Do's and Don'ts in School Worm Control

Description of tool:
This tool provides basic recommendations for the planning and implementation of school-based treatment of heminthiasis.

The information in this tool was adapted by UNESCO from the following publication:


Description of document:
This publication is one of a set of documents developed by the School Health Inter-agency Co-ordinating Committee for the Ministry of Health and the Ministry of Education, Science and Technology to guide the national worm control programme in Kenya. It is a guide for programme managers in the health and education sectors who are responsible for implementing school-based programmes for the control of soil-transmitted helminth and schistosome infections in school-age populations. It covers the following topics: 1) Programme design; 2) Delivery of drugs to schools and treatment of children; and 3) Collection of data for programme evaluation.

This information or activity supports Core Component #4 of the FRESH framework for effective school health: school health services. It will have a greater impact if it is reinforced by activities in the other three components of the framework.
Do’s and Don’ts in School Worm Control

**DO...**

- Do make treatment an integral component of a school health program.
- Do ensure that teachers and health agents work together at all stages of the program and identify their different roles.
- Do help teachers understand the benefits of worm control, so that they are supportive and recognize that their investment of time in treatment is an important contribution to education.
- Do ensure that local health personnel make careful plans to manage possible side effects. Improper management of side effects can ruin the future of the program.
- Do make sure that treatment is provided for both intestinal worms and schistosomiasis where needed. Effective worm control requires both treatments.
- Do make sure that treatment is given regularly and sustained.
- Do protect children throughout their development by starting treatment early (e.g. with Early Child Development programs) and continuing treatment throughout primary school.
- Do reach out to non-enrolled school aged children. This not only enhances the public health impact of your intervention, but also encourages children, especially girls, to attend school.

**DON’T...**

- Don’t waste time and resources trying to examine each school or child. Drugs are safe and can be given to uninfected children. No individual diagnosis or assessment of each school is needed.
- Don’t exclude adolescent girls from systematic treatment. The drugs are safe, even in pregnancy. Don’t be afraid to give a single dose tablet of albendazole or mebendazole even to children of small stature. The tablets are safe for children over 1 year of age, regardless of their size or weight.
- Don’t hesitate to use a dose pole instead of a scale to decide the appropriate dose of praziquantel. It accurately calculates the dosages for school age children and may (in the long-term) be more reliable than deteriorating scales.
- Don’t wait for sanitation to improve before starting worm control - regular treatment will help all children avoid the worst effects of infection.

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