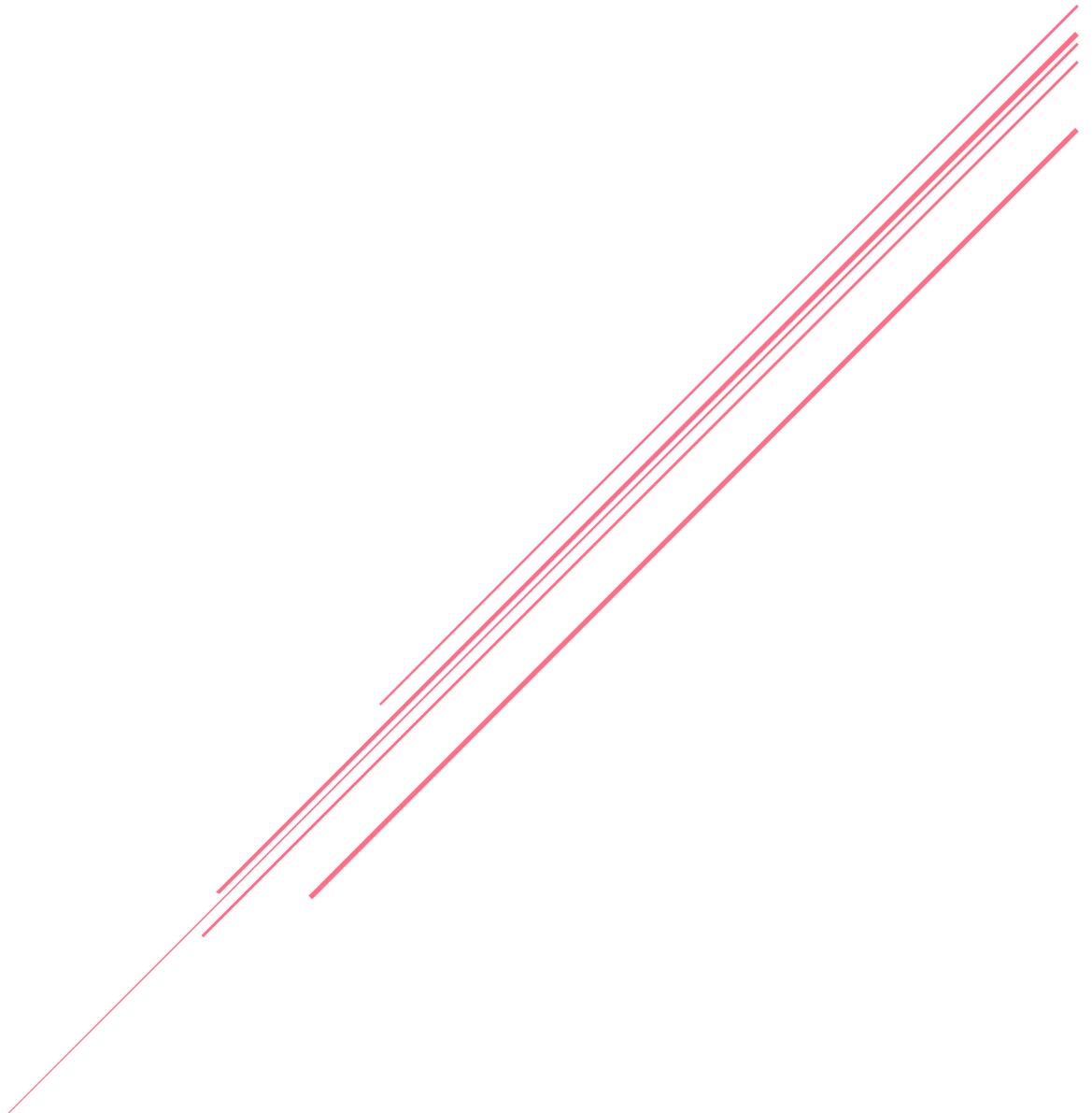


CIFF PMCV REPORT

Year 4, Wave 2



Prepared for Review, 21 July, 2016

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Executive Summary

The following report details the process monitoring and coverage validation [PMCV] activities conducted by the Deworm the World program in Kenya for Wave 2. The aim of PMCV is to measure the successful roll-out of the program by observing and reviewing the quality and impact of sub-county training, teacher training, community health extension worker [CHEW] activities, community sensitization and deworming day procedures.

Deworming took place on the 26th of May 2016 in Mombasa, Kwale, Kilifi, Tana River, Taita Taveta and Lamu. On the 31st of May 2016, the sub counties Busia and Siaya were dewormed. PMCV field officers visited a random sub-set of all deworming activities in the CIFF Fund regions for this deworming wave.

PMCV metrics for Year 4 of the program in these regions indicated consistently high performance in the distribution of materials and drug delivery, sub-county training, information delivery and deworming coverage. Most notably, training materials were available at 91% of Teacher Trainings and drugs available in 95% of Teacher Trainings.

Of the 82 visited schools before Deworming Day, 74% were observed to have the appropriate drugs in place prior to deworming day. In addition, 90% of schools planned for deworming already sensitized other teachers on how to administer drugs. It was noted through observation that teachers were following the guidelines for deworming as indicated on teachers checklist, while during deworming day 94% of the teachers observed that children were actually swallowing the tablets and 82% teachers were giving the correct dose of drugs to children.

The community sensitization appeared to be lower than other deworming waves, with 67% of the interviewed parents reporting to be *aware* of Deworming Day. Although parents received information regarding deworming day, only 52% knew the correct Deworming Day date, 65% knew the correct target population, and 40% knew the correct age group. These results indicate that there were parents that did not have the adequate information on the date of deworming. More attention to knowledge retention of parent sensitization is recommended in order for parents to know when deworming is actually happening.

Sampling

The following PMCV analysis summarizes results in detail beginning with a description of the process and performance of training sessions, CHEW activities, community sensitization efforts and deworming day observations. PMCV field officers observed events according to a pre-determined sample sizes. The table below shows the CIFF Year 4 grant deworming activities to date. This is also the NSBDP Year 4 implementation period. All monitoring or observed events were randomly sampled from a list of planned events.

Table 1. PMCV Activities and Sample Sizes

Activity	Planned Sample	Actual Sample
Sub County Trainings	11	11
Teacher training	23	23
Pre-deworming	85	82
Deworming	85	83
Post-deworming	85	83

Sub County Training Observations

The intent of Sub County Training [SCT] sessions is to ensure that sub-county and division level trainers understand the purpose and procedure of deworming. During this wave CHEW trainings were incorporated in the SCT. The successful completion of this activity allows the division trainers to then conduct the same activity with teachers in their divisions. CHEWs are given the responsibility to use the knowledge gained during training for community sensitization on dates and purpose of deworming. The PMCV field officers observed 11 SCTs of which 4 focused on Soil-Transmitted Helminths [STH] treatment only and 7 focused both on STH and Schistosomiasis [SCH] treatment.

At the training, 29% of participants arrived before the start of the training on day 1, while 25% arrived before start of training on day 2. Sub County Training booklets were distributed at all of the trainings.

For SCH treatment, teachers require a tablet pole to measure the dosage of drugs for each child. In only 1 training for SCH that the tablet pole was available for demonstration. The use of this tablet pole should be stressed, while it is an important tool in measuring the height of children and thereby determining an accurate drug dosage during deworming. Although the tablet pole was not available for demonstration, the section *Drugs & Dosage* was covered for 91% (**Table 2**). The section *Drugs & Dosage* covers the topic of tablets per child for praziquantel depending on the height of the child using the tablet pole.

Coverage of Content

During the training, coverage of topics was recorded. Some topics were covered in detail more than others, with the topic *Drug & Dosage* covered 91% in detail and *Reverse Cascade* covered 83% achieving the highest coverage percentage (**Table 2**).

Table 2. Topics covered during Sub Counting Trainings

Topic	Percentage
Drugs and Dosage	91%
Reverse Cascade	83%
STH Forms	69%
Worms	61%
SCH Forms	56%
Drug Administration	53%

Knowledge Pre and Post-Training

In total 79 interviews were conducted at SCTs for STH treatment only, of which 44 before the training and 35 after the training. For training for SCH treatment, 18 interviews were conducted before the training and 25 after the trainings. Of the respondents interviewed before the training, all of them had received training prior to this training on SCH treatment.

Participants were assessed pre- and post-training on their ability to identify the correct STH or SCH drugs, correct dosage, and appropriate age groups for treatment. The results of these interviews are presented in **Table 3**. Percentages represent the percent of people able to report the correct answer. Although almost all participants for SCH treatment reported having previously attended training, only 20% of participants could recall the correct answers when asked questions regarding SCH treatment. According to these results, there is strong support for continuous training year-on-year for those receiving SCH training.

Table 3. Participants’ Knowledge of Deworming Pre and Post Sub-Country Training

Knowledge Area	STH Knowledge Pre-Training (N _{interviewed} = 44)	STH Knowledge Post-Training (N _{interviewed} = 35)
STH Drugs	77%	97%
STH Dosage	89%	100%
STH Age Groups	50%	97%
Overall Knowledge	72%	98%
	SCH Knowledge Pre-Training (N _{interviewed} = 18)	SCH Knowledge Post-Training (N _{interviewed} = 25)
SCH Drugs	20%	100%
SCH Dosage	27%	95%
SCH Age Groups	14%	100%
Overall Knowledge	20%	98%

Teacher Training observations

PMCV field officers visited a total of 23 Teacher Trainings [TT] sessions, 8 of which also focused on training for SCH treatment. Of all the TT visited, 91% received *all materials* (i.e., posters, monitoring forms, tablet poles, training booklets etc.) and 95% received drugs. All teachers attending received monitoring forms and 92% of all teachers received posters. However, in only 3 training of 8 SCH trainings, tablet poles were available for demonstration.

Observations of trainings also assessed the extent to which training content was covered “in detail”. **Table 4** shows that ‘forms’ are only covered in detail in 53% of all TT sessions, which is an important part of monitoring the treatment numbers during deworming day. The use of forms and their importance should therefore be stressed by the trainers in future TT sessions.

Table 4. Topic coverage in Teacher Trainings

Topic	Number	Percentage
Meetings where information on WORMS was covered in detail	18	80%
Meetings where information on DRUG & DOSAGE was covered in detail	15	67%
Meetings where information on DRUG ADMINISTRATION was covered in detail	19	79%
Meetings where information on REVERSE CASCADE was covered in detail	18	76%
Meetings where information on FORMS was covered in detail	12	53%

Knowledge Pre- and Post-Training

In total 183 interviews were conducted with teachers at TTs for STH treatment only, of which 92 before the training and 91 after the training. For training for SCH treatment, 23 interviews were conducted before the training and 31 after the trainings.

Participants were assessed pre- and post-training on their ability to identify the correct STH or SCH drugs, correct dosage, and appropriate age groups for treatment. The results of these interviews are presented in **Table 5**. Percentages represent the percent of people able to report the correct answer.

Although almost all participants reported having previously attended training, only 68% of participants could recall the correct answers when asked questions regarding STH and 47% for SCH topics. The results of these analyses provide strong support for the continuation of teacher trainings year-on-year for both STH and SCH treatment.

Table 5. Participants’ Knowledge of Deworming Pre and Post-Teacher Training

Knowledge Area	Knowledge (<i>N</i> _{interviewed} = 92)	Pre-Training	Knowledge (<i>N</i> _{interviewed} = 91)	Post-Training
STH Drugs	63%		99%	
STH Dosage	87%		100%	
STH Age Groups	54%		97%	
Average STH Knowledge Score	68%		99%	
	Knowledge (<i>N</i> _{interviewed} = 14)	Pre-Training	Knowledge (<i>N</i> _{interviewed} = 8)	Post-Training
SCH Drugs	55%		100%	
SCH Dosage	48%		100%	
SCH Age Group	38%		94%	
Average SCH Knowledge Score	47%		98%	

Pre-Deworming CHEW Interviews

PMCV field officers also interviewed 30 CHEWs in the community *prior* to deworming day. A total of 93% of those interviewed were aware of deworming day and 77% had attended a session with NSBDP on deworming in the last 15 days.

CHEW Responsibilities

When asked “*What are your responsibilities as a CHEW in National School based Deworming Program?*”

Table 6 shows that the majority of CHEWs responded they conducted community sensitization and supported teachers on Severe Adverse Events [SAE].

Table 6. Responsibility of CHEWs in NSBDP

Topic	Percentage
Community Sensitization	83%
Support Teachers on SAE	67%
Conduct Town Announcement	13%
Others	10%
- Distribution of drugs	3%
- Mobilization	3%
- Supervision	4%
Don’t know	7%

The **primary sensitization activities conducted** by CHEWs **prior to deworming** include displaying posters by 73% of the CHEWs, 40% discussed Deworming Day at Barazas, 37% conducted health education in classes, 30% discussed Deworming Day at Health Day and 17% conducted early childhood development (ECD) outreach activities in communities. Only 10% of the 30 CHEWs reported conducting no community sensitization activities.

It is interesting to note that 37% of CHEWs conduct health education in classes (or schools), while teachers are responsible for health education at school-level. CHEWs are responsible for community-level health education.

The percentage of CHEWs reporting the use of **sensitization materials** is as follows:

- 47% used the CHEW checklist
- 50% used the Posters
- 23% used the SAE protocol
- 13% used the Community Sensitization Supplement

CHEW were trained during SCTs and during these training session CHEWs were asked to support schools on deworming day activities. The average number of schools to be monitored by a single CHEW was reported to be 19 schools and 80% of CHEWs interviewed stated that these schools had their contact information.

Severe Adverse Effects

PMCV field officers probed CHEWs on their knowledge of mild effects considered normal while treating for STH with Albendazole and expected side effects for SCH treatment with Praziquantel.

Figure 1. CHEWs responses to side effects considered normal while treating for STH

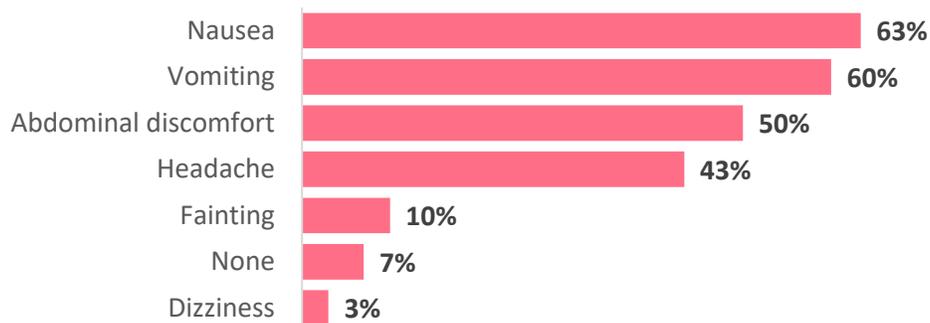
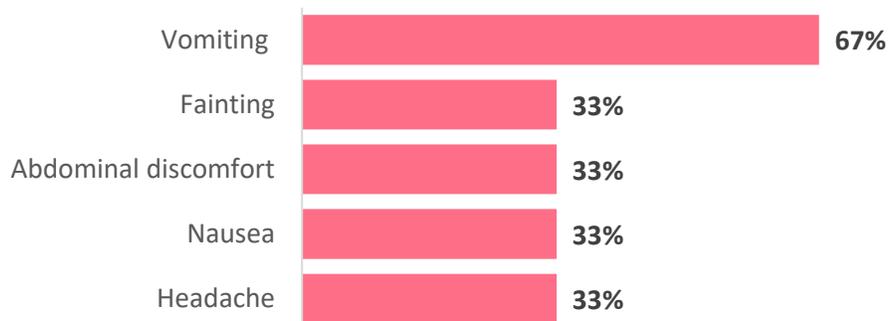


Figure 2. CHEWs responses to expected side effects for SCH treatment with Praziquantel



After administering STH and/or SCH the side effects that can occur include; nausea, vomiting, stomach pain and/or fainting. **Figure 1** and **2** indicate that the majority of CHEWs are aware of the side effects while treating for STH and SCH. All CHEWs further mentioned *feeding children before treatment* as a measure to minimize the side effects of SCH treatment with Praziquantel.

Pre-Deworming Parent Interviews

PMCV field officers interviewed a total of 233 parents with children. Of these, 146 were parents of enrolled children in Early Childhood Development [ECD] or Primary Schools [PI] across 45 different schools and 87 were parents of non-enrolled children. The average age of those children reported to be enrolled (by their parents) was 8.1 years, whereas the average age of non-enrolled children was 3.8 years.

PMCV field officers observed parents' level of awareness of Deworming Day, their intentions regarding taking children to be dewormed and documented the primary source by which parents were receiving such information.

Awareness

Overall, 67% of the total interviewed parents were *aware* of Deworming Day. In total there were 157 parents aware of Deworming Day of which 67% were parents of enrolled children and 33% were parents of non-enrolled children.

Of the 157 parents who reported to be *aware* of Deworming Day, a total of 143 are reporting to send their child for deworming (91%). Sixty-seven percent of parents with enrolled children planned to send or take their child to be dewormed and 33% of parents of non-enrolled planned the same. A total of 75% of adults of enrolled children were planning on accompanying their children for deworming. Only 47% of the parents who were aware of deworming had also spoken to others about the subject.

These parents were also asked when they heard about the deworming project for the first time, 35% reported hearing about it 'this year', with 38% 'last year' and 13% 'two years ago'. There were 13% of parents who said they never heard about the deworming program.

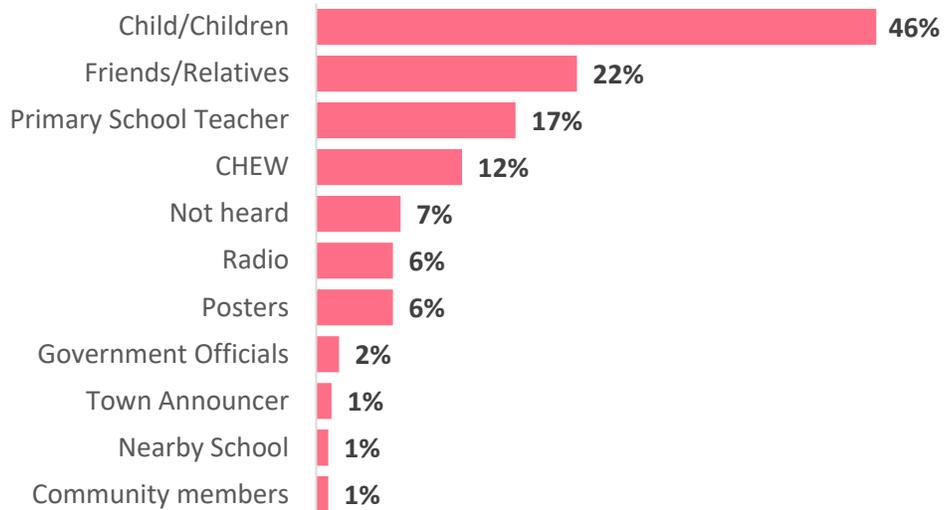
A total of 68 parents had taken their child for deworming before. Of this group, 76% took their children to deworming last year and 19% this year. When asked where this deworming had taken place, the majority of the parents, 68% answered at a nearby primary school, followed by 28% mentioning a health facility and 4% mentioned it happened at home. Seventy-eight percent of the parents reported to have accompanied their child for this previous deworming.

Information sources

A number of activities are conducted within NSBDP aimed at raising awareness of Deworming Day. To date such activities have included; using CHEWs to promote Deworming Day, use of the Posters, promotion by government officials and school-based promotional activities. In addition to these activities, a radio campaign was also used. The following represent the results of interviews conducted in communities *prior to Deworming Day*.

Figure 3 presents the sources by which parents received their sensitization information. These sources were not prompted but suggested by interviewees.

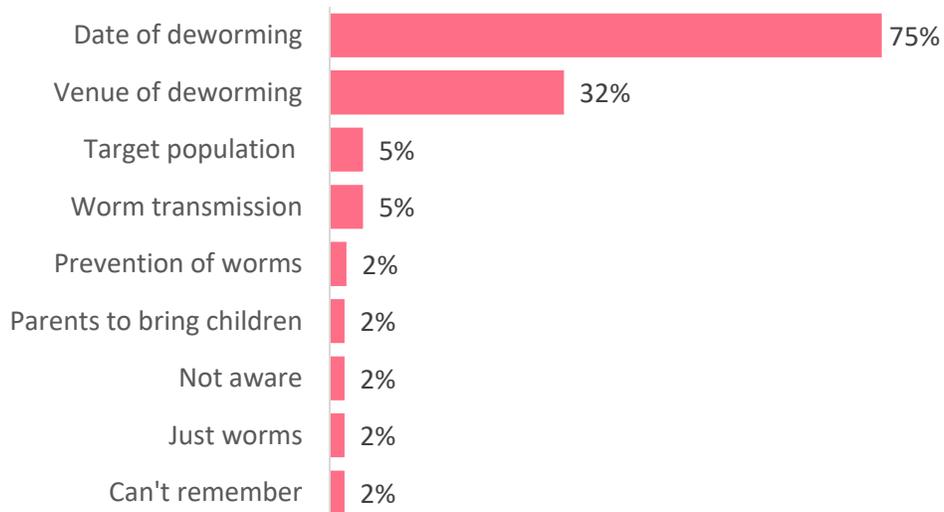
Figure 3. Information Sources Reported by Parents during Community Visits Prior to Deworming Day



Posters

Posters are another promotional activity to remind parents of Deworming Day. A total of 44 parents reported that they saw posters on deworming in their community. **Figure 4** illustrates the type of information parents remembered from the poster. The majority of parents, 75% reports to remember the date of deworming. Although they remember the date, previous figures show that only 52% knows the actual correct deworming date.

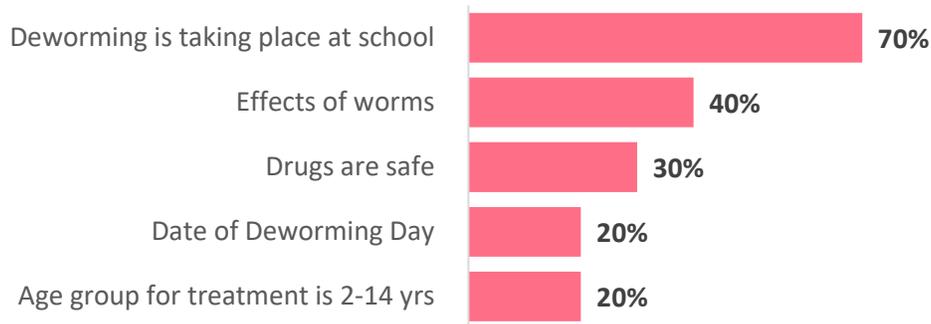
Figure 4. Information parents remembered from the poster



Radio Messaging Campaign

Of those parents who cited the radio as their primary information source during interviews conducted prior to deworming, PMCV field officers were interested to measure the most salient information that could be recalled. **Figure 5** below provides a more detailed description of the key messages that parents were able to recall hearing on the radio. Multiple answers were possible to be provided by respondents.

Figure 5. Key message that parents recall after the radio message prior to Deworming Day.



Although only a small percentage of parents heard the radio campaign, all of the interviewed parents reported to take their child for deworming after hearing the message. Seventy percent of those parents even mentioned sharing the message with their community.

Knowledge retention

Although there are community sensitization activities undertaken, the knowledge retention among parents is low on specific information regarding Deworming Day. **Of those parents aware of deworming, only 52% knew the correct Deworming Day date**, 65% knew the correct target population, and 40% knew the correct age group. These results indicate that the majority of parents that report of being aware of deworming, do not know the correct date (26th and 31st of May) required to attend deworming.

Attitudes towards Deworming Day

Positivity towards deworming was reported by 94% of interviewed parents. Parents reported feeling negatively about deworming in 4% of the sample population (7 parents) and 1% (2 parents) reported feeling neutral. Of all the parents, 19% had questions or concerns about the deworming program. It is unclear from these results whether positive attitudes towards deworming translate to action, however 91% parents had previously stated that they planned to send or take their child to be dewormed. Therefore it is reasonable to suggest that positive attitudes are indicative of intent and/or vice versa.

Pre-Deworming School Interviews

A total of 82 schools were visited prior to deworming day and 79 were confirmed as participating in deworming day (96%). Of those schools planning to deworm, 66% will perform deworming inside the classroom, whereas 35% is planning to deworm outside the classroom, 4% outside the school and 9% mentioned other places. 34% reports that all teachers will administer tablets during deworming, 28% reports only two teachers who attended the training will do this and 4% mentions that only the Head teacher will administer the tablets.

Treatment of ECD and Non-enrolled children

Of 82 visited schools, 79 have an ECD centre attached. Of the schools planning to deworm, 60% reports that the Head teachers will inform the stand-alone or the linked ECD centre about deworming. Thirty-three percent of interviewed schools mentions that the Head teachers will delegate someone to inform the ECD centres, 8% other MOEST/MOH officials will inform them and 2% DICECE program officer will inform the ECD centre. Off all the schools planning to deworm, 66% has already notified the attached or stand-alone ECD centre regarding Deworming Day.

When asked **“What the plan is to treat the children?”** 63% of schools report that the ECD teachers will treat the ECD children and 33% will assign a designated teacher to treat the children. Schools were asked the same question for non-enrolled children. The majority of schools, 81% will assign a designated (not ECD teacher) to treat children on deworming day and 15% replied to not have any specific plans yet.

Teacher sensitization

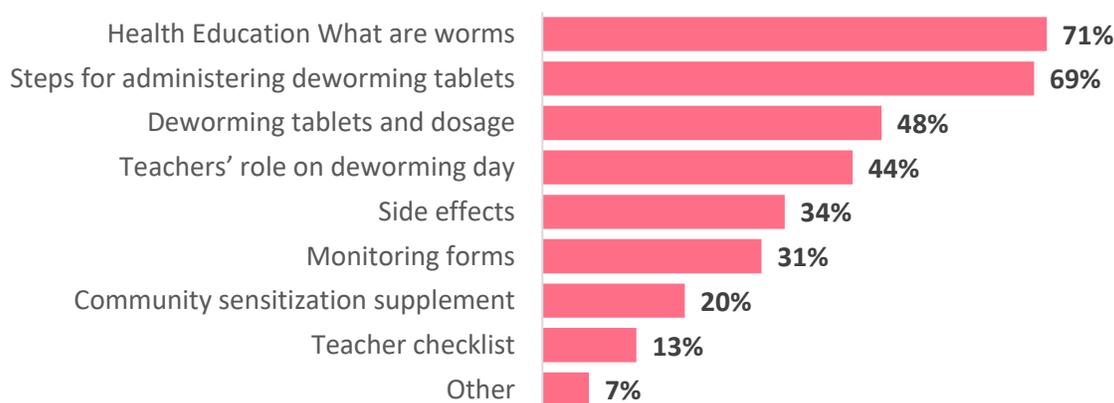
Of 79 schools planning to deworm, 97% attended a training session and 90% sensitized other teachers on how to administer drugs. **Table 7** shows that the Teacher Training booklet was the most used type of material to conduct sensitization of other teachers.

Table 7. Material used to conduct the sensitization

Material	Percentage
Teacher Training booklet	84%
My own material	21%
District training booklet	9%
Other	19%
- Forms	5%
- My notes from training	7%
- Posters and charts	7%

Teachers indicated the most useful sections of the teacher training booklet. **Figure 6** gives an overview of what section to be found most useful.

Figure 6. MOST USEFUL sections of the teacher training booklet indicated by teachers prior to deworming.



When asked what the least useful section was, 16% of teachers mentioned the community sensitization supplement, 14% the monitoring forms and also 14% the side effects. Although found least useful, the monitoring forms and side effects are very important topics.

Teachers were also asked **“What can you remember from the community sensitization?”**;

- 47% remembered that deworming tablets are free by the government and are safe
- 34% could recall that trained teachers will administer the tablets
- 31% remembered that all children aged 2-14 will be treated in nearby primary schools
- 23% remembered that children should eat before bilharzia treatment
- 9% recalled that health officers will support on deworming day

Materials/Drugs: Of schools planning to deworm, 86% of schools reported receiving deworming tablets prior to deworming day. Of these schools that received tablets, 89% received drugs during a teacher training, 56% collected drugs from AEO and 44% received drugs by drug delivery to school. On the whole, 74% of schools planned to deworm received sufficient drugs. In only 16% of schools were not all monitoring forms present.

Deworming Day CHEW Interviews

A total of 68 CHEWs were interviewed by PMCV field officers. Twenty-one percent was interviewed in person during deworming day and 26% after deworming day. The majority of the CHEWs, 51% were interviewed over the phone, a day after deworming day.

CHEWs indicated approximately 2 community units were under their management while each unit had approximately 1016 households and monitored an average of 12 primary schools. Regarding the deworming exercise, CHEWs rated the community as very positive with a score of 4.7 out of 5.

CHEW Knowledge of Responsibilities

In order to gauge awareness and prioritization of their roles, CHEWs were specifically asked, **“What are your responsibilities as a CHEW in the National School Based Deworming Program?”** These are their responses:

77% Community Sensitization	67% Support Teachers on SAE	23% Conduct Town Announcements	19% Other
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Given that community sensitization is one of the Chews’ responsibilities, they were asked about the activities conducted regarding community sensitization. The most used activity by CHEWs is displaying posters by 63% and to discuss deworming day at Bazaras, conducted by 51%. **Table 8** illustrates that community sensitization activities used *prior to* and *during deworming day* are largely similar. It’s worth noting that *prior to* deworming day 10% of CHEWs report to have conducted no community sensitization activities, while during Deworming Day this percentage is 25%. This a large number of CHEWs that did not sensitize the community, while this is part of their responsibilities.

Table 8. Activities conducted by CHEW’s on community sensitization around schools

Topics	Pre-deworming	During deworming
Display Posters	73%	63%
Discuss Deworming day at Barazas	40%	51%
Conduct Health Education Class	37 %	23%
Discuss Deworming day at Health day	30 %	25%
Conduct ECD Outreach	17 %	19%
None	10 %	25%
Other	10 %	18%
- Distribution of drugs	3%	2%
- Mobilization	3%	2%
- Supervision	4%	-
- Ensure tablets are enough	-	2%
- Make referral on SAE	-	2%
- Orient CHWs	-	1%
- Told other CHEWS	-	4%
- Teacher awareness	-	4%
- Village public address	-	1%

Engagement with Teachers

In the course of deworming day activities, 61% of CHEWs were contacted by teachers concerning NSBDP with each CHEW receiving calls from an average of 3 teachers. CHEWs were asked by PMCV field officers **“What support was required from you?”**. The nature of support requested by teachers was mostly on additional drugs (Table 9).

Table 9. Nature of support requested by teachers

Requests by teachers	Percentage
Additional Drugs	54%
Drug Administration	26%
SAE Management	11%
Other:	20%
- Follow ups	3%
- None	3%
- Posters	3%
- To confirm if the CHEW will be around	3%
- What to do in case of any complications	8%

Severe Adverse Effects

PMCV field officers probed CHEWs on their knowledge of mild side effects considered normal while treating for STH treatment with Albendazole and expected side effects for SCH treatment with Praziquantel. **Table 10** and **Table 11** provide more insight into their responses.

Table 10. CHEWs responses to side effects considered normal while treating for STH

Side Effects CHEWs consider normal	Percentage
Vomiting	68%
Abdominal discomfort	68%
Nausea	68%
Headache	33%
Fainting	9%
Other	5%

Table 11. CHEWs responses to expected side effects for SCH treatment with Praziquantel

Expected Side Effects	Percentage
Vomiting	91%
Abdominal discomfort	82%
Fatigue	45%
Vomiting	36%

Out of 10 CHEWs that are working with schools that treat STH and SCH, 91% mentioned *feeding children before treatment* as measures to minimize the side effects of SCH treatment with Praziquantel. Of all CHEWs only 1 correctly stated the steps to be taken in case of SAE. Although this number seems low, it has to be noted that many CHEW knew the correct steps, only not in the correct order. However, SAE are important to treat and therefore CHEWs should be aware of all the correct steps and the order to take them in. Only 9% of CHEWs interviewed observed any SAE or other issues during the deworming activities.

Deworming Day ECD Teachers Interview

A total of 81 schools were monitored; 77% that treat STH only and 23% that treat both STH and SCH. Among these schools 29 ECD teachers were interviewed regarding deworming day. The average enrolment in the ECD Centers is 41 children and the average daily attendance rate stood at 35 children. On deworming day an average of 37 children were present at the ECD Centre with the youngest aged 2.7 years while the oldest was 7.8 years.

ECD teachers were also asked about their level of education:

- 7% primary school
- 28% secondary school
- 31% certificate level
- 21 % diploma level
- 3 % university level

Transport to deworming venue

Overall, 86% of the interviewed ECD teachers brought children from the ECD center to the primary school for deworming. In 97% of the cases, they brought the child to the primary school located near ECD centers with an average distance of 1000 meters. Majority of the children, 83% arrived at the primary school by walking, 10% by public transport and 7% arrived through other means of transport.

Engagement with schools; Of the ECD teachers, 76% had phone numbers of the head teacher/any other teacher of the primary school.

Awareness

Majority of ECD teachers learnt about the deworming program happening at school mainly from Primary school teachers, with 62% reporting this source of information. Other sources of information are listed in **Table 12.**

Table 12. Sources of Information on Deworming Day

Sources of information	Percentage
Primary School Teacher	62%
Child/Children	21%
CHEW/CHW	14%
Friends/Relatives	14%
Posters	7%
Town Announcer	7%
Radio	7%
Other	3%
Government Officials	3%

Knowledge of roles

PMCV field officers probed the ECD teachers on their role in deworming activities, to which 62% saw their activity as supervising the ECD children. This corresponds with the main role that is expected of ECD teachers, to supervise the children during deworming day and to take children to the closest primary school where deworming is happening.

62% Supervise ECD children

59% Administer drugs

31% Take children to primary school

Steps of Drug administration

Majority of ECD teachers, 76% recalled that the correct dosage is one albendazole tablet and to check the child’s mouth to ensure the child chewed and swallowed the tablet. Marking X if the child drug is refused and completing form MOH 517 A as the child is treated were the least recalled steps with 18%.

Table 13. Steps of Drug Administration

Steps of drug administration	Percentage
Check child’s mouth to make sure that each child chews and swallows the tablet	76%
One Albendazole tablet to be given to each child	76%
Names of all children on to form	65%
Indicate on Form MOH 517 A that is designated for ECD children	41%
Mark tick if the child took the tablet	29%
Complete Form MOH 517 A as a child is treated	24%
Mark X if they refused the tablet	19%

Deworming Day Parent Interviews

On Deworming Day, a total of 99 parents were interviewed at schools regarding their knowledge of deworming and the source of that knowledge. The intention behind this exercise was to compare the information source to those interviewed prior to deworming as a measure of consistency. In **Table 14**, the results of the interviews pre-deworming day are compared with those parents interviewed on deworming day. **Information to parents about Deworming Day was received from 43% from their children**, followed by 34% from the primary school teacher and 24% friends and relatives. These figures are in correspondence to interviews taken with parents *prior to deworming day*, which also mention the same sources of information.

Table 14. Information sources reported by parents

Source of Information	Pre-deworming	During deworming
Child/Children	46%	43%
Primary School Teacher	17%	34%
Friends/Relatives	22%	24%
Posters	6%	15%
CHEW	12%	6%
Town Announcer	1%	4%
Radio	6%	3%
Government Officials	2%	3%
Other	8%	2%
Church/Mosque/Temple	0%	1%
Barazas	0%	1%

Although CHEW are not one of the primary sources of information on deworming day for parents, 42% of interviewed parents do remember that a CHEW/CHEWs spoke to the community about deworming. 63% of parents also told somebody else about deworming, which can contribute to community sensitization.

One important message that 68% of interviewed parents remember, is that were requested to feed their child before deworming. Feeding before treatment can reduce the side effects of the treatment and this message was to be mentioned by CHEWs and teachers to parents.

Adult deworming

Out of the 99 parents interviewed, 54% of parents (adults) had previously taken deworming medication. Of these parents, 43% received medication at school, 28% at a health clinic and 15% at a pharmacy or chemist. Of the parents interviewed 74% of the parents were dewormed on deworming day.

Parents mentioned the following symptoms to make them think they had worms; 15% mentioned abdominal pain, 6% feeling tired and 2 % mentioned headaches. Thirty-nine percent of parents reported that they do not know the symptoms of having worms.

Of all parents interviewed, 56% percent of the parents feel that worms can be found in anyone, 38% would feel embarrassed or shame if they would have worms and 21% of all the parents think it is embarrassing to take deworming pills. When asked where the most convenient place for adults to be dewormed would be, 69% mentioned a local health centre and 20% said a school.

Overall, when parents are asked about how they feel about deworming, they score it an average 4.5 out of 5. Score 1 – *it's very bad* to 5 – *it's very good*, which indicated parents feel very good about deworming.

Deworming Day School Observations

PMCV field officers observed one class at each of the 83 schools conducting deworming in CIFF regions for STH. Field officers were looking to not only confirm the occurrence of deworming and the presence of materials (i.e. drugs/monitoring forms) but also to observe deworming day procedures. The total registered population of the 83 schools was 29,595. Evidence Action directly observed an estimated 2,361 children being dewormed for STH. Of the 83 schools, 21 were also deworming for SCH. This amounted to a registered population of 9,191.

Of all observed schools, 92% had the appropriate drugs in place (albendazole [ALB] for STH and praziquantel [PZQ] for SCH) prior to Deworming Day. In 12% of the schools observed were running out of drugs on deworming day. Of the schools only treating for SCH, 24% reported that they did not have enough PZQ tablets for the *non-enrolled* children (in addition to enrolled children).

Treatment observations

During deworming day it is important that certain processes are followed in order to contribute to a successful deworming. One important part is that children swallow the tablets and teacher check this. During deworming day 94% of the teachers observed that children were actually swallowing the tablets. In 82% teachers were given the correct dose of drugs to children and in 99% of schools deworming was considered to proceed systematically.

Of the deworming activities at schools, the majority, 60% of deworming happened in class, while 40% of deworming was conducted outside the classroom, but still on the school compound.

Treatment of Non-Enrolled & ECD

Non-enrolled children were being treated *on-campus* in 68% of the 83 observed schools. Indeed, 63% of schools were determined to be “prioritizing” non-enrolled children. However, 100% of observed were found to be prioritizing their ECD children, while 93% of the field officers observed ECD treated on campus.

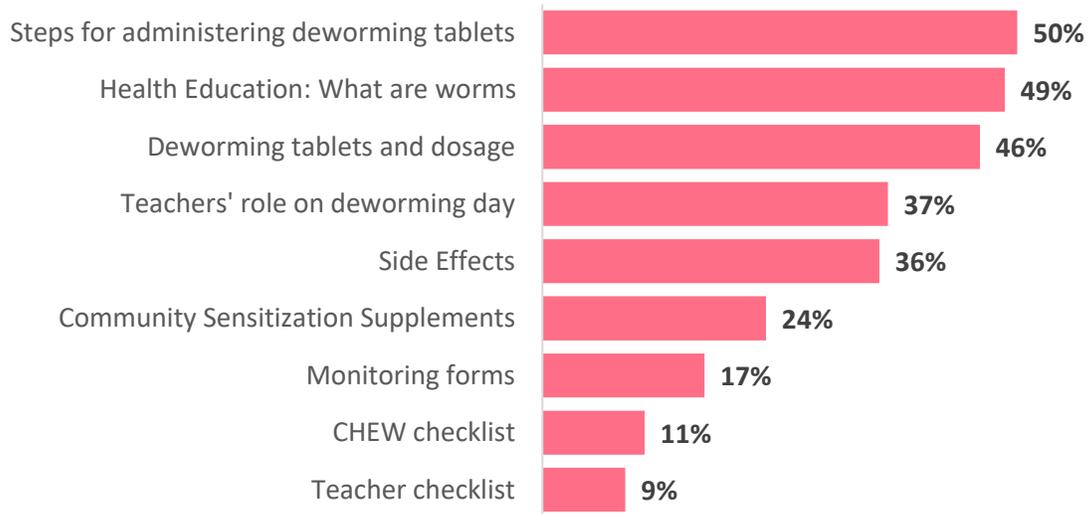
Teacher sensitization

In 86% of all schools observed, teachers reported that they had trained others at the school following their own training in the weeks before. The bulk, 86% of these “trained teachers” used the teacher training guide to sensitize others to deworming procedure, followed by 47% using the monitoring forms, 41% used posters, 27% used their own notes from the training, 20% used their own materials and 14% used tablet poles. Multiple responses were allowed for this question.

Teacher Training Booklets

For the most part, 90% of teachers found training booklets very useful, while only 5% found them to be somewhat useful and another 5% not to be useful. When asked which sections were the most useful, teachers favored sections on steps for administering medication and health education.

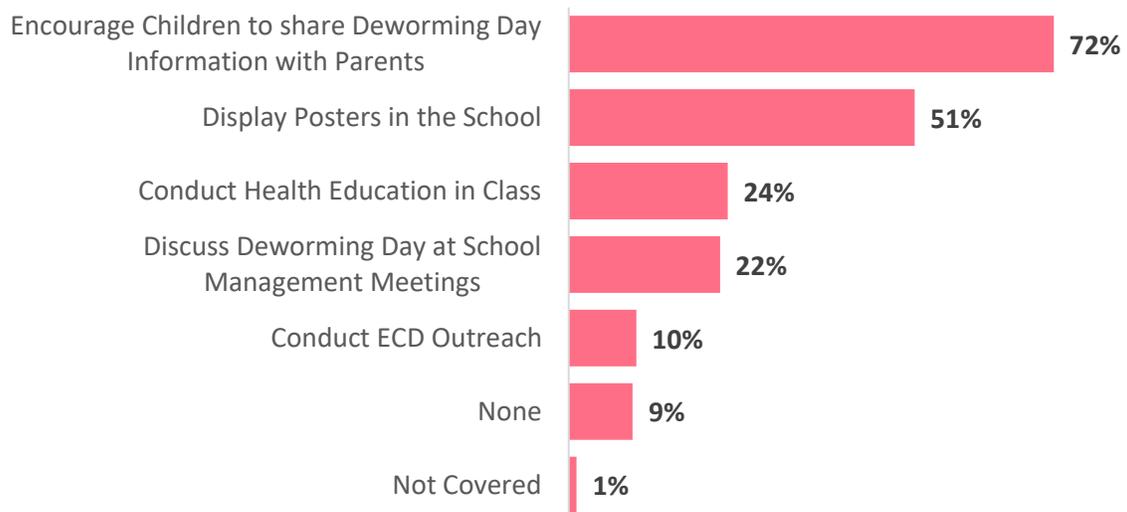
Figure 7. Reported most useful sections of Teacher Training Guides



Community sensitization activities conducted by schools

Teachers were also instructed to engage in activities that sensitize the community on deworming (Figure 8). The majority of teacher, 72% reported to encourage children to share Deworming Day information with their parents. Another popular activity was displaying posters in the school, done by 51% of schools.

Figure 8. Sensitization activities reported to be conducted by schools.



When asked what information they can recall from the community sensitization supplement, 72% of teachers could recall that “All children aged 2-14 will be treated in nearby primary schools”, followed by the fact that deworming tablets are free and safe by 51%, trained teachers will administer the tablets by 24%, feeding before SCH treatment by 22% and health officers are to support deworming mentioned by 10% of respondents.

Use of Materials

While 51% of schools indicated that they had used posters to sensitize the community to deworming, in actually 63% of schools were found to be displaying posters on deworming day.

Although the use of tablet poles was only observed in 3 teacher trainings, 90% of schools treating for SCH were observed to correctly using tablet poles. These results indicate that although the tablet pole was not available for demonstration, the use of the tablet pole was mentioned in the training.

A total of 98% of schools indicated that they had sufficient supply of Forms for documenting treatment of enrolled children (517C), however only 88% had pre-entered information as is required according to deworming procedure.