IPTsc DRUG DISPENSING : ACCOUNTABILITY AND COVERAGE ASSESSMENT

Form number 2: Version 1 _ 05-July-2020.

PROTOCOL ID	**IPTsc version 1 dated 19 Jul 2019**			
District	**( ) Handeni TC**	**( ) Handeni DC**	**( ) Kilindi DC**	***(put a tick)***
Person filling this form	**Name:**	**Position:**		

			Sex	
Information on IPTsc coverage in a class or school or ward. Should be filled with class teacher / head teacher/ or ward education officer of a respective ward.			***Ma***	***Fe***
Study area	**Name of a Class / School /Ward:**	**Total number of pupils in a class / school / ward:**		
IPTsc Implementation information	**A. Total number of schoolchildren who completed DP dose**	_____	_____	_____
	B. Total number of schoolchildren who did not complete DP dose	_____	_____	_____
	C. Total number of tablets used	_____	_____	_____
	D. Total nmber of schoolchildren who missed dose for diffrerent reasons	_____	_____	_____
	Reasons **1) Refused**	_____	_____	_____
	2) Sick	_____	_____	_____
	3) Absent	_____	_____	_____
	4)Transfer out	_____	_____	_____
	5) Died	_____	_____	_____
	6) Age below 5 years old	_____	_____	_____
	7) Vomited 2 times	_____	_____	_____