deworming day open to children who are not enrolled in school? <b>SINGLE CODE</b>	1 – Yes	1	
		2 – No	2	
		-99 – Don't know	-99	
3.20	Did you tell your parents about deworming day? <b>SINGLE CODE</b>	1 – Yes	1	
		2 – No	2	
3.21*	Did anybody instruct you to do something especial for deworming day, like eat breakfast/bring food on deworming day? <b>SINGLE CODE</b>	1 – Yes	1	
		2 – No	2	
<b>END INTERVIEW: Thank you very much.</b>				
<b>4. ATTACHED ECD TEACHER INTERVIEW</b>				
<b>CONTINUE IF SCHOOL HAS ATTACHED ECD. ELSE GO TO SECTION 5</b>				
Ask the head teacher if you could speak with the ECD teacher.				
4.1	How many ECD children are enrolled at the attached ECD centre? <b>WRITE NUMBER</b>			
4.2	How many children attend per day on average? <b>WRITE NUMBER</b>			
4.3	How many children are in class today? <b>WRITE NUMBER</b>			
4.4	Are there any events or special programs happening at this school in the next 2-3 days? <b>SINGLE CODE</b>	1 – Deworming Day	1	<b>SKIP TO 4.6</b>
		2 – Other (specify): _____	2	
		3 – No	3	
4.5	Will children at this school get deworming medicine through the school any time soon? <b>SINGLE CODE</b>	1 – Yes	1	
		2 – No	2	<b>SKIP TO SECTION 5</b>
4.6	When will the children get the medicine? <b>WRITE NUMBER</b>	D D  /  M M  /  Y Y  If Anything Other Than A Single Day, Record Verbatim Here: _____		
4.7	What will be your role as ECD teacher on deworming day? <b>SINGLE CODE</b>	1 – Administer Drugs	1	<b>SKIPTO 4.9</b>
		2 – Supervise ECD Children	2	
		-99 – Don't Know	-99	

4.8	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 refuse 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	
		-99 – Don’t know	-99	
4.9	Have you/someone informed the parents of the ECD children about the national school-based deworming program and the planned deworming day? <b>SINGLE CODE</b>	1- Yes	1	
		2 - No	2	<b>SKIP TO 4.11</b>
4.10	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	
4.11	Are there any stand-alone nursery centres near this school? <b>SINGLE CODE</b>	1 – Yes	1	
		2 – No	2	<b>SKIP TO 4.13</b>
		-99 – Don’t know	-99	
4.12	How many nursery centres are near this school? <b>SINGLE CODE</b>	<input type="text"/> <input type="text"/> <input type="text"/>		
4.13	Will deworming day be open to stand-alone ECD children? <b>SINGLE CODE</b>	1 – Yes	1	
		2 – No	2	
		-99 – Don’t know	-99	
<b>ASK THE ECD TEACHER TO HELP YOU FIND THE NEAREST STAND ALONE NURSERY SCHOOL FOR ANOTHER ECD INTERVIEW</b>				



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**5.SCHOOL OBSERVATION**

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

5.1	Are there deworming posters or flyers issued by the program visible on-campus anywhere? <b>SINGLE CODE</b>	1 – No Flyers Or Posters	1	<b>SKIP TO 5.3</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	
5.2	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	2	
		3– Date Written, Incorrect Date	3	
		4 – No space to write date	4	
5.3	What is the primary hand-washing facility available for use for students? (do not consider facilities that are not open for children) <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	
5.4	What is the primary toilet facility available for use for students? (do not consider facilities that are not open for children) <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	
5.5	What is the primary material used in the school building Roof? <b>SINGLE CODE</b>	1 –Mabati/Tin/Iron Sheet	1	
		2 – Thatches/Branches	2	
		3 – Concrete	3	
		4 – Other (specify): _____	4	
5.6	What is the primary material used in the school walls? <b>SINGLE CODE</b>	1 – Mud	1	
		2 – Cane/Palm/Bamboo With Mud	2	
		3 –Concrete	3	
		4 – Other (specify): _____	4	
5.7	What is the primary material used on the school Floors? <b>SINGLE CODE</b>	1 – Earth	1	
		2 – Earth / dung	2	
		3 – Concrete	3	
		4 – Other (specify): _____	4	

**END INSTRUMENT:** Return to the head teacher, thank him/her for the time and support today. Wish the head teacher luck on deworming day, and encourage him/her to contact the divisional staff for any support needed.