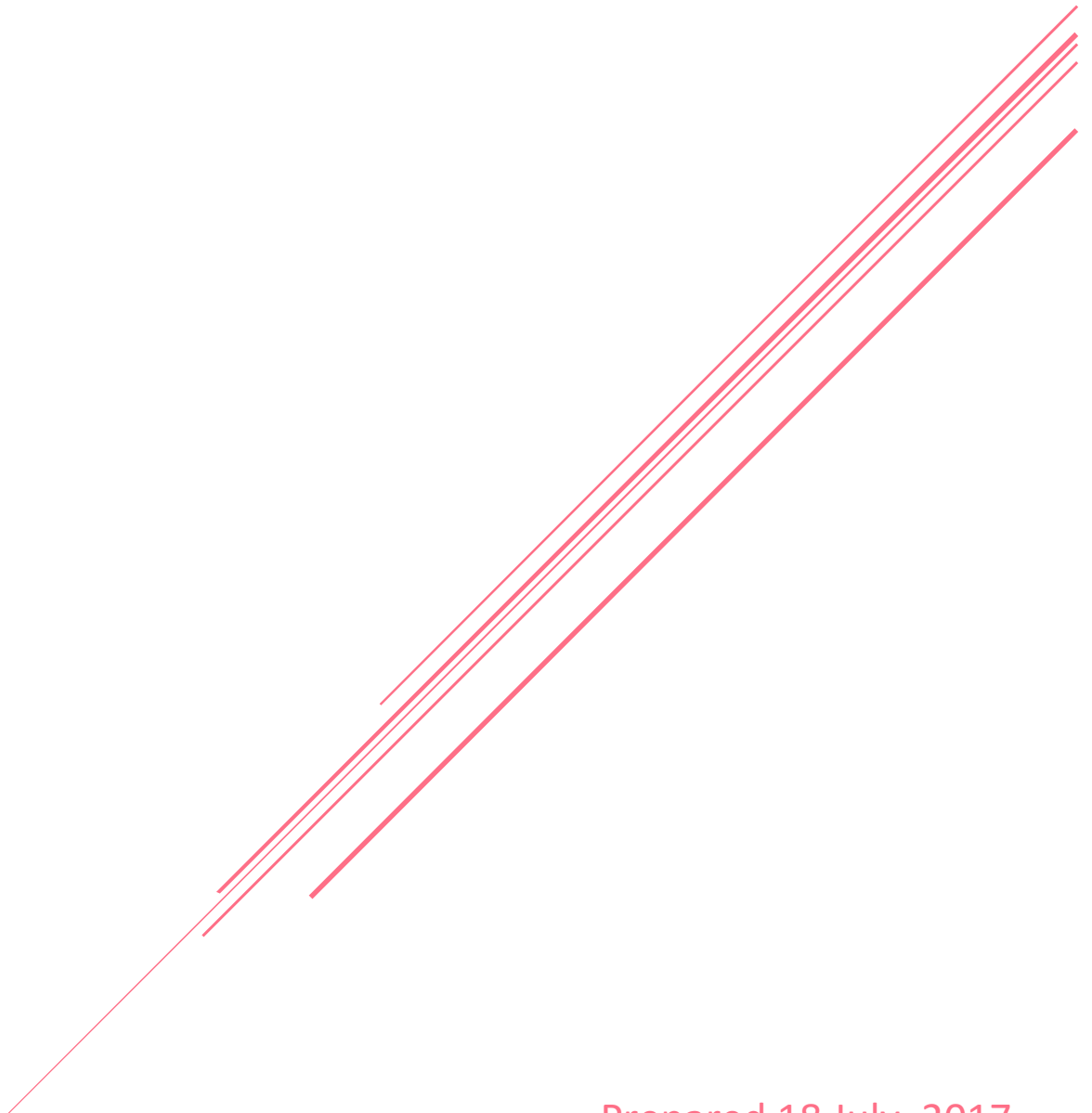


# END FUND PMCV REPORT

Year 5, Wave 1



Prepared 18 July, 2017

## Table of Contents

Executive Summary .....	2
Sampling.....	3
Sub County Training Observations .....	3
Coverage of Content .....	4
Knowledge pre and post-training.....	4
Community Sensitization.....	5
CHEW Responsibilities.....	5
Teacher Training Observations.....	6
Knowledge pre- and post-training.....	6
Pre-deworming day interviews.....	7
Early Childhood Development Centers.....	7
CHEW knowledge of their responsibilities .....	8
Severe Adverse Events.....	8
Pre-deworming CHW interviews .....	8
Pre-deworming day parent interviews .....	9
Awareness.....	9
Information sources of parents .....	9
Knowledge retention.....	9
Attitudes towards deworming day.....	10
Pre-deworming school interviews .....	10
Preparation of deworming day.....	10
Treatment of ECD and Non-enrolled children.....	10
Knowledge retention.....	10
Severe Adverse Events.....	11
Teacher training at schools.....	11
Phone interviews.....	13
Deworming day CHEW interview.....	13
CHEW knowledge of their responsibilities .....	13
CHEW engagement with teachers.....	14
Severe Adverse Events.....	14
Deworming day parent interviews.....	15
Deworming day school observations .....	16
Preparation of deworming day.....	16
Teacher sensitization.....	16
Community sensitization .....	16
Deworming day observations .....	17
Phone interviews.....	17
Conclusions.....	18
Topic coverage in trainings.....	18
Knowledge retention and annual trainings.....	18
Community Sensitization.....	18

## Executive Summary

The following report details the process monitoring and coverage validation (PMCV) of the National School-Based Deworming Program (NSBDP) conducted by the Deworm the World Initiative in Kenya. For Year 5 Wave 1 of deworming in END Fund regions, the following counties were dewormed for Schistosomiasis (SCH) and Soil-Transmitted Helminths (STH); Kirinyaga, Machakos, Kitui, Makueni, Garisa and Wajir. In Kirinyaga 10 schools were monitored during deworming day. Due to distance and staff safety reasons, schools in Machakos, Kitui, Makueni, Garisa and Wajir were monitored regarding pre-deworming and deworming activities via phone interviews.

The aim of PMCV is to measure the successful roll-out of the NSBDP by observing and reviewing the quality and impact of sub-county training, teacher training, community sensitization and deworming day procedures.

During the monitored Sub-County Training sessions, some training topics were covered in more detail than others. The term “in detail” refers to whether or not the trainer covered the prescribed content according to the training manual and presentations. The only section that was covered in detail was *Worms*. The topics *Reverse Cascade* and *STH forms* were only covered in detail 50% of trainings. The sections *Drugs and Dosage*, *SCH forms* and *Drug administration* were not covered in detail during the training.

The comparison of knowledge of trainees before and after training shows that annual training on both SCH and STH treatment is recommended in order to ensure knowledge on SCH and STH treatment is up to date. The same recommendation is made for Teacher Trainings, since there was also found to be a gap between knowledge before and after training for trainees.

Of the 10 schools targeted for observations during deworming day, nine out of 10 were observed to have the appropriate drugs in place prior to deworming day. There was only one school observed to run out of drugs on deworming day.

In eight out of 10 schools, teachers were observed to give children the correct dosage of drugs and also eight out of 10 were observed using tablet poles correctly. In addition, nine out of 10 teachers observed children swallowing the drugs.

## Sampling

PMCV field officers observed events according to pre-determined sample sizes. The table below shows the END Fund Year 5 grant for deworming activities to date. All monitored events were randomly sampled from a list of planned events. **Table 1** shows the planned and actual samples for each activity. Due to distance and staff safety reasons, we monitored some counties' pre-deworming and deworming activities via phone interviews.

**Table 1. PMCV Activities and Sample Sizes**

Activity	Planned Sample	Actual Sample	Reason Fewer Sample
Sub County trainings	2	2	
Teacher training	2	2	
Pre deworming			
<i>Observed</i>	10	9	• 2 phone interviews not conducted in Wajir due to missing contact details of head teachers.
<i>Phone interview</i>	8	4	• 2 phone interviews waiting to be returned.
Deworming			
<i>Observed</i>	10	10	• 2 phone interviews not conducted in Wajir due to missing contact details of head teachers.
<i>Phone interview</i>	8	4	• 2 phone interviews waiting to be returned.

## Sub County Training Observations

The intent of Sub County Training (SCT) sessions is to ensure that sub-county and division level officials understand the purpose and procedure of deworming. The successful completion of this activity allows the division levels officials to then conduct the same activity with teachers in their divisions in Teacher Training sessions.

The PMCV team observed two SCTs in Kirinyaga region, both focused on STH and SCH treatment. Community Health Extension Workers (CHEW) were also part of the SCT. After the training, CHEWs were charged to carry out community sensitization on dates and purpose of deworming.

**Table 2** shows the number of participants present throughout the training at various time intervals. It shows that there were fewer participants at the end of day one and fewer participants again during day two compared to day one. This can mainly be explained, since Sub County Medical Officers of Health (SCHMoH), Sub-County Directors of Education (SCDE) and CHEWs were only required to attend one of the two meetings observed. Each of the SCTs lasted for an average of 5 hours each day. In only one of the trainings were sub county training booklets distributed while albendazole and praziquantel tablets were available in only one of the sub county headquarters.

**Table 2. Average number of participants at the training**

	Day 1 Average no. of participants	Day 2 Average no. of participants
Before training started	13	6
1 hr after training started	9	3
4 hrs after training started	9	4
1 – 4 hrs after trainings started	8	3
Participants before lunch	15	8
Participants after lunch	14	7

### Coverage of Content

During the training, some topics were covered in more detail than others. The term “in detail” refers to whether or not the trainer covered the prescribed content according to the training manual and presentations. The topic *Worms* was covered in detail in all trainings and *Reverse Cascade* and *STH forms* were covered in detail in 1 out of 2 trainings. **Table 3** also shows that *Drugs and Dosage*, *SCH forms* and *Drug administration* were not covered in detail during the trainings. These topics are important for a successful roll out of deworming and should be covered in detail.

**Table 3. Topics covered during Sub Counting Training**

Topic	No.
Meetings where information on <b>WORMS</b> was covered in detail	2
Meetings where information on <b>REVERSE CASCADE</b> was covered in detail	1
Meetings where information on <b>STH FORMS</b> was covered in detail	1
Meetings where information on <b>DRUG &amp; DOSAGE</b> was covered in detail	0
Meetings where information on <b>SCH FORMS</b> was covered in detail	0
Meetings where information on <b>DRUG ADMINISTRATION</b> was covered in detail	0

### Knowledge pre and post-training

Prior to receiving training, in total eight participants were randomly selected and assessed before the training started on their ability to identify the correct *STH and SCH drug used*, *dosage*, and appropriate *age groups* for treatment. Of these eight participants, seven were aware of or had been trained on *STH* previously and six were aware or had been trained on *SCH* previously. After training, a total of six participants were randomly selected to identify knowledge on the same topics. The results of these interviews are presented in **Table 4**. The values represent the number of people able to report the correct answer.

Although most participants reported having previously attended training, only three of the participants could recall the correct answers when asked questions regarding *STH Dosage* and only one could recall the correct answers for *STH Age groups*. For SCH treatment, only three participants could recall the correct answers when asked questions regarding *SCH Dosage* and one the correct answers for *SCH Age groups*. However, as shown in **Table 4**, there was evidence of a clear increase in knowledge post-training for all topics related to both STH and SCH. These results provide strong support for the continuation of year-on-year training of CHEWs, sub-county and division level officials for STH and SCH treatment.

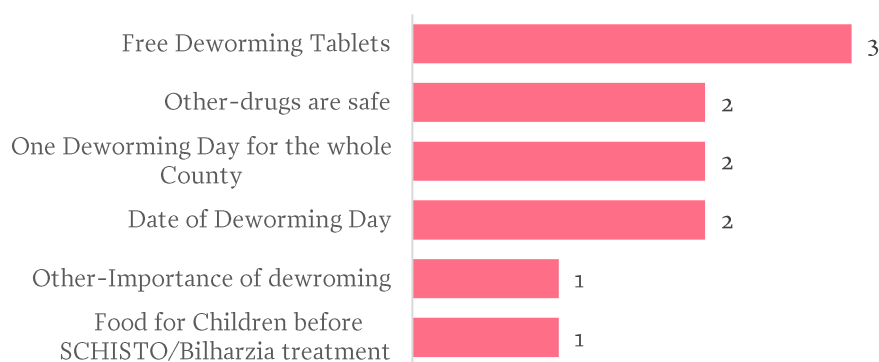
**Table 4. Participants’ Knowledge of Deworming Pre and Post Sub-Country Training**

Knowledge Area	STH Knowledge Pre-Training (N <sub>interviewed</sub> = 8)	STH Knowledge Post-Training (N <sub>interviewed</sub> = 6)
STH drugs used	5	6
STH Dosage	3	6
STH Age Groups	1	5
	SCH Knowledge Pre-Training (N <sub>interviewed</sub> = 6)	SCH Knowledge Post-Training (N <sub>interviewed</sub> = 5)
SCH Drugs	5	5
SCH Dosage	3	3
SCH Age Groups	1	4

### Community Sensitization

To effectively sensitize the community on NSBDP, six SCT participants were asked to identify the key messages that should be disseminated to the community about deworming activities. **Figure 1** shows the key messages mentioned by SCT participants after training that are to be shared with the community on NSBDP.

**Figure 1. Key messages mentioned regarding deworming by Sub County Training participants**



### CHEW Responsibilities

CHEWs have various responsibilities with regard to supporting deworming activities and community sensitization. A total of six CHEWs were interviewed. All six mentioned that among their responsibilities was the need to respond to *Severe Adverse Events* (SAE). **Table 5** shows other responsibilities mentioned by CHEWs.

**Table 5. Responsibility of CHEWs in deworming activities**

Responsibility	No. of CHEWs
Respond to SAEs	6
Community Sensitization	3
Engage Community Health Workers in respective Community Unit to bring Non-enrolled children	3
Support deworming day activities	3
Mount deworming day posters	1

### Teacher Training Observations

Teacher Training (TT) sessions are conducted by division level officials that have attended the SCT session. The successful completion of TT allows teachers to have knowledge on worms, drugs, dosage, how to conduct drug administration on deworming day and correctly fill out forms.

PMCV field officers visited two training sessions in Kirinyaga, both focused on training for SCH and STH treatment. With regard to materials and resources distributed in the trainings, both trainings received posters and monitoring forms. However, tablet poles and drugs were not distributed in one training, nor were funds for distribution received during one training.

Observations of the training sessions also assessed the extent to which training content was covered “in detail” (see **Table 6**). The term “in detail” refers to whether or not the trainer covered the prescribed content according to the training manual and presentations. Both the topics *Worms* and *Forms* were covered in detail. *Reverse Cascade* was only covered in detail in one training session and *Drugs & Dosage* and *Drug Administration* were not covered in detail in either session.

**Table 6. Topic Coverage in Teacher Training**

Topic	No. of Trainings
Meetings where information on <b>WORMS</b> was covered in detail	2
Meetings where information on <b>FORMS</b> was covered in detail	2
Meetings where information on <b>REVERSE CASCADE</b> was covered in detail	1
Meetings where information on <b>DRUG &amp; DOSAGE</b> was covered in detail	0
Meetings where information on <b>DRUG ADMINISTRATION</b> was covered in detail	0

### Knowledge pre- and post-training

Prior to receiving training, a total of eight teachers were randomly selected and assessed on their ability to identify the correct STH and SCH *drugs*, *correct dosage*, and appropriate *age groups* for treatment. Of these, seven were aware of or had been trained on STH and six had been trained on SCH treatment previously. After training, a total of eight participants were randomly selected to identify knowledge on the same topics. The results of the pre- and post-training interviews are presented in **Table 7**. Percentages represent how many teachers were able to report the correct answer.

Although almost all participants reported having previously attended training, only one out of seven participants could recall the correct answers when asked questions regarding *STH age group*. After completing the training, these scores increased to all participants knowing the correct answer. It is important to note here that the last time teachers received training was 2-years prior to this round of deworming. However, the results of these analyses provide strong support for the continuation of year-on-year teacher trainings, especially for STH treatment since there is a gap between knowledge before training and after training.

**Table 7. Participants' Knowledge of Deworming Pre and Post-Teacher Training**

Knowledge Area	Knowledge ( $N_{interviewed} = 7$ )	Pre-Training	Knowledge Post-Training ( $N_{interviewed} = 7$ )
STH Drugs	4		6
STH Dosage	5		7
STH Age Groups	1		7
		Knowledge Pre-Training ( $N_{interviewed} = 6$ )	Knowledge Post-Training ( $N_{interviewed} = 8$ )
SCH Drugs		4	8
SCH Dosage		5	8
SCH Age Group		4	8

## Pre-deworming day interviews

### Early Childhood Development Centers

PMCV field officers monitored eight Early Childhood Development (ECD) centers, which had an average enrolment of 26 children and an average daily attendance rate of 23 children. On deworming day an average of 23 children were present at the ECD center with the youngest aged two years and the oldest was six years old.

Of the ECD teachers interviewed, seven had a certificate course and one had a diploma course as their highest level of education.

Only three out of eight interviewed ECD teachers were aware that a special event would take place at the school. However, four of the ECDs reported to have communicated in the last 15 days with someone from the primary school and one of the ECDs reported to have communicated with government officials in the last 15 days via phone calls. PMCV field officers also probed the ECD teachers who were aware of deworming on their role in the upcoming deworming activities. All three ECD teachers mentioned the need to *Supervise the children* and only one mentioned *Taking the children to primary school* (where deworming would take place).



### CHEW knowledge of their responsibilities

A total of three CHEWs were interviewed prior to deworming day. Each CHEW worked with an average of 12 Community Health Workers (CHW) to serve approximately 500 households. Of the CHEWs interviewed, all had attended training sessions on deworming in the past 15 days and were aware of the deworming day event taking place at the primary schools in their area.

In order to gauge awareness and prioritization of their roles during training, CHEWs were specifically asked about their role in the NSBDP. Two CHEWs mentioned that their responsibility was *community sensitization* and two mentioned *supporting teachers on SAE*. When requested to elaborate on their community sensitization roles, all CHEWs indicated they had *displayed posters* and two *discussed deworming day at barazas*.

### Severe Adverse Events

PMCV field officers asked two CHEWs about their knowledge of mild side effects expected when treating for STH with albendazole and when treating for SCH with praziquantel. **Table 8** and **Table 9** show that both CHEWs were aware of most of these mild side effects.

**Table 8. CHEWs responses to expected side effects for STH treatment**

Mild side effects CHEWs consider normal	No. of CHEWs
Vomiting	2
Abdominal discomfort	2
Fainting	2
Other	2
Nausea	1
Headache	0

**Table 9. CHEWs responses to expected side effects for SCH treatment**

Expected Side Effects	No. of CHEWs
Nausea	2
Vomiting	1
Abdominal discomfort	1
Fainting	1
Headache	1

All CHEWs mentioned that *feeding children before treatment* is a measure to minimize the side effects of SCH treatment with Praziquantel.

### Pre-deworming CHW interviews

In addition to CHEWs, PMCV field officers also interviewed CHWs in the community prior to deworming day via phone calls. A total of five CHWs were interviewed, indicating that they covered an average of 65 households in the community when carrying out sensitization activities.

Of the CHWs interviewed four out of five were aware of the deworming activity taking place at a primary school in their area. Only two out of five mentioned that the children aged 2 – 14 years were eligible to receive drugs under the program.

### Pre-deworming day parent interviews

PMCV field officers interviewed a total of nine parents about their level of awareness of deworming day, their intentions regarding taking children to be dewormed, and the primary source by which parents received information on deworming. Of these, seven were parents of enrolled children in ECD or primary schools and two were parents of non-enrolled children.

#### Awareness

Overall, six out of the nine interviewed parents were *aware* of deworming day happening, with five out of six being parents of enrolled children. Of the parents interviewed, six out of nine reported having heard about the program this year while one parent reported having heard about it *last year* and one parent heard about it *two years ago*.

Of the interviewed parents, two parents had taken their children for deworming before. One parent did this *two years ago* and the other parent did so *4 years ago*. When asked where this deworming had taken place, one mentioned it was at a *nearby primary school* and the other parent mentioned it had happened at the *health facility*. Only one parent reported to have accompanied their child for this previous deworming.

#### Information sources of parents

A number of activities were conducted within NSBDP aimed at raising awareness of deworming day. These included using CHEWs/CHWs to promote deworming day, use of the media, promotion by government officials and school-based promotional activities. Out of the six parents aware of deworming, their main source of information was their *child/children*, mentioned by four out of six parents. The primary school teacher was mentioned by two parents and one mentioned *CHEWs/CHWs*.

#### Knowledge retention

Although community sensitization activities had been undertaken, the knowledge retention among parents was low on specific information regarding deworming day. Of those parents aware of deworming, none of them knew the correct deworming day date, four parents knew the correct age group and three knew the correct target population for deworming.

Posters were another promotional activity to remind parents of deworming day. Of the parents interviewed, three reported they saw a poster in the community about deworming. Of those three parents, two remembered seeing the date of deworming on the posters and one indicated that they had seen but not read the poster.

### Attitudes towards deworming day

All parents interviewed expressed interest in sending their children for deworming, and four out of six expressed interest in going with the children under parental care for deworming. All interviewed parents had a positive attitude towards deworming.

### Pre-deworming school interviews

Prior to deworming a total of nine schools were visited and confirmed as participating in deworming day. All monitoring activities of these schools were conducted in Kirinyaga county.

### Preparation of deworming day

Of those nine schools in Kirinyaga planning to deworm, six planned to perform deworming inside the classroom, whereas three planned to deworm outside the classroom, and one outside the school (e.g., at the church hall).

Four out of nine schools reported that all teachers would administer tablets during deworming, two reported that only the two teachers who attended the training would do this, and one school mentioned that only the Head teacher would administer the tablets. All schools reported receiving sufficient deworming tablets prior to deworming day, having received tablets during a teacher training. This is not in line with the observation made during the TT, where only one out of two trainings received sufficient drugs.

### Treatment of ECD and Non-enrolled children

Of the nine monitored schools, all had an ECD centre attached. Only four out of nine schools planning to deworm had already notified the attached or stand-alone ECD centre regarding deworming day.

When asked about their plan to treat the children, five out of nine schools reported that the ECD teachers would treat the ECD children and three schools would assign a designated teacher to treat the children. Schools were asked the same question for non-enrolled children. The majority of schools, seven out of nine, would assign a designated (not ECD teacher) to treat non-enrolled children on deworming day and two replied to not have any specific plans yet.

### Knowledge retention

Of the teachers interviewed, eight out of nine had attended training sessions, out of whom six had sensitized other teachers on how to administer drugs. All teachers interviewed mentioned STH when asked what worms they would be treating, while seven out of nine cited SCH worms to be treated on deworming day.

**Table 10** captures a breakdown of the number of teachers that provide a correct answer on drugs, dosage and age group for STH and SCH prior to deworming.

**Table 10. Knowledge on drugs, dosage and age group for STH and SCH**

Knowledge Area	No. of Teachers
Correct drug for treating for STH	9
Correct dosage for treating STH	8
Correct age group for treating STH	7
Knowledge Area	No. of Teachers
Correct drugs for treating for SCH	9
Correct dosage for treating SCH	8
Correct age group for treating SCH	7

## Severe Adverse Events

The PMCV team probed teachers on their knowledge of mild side effects that may occur while treating for STH with Albendazole and for SCH with Praziquantel. **Table 11** and **Table 12** indicate that teachers interviewed before deworming were not all aware of the side effects for STH and SCH. However, recognizing side effects of treatment is key to taking appropriate steps to avoid any SAEs.

**Table 11. Teachers' responses to expected side effects for STH**

Expected side effects	No. of teachers
Vomiting	4
Abdominal discomfort	4
Nausea	4
Headache	1

**Table 12. Teachers' responses to expected side effects for SCH**

Expected side effects	No. of teachers
Nausea	6
Vomiting	6
Abdominal discomfort	5
Fainting	3
Headache	1

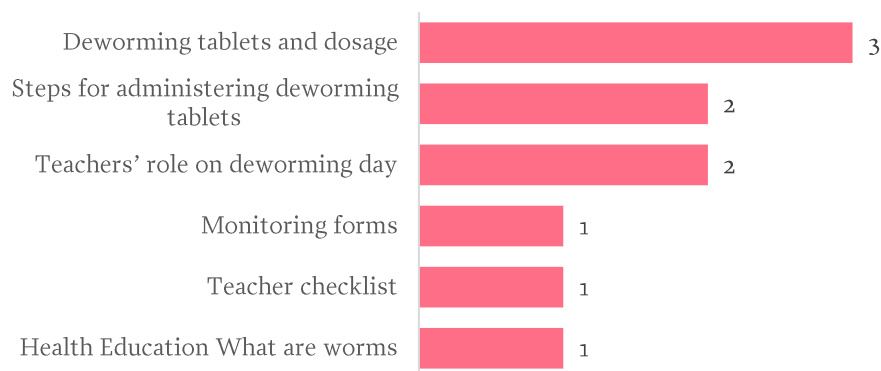
All teachers were aware of what can be done to minimize the side effects of SCH treatment with Praziquantel. Of the schools interviewed, 5 had a feeding program while others planned to encourage children to carry food from home.

## Teacher training at schools

A total of four head teachers were interviewed and indicated that sensitizing or training teachers at their school took an average of 135 minutes, with an average of 10 teachers being trained or sensitized.

Most head teachers, three out of four, reported the teacher's role on deworming to be the most useful section of the Teacher Training Booklet (**Figure 2**).

**Figure 2. Most useful sections of the Teacher Training Booklet mentioned by Head Teachers**



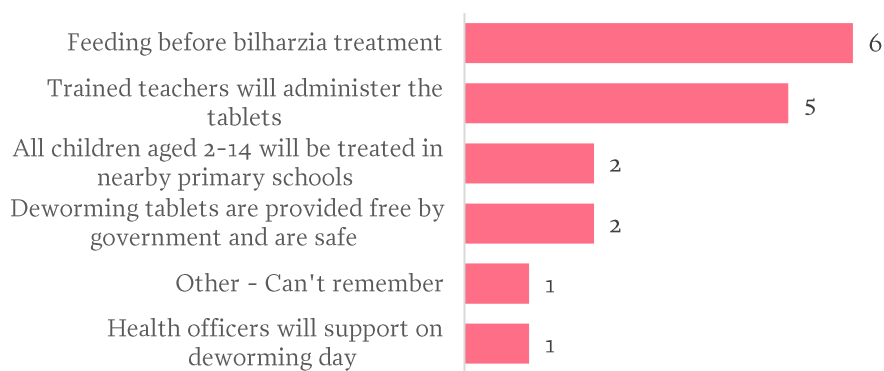
In order to gauge awareness and prioritization of their roles, nine teachers were asked about the activities that were taught regarding the preparation of deworming day. **Table 13** shows the activities mentioned by teachers.

**Table 13. Activities mentioned by teacher that they were taught on regarding deworming day**

Activities prior to deworming day	No. of teachers
Encourage children to share Deworming day information with parents	7
Conduct health education in class	5
Display posters in the school	4
Discuss deworming day at school management meetings	4
Conduct ECD outreach	1

Teachers were also asked what they remember from community sensitization at their school and shared the following responses as shown in **Figure 3**.

**Figure 3. What teachers remember from community sensitization**



### Phone interviews

In addition to the nine visited schools that were monitored, four phone interviews were conducted to gather information on pre-deworming day activities in Garissa, Kitui and Machakos. These schools were deworming for both STH and SCH. In these schools, questions were asked about where deworming will happen, who will administer drugs, knowledge of worms and community sensitization methods. One teacher per school was asked these questions.

Of the four schools planning to deworm, three intended to perform deworming inside the classroom, whereas two planned to deworm outside the classroom. When asked about who will administer the drugs, two reported that all teachers would administer tablets in their own classrooms while another two indicated some teachers (more than two but not all) would administer the tablets.

Out of those interviewed, two teachers had attended training in the past 15 days and one of the teachers trained had sensitized other teachers on deworming day. All participants interviewed correctly identified STH and SCH as the worms to be treated. In addition, all participants identified the correct drugs, age group and dosage for treating both STH and SCH.

When asked what activities they conducted to sensitize communities, one mentioned *display of posters* and one *encouraged children to share deworming day information with parents*. However, two of the teachers interviewed reported to not have performed any activities.

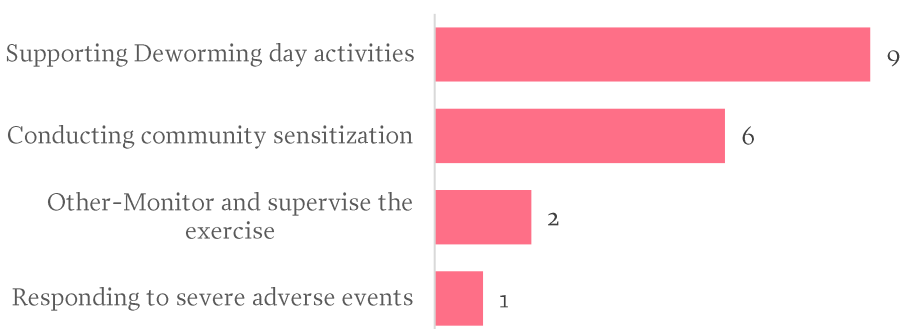
### Deworming day CHEW interview

A total of 10 CHEWs were interviewed by PMCV field officers on deworming day. Of these CHEWs, one was interviewed in person during deworming day and one after deworming day. A group of eight CHEWs were interviewed over the phone, a day after deworming day. All interviewed CHEWs were aware of an event or special program happening at the primary schools in their area and were trained on deworming in the last 15 days.

CHEWs indicated that approximately four community units were under their management while each unit had approximately 685 households and monitored approximately 15 primary schools.

### CHEW knowledge of their responsibilities

In order to gauge awareness and prioritization of their roles, CHEWs were specifically asked about their responsibilities (Figure 4). The majority, nine out of 10, reported *supporting deworming day activities* as their main responsibility.

**Figure 4. Responsibilities according to CHEWs on deworming day**

Given that community sensitization is one of the CHEWs' responsibilities, they were asked about the activities conducted regarding community sensitization around schools. **Table 14** illustrates that *displaying posters* and *discussing deworming day at barazas* were the activities CHEWs engaged in the most.

**Table 14. Activities conducted by CHEWs on community sensitization around schools**

Activities	No. Of CHEWs
Display Posters	6
Discuss Deworming day at Barazas	6
Discuss deworming day at Health Day	4
None	4
Orient CHVs on the NSBDP	3
Conduct ECD outreach	3
Other-Announce in churches	2

For community sensitization CHEWs mentioned that they used the following materials provided by the deworming program, 10 displayed the poster, three used their CHEW checklist, three used the SAE protocol and three used the community sensitization supplement.

### CHEW engagement with teachers

In the course of deworming day activities, four out of 10 CHEWs were contacted by teachers concerning the NSBDP with each CHEW receiving calls from an average of two teachers. CHEWs indicated that the support requested by teachers was to provide additional drugs.

### Severe Adverse Events

10 CHEWs were asked about their knowledge of mild side effects that may occur when treating for STH with Albendazole and 9 CHEWs for SCH with Praziquantel. **Table 15** and **Table 16** provide more insight into their responses. These tables indicate that CHEWs are aware of some of the side effects for both STH and SCH treatment.

**Table 15. CHEWs responses to side effects considered normal while treating for STH**

Side Effects	No. Of CHEWs
Nausea	8
Abdominal discomfort	8
Vomiting	4
Headache	3
Other- No side effects	1

**Table 16. CHEWs responses to expected side effects for SCH treatment with Praziquantel**

Side Effects	No. Of CHEWs
Abdominal Pain/discomfort	8
Nausea	6
Fatigue	6
Vomiting	6
Not Covered in Training	6

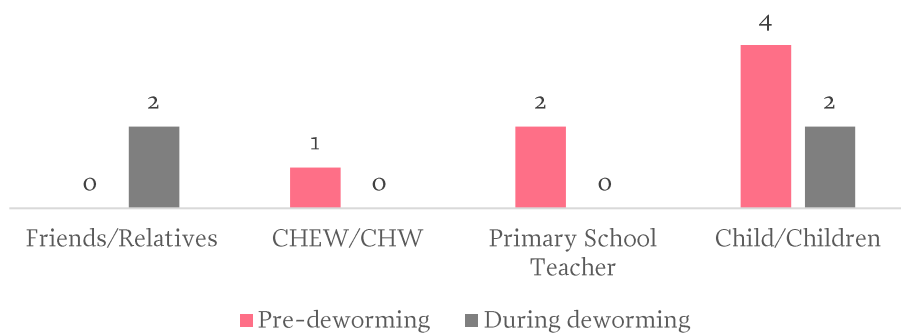
In total nine CHEWs mentioned *feeding children before treatment* as a measure to minimize the side effects of SCH treatment with Praziquantel.

### Deworming day parent interviews

A total of four parents were interviewed at schools during deworming day regarding their knowledge of deworming and their sources of information. The intention behind this exercise was to compare the information source to those interviewed prior to deworming as a measure of consistency.

**Figure 5** compares the results of the pre-deworming interviews with parents to those conducted on deworming day. Prior to deworming four out of six parents reported receiving information about deworming day from their *Child/Children*, while two out of four parents reported this source on deworming day. Other sources mentioned prior and during deworming day were *Primary School Teacher*, *CHEW* and *Friends/Relatives*. Although there were various sources mentioned by parents, children were the primary source of information on deworming day.

**Figure 5. Comparison of parents' sources of information pre- and during deworming**





### Deworming day school observations

PMCV field officers monitored one school conducting deworming for STH only and nine schools deworming for SCH and STH in Kirinyaga. On deworming day, field officers were looking to not only confirm the occurrence of deworming and the presence of materials (i.e., drugs/forms) but also to observe deworming day procedures. The total registered population of the schools monitored in Kirinyaga was 3021 children, of which 10 classes and 180 children were observed being dewormed.

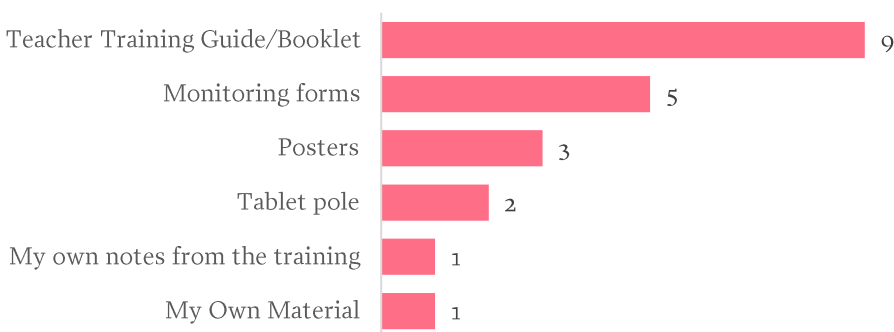
### Preparation of deworming day

Of the 10 monitored schools, nine were observed to have the appropriate drugs in place - albendazole (ALB) for STH and praziquantel (PZQ) for SCH - prior to deworming day. When specifically asked, nine of the head teachers reported that they had received sufficient drugs prior to deworming day. In addition, only one of the schools reported to have run out of drugs on deworming day.

### Teacher sensitization

Head teachers are trained during the teacher training sessions and are expected to train or sensitize teachers at their school before deworming day. In total nine head teachers were asked about teacher sensitization at their school. When asked which materials head teachers used to train or sensitize other teachers, all said that they had used the *Teacher Training Booklet*. Five head teachers used the *Monitoring forms* and three mentioned using the *Posters* (Figure 6).

Figure 6. Materials used for teacher training or sensitization



When asked about the Teacher Training Booklet, all teachers found *Health Education: What are worms* to be the most useful section.

### Community sensitization

Regarding community sensitization, 10 head teachers were interviewed during deworming day. The methods of sensitization most commonly used by head teachers were *Encouraging Children to share Deworming Day Information with Parents* mentioned by four head teachers and *Discussing deworming at school management meetings* mentioned by two. However, eight of the interviewed head teachers mentioned not having conducted any community sensitization activities. This activity is very important to inform parents and children on deworming to ensure sufficient numbers of children are dewormed.

When asked what information they could recall from the community sensitization supplement, five could recall that *Deworming tablets are provided free by government and are safe* and two mentioned that *trained teachers will administer the tablets*.

### Deworming day observations

From the 10 observed schools, the deworming happened inside class in six schools and four dewormed outside of class. In eight schools, teachers were observed to give children the correct dosage of drugs and also eight schools were observed to correctly using tablet poles for PZQ. In addition, nine of 10 teachers observed children swallowing the drugs.

A total of seven schools indicated that they had a sufficient supply of Form A to document treatment of enrolled children and seven had already pre-entered information as required according to deworming procedures.

### Phone interviews

In addition, four phone interviews were conducted with teachers regarding deworming day activities in Garissa, Kitui and Machakos. These schools were deworming for both STH and SCH. The schools were monitored through a phone interview and questions were asked about children treated, side effects, forms filled, and community response to deworming.

The four schools reported to have 151 attached ECD children and 10 stand-alone ECD children treated during deworming. In the interviewed schools, a total of 22 non-enrolled children were dewormed during this wave. All of the schools reported to have enough drugs to deworm the children.

In two schools, dizziness was reported as a side effect of SCH treatment, followed by one report of nausea, one of abdominal discomfort and one child vomiting. All interviewed teachers were aware that feeding the child before treatment would minimize the side effect of SCH treatment.

All interviewed teachers reported having enough forms, of which three mentioned filling in Form 517A (section B), two reported filling in 517 E (section A), one reported filling in 517A (section A) and one reported filling in 517B (section B).

## Conclusions

The following recommendations are drawn from the findings captured in the content of this report.

### Topic coverage in trainings

Facilitators should ensure coverage of drugs & dosage, SCH forms and drug administration, all of which were covered in limited detail in both SCT and teacher trainings. These topics are important for a successful roll out of deworming and should be covered in detail.

### Knowledge retention and annual trainings

Of the SCT participants interviewed pre-training, only 38% correctly recalled STH dosage, age groups (to be treated), and drugs. These findings demonstrate that key messages are forgotten between deworming rounds, and reaffirm the need to implement training with each annual rollout of the cascade.

### Community Sensitization

Head teachers should engage in community sensitization to promote deworming among children and parents. However, eight of the interviewed head teachers mentioned not having conducted and community sensitization activities. This activity however is very important to inform parents and children on deworming to contribute to more children being dewormed.