



SCHOOLS' DISASTER PREVENTATION PROGRAM (SDPP) SURVEY

SDPP core areas of intervention in schools include: LIGHTENING, FIRE, AND TB-SPREAD. No such interventions have occurred before yet their occurrences result in loss of lives and property. The objective of the survey is to aid the identification of at least six (6) schools in Bunyoro region to embark on the operationalization of SDPP in the country starting with Bunyoro Chapter.

a. Demographic Information of Prospective School

1. School name
2. Address: District.....County.....S-County/Div.....
 Parish/Zone.....Village/Cell.....P.o Box.....
3. Levels: Primary Secondary Both
4. No. Students: Total Females.....Total Males.....
5. No. Staff: Total FemalesTotal Males.....
6. Type: Day Boarding Both
7. School Ownership: PrivateGovernment.....
8. ICDC Contact Person: First Name.....Last Name.....
 Email address.....
 PositionTel(s).....

b. Non-demographic section: Lightening Interventions

1. School Infrastructure and Land usage

#	Item	Value
1.	Total number of class rooms	
2.	Total number of buildings	
3.	No. of buildings with lightening conductors	
4.	No. of buildings without lightening conductors	
5.	No. of lightening conductors installed	
6.	No. of buildings affected by lightening before	
7.	Total school land (acres/hectares)	
8.	Amount of land with woodlot(s) (acres/hectares)	
9.	No. of trees around the school	
10.	Land used by the school (acres/ hectares)	
11.	Total amount of land available for ICDC Tree Planting	
12.	Preferable no. of trees for ICDC Planting	
13.	Preferable types of trees	
14.	Should ICDC plant trees around the school boundary?	
15.	Is this school a member of any Environmental conservation society? (write name if yes)	
16.	Number of ambulances	



2. Have you had lightening awareness campaigns and trainings conducted in the last one year at your school? Yes No
3. Has your school suffered lightening atrocities in the previous five years? Yes No
 If yes, indicate number of times.....
4. What were the effects of lightening in and around your school?

Destroyed buildings	Destroyed trees (or plants)
Injured (or killed) humans (staff or students)	Other.....
Not applicable	
5. Tick all the control measures you took to minimize lightening repercussions in the school.

Have lightening conductors installed	Planted trees (and/or woodlots)
Training and awareness campaigns	Other
None	

c. Non-demographic section: Fire Hazards

1. Infrastructure and Fire safety

#	Item	Value
1.	Total number of class rooms	
2.	Total number of buildings	
3.	No. of buildings with fire extinguishers	
4.	No. of buildings with fire alarms	
5.	Total No. of fire extinguishers	
6.	Total No. of fire alarms	
7.	Does the school subscribe to any nearby firefighting agency? (if yes, indicate name)	
8.	Does the school have a rescue team in case of an outbreak?	

2. What form of energy is used in your school for cooking and light? (Tick all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Electric energy | <input type="checkbox"/> Firewood |
| <input type="checkbox"/> Solar energy | <input type="checkbox"/> Winked/wax candles |
| Others..... | |

3. If your school has been affected by fire outbreak before, what was affected? (Tick all that apply)

- No. of times.....cause(s).....
- Dormitory (s).....Students' property.....Laboratory.....Library.....Classroom(s).....
- Minor injuries.....Fatal injuries no death..... Death.....
- Others.....



4. Does the school have fire safety signs in different areas? E.g. No smoking, Emergency Exit

 Yes No

If yes, count how many

5. Does the school have fire emergency rescue numbers posted? If yes, specify the agency, e.g. Police or private agency.

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6. No of times the students have had expert training in firefighting, and safety in the previous two years.....if not zero, specify agency

d. Non-demographic section: TB-Spread

1. How often does the school conduct TB screening amongst students and staff? *(Tick)*
Once a day.....Once a week.Once a month.....Once a term.....Once a year.....Never

2. Are there any agencies that have done TB Screening in the previous 2 years? If yes, specify
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3. Total Number of students with TB.....*(indicate UN if unknown)*

4. Total number of students with TB and are under treatment.....

5. Does the school have access to information about TB?

6. Are there any TB awareness campaigns that have been conducted in the school? If yes, indicate when, how often, and specify agency.
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ICDC PLEDGE TO TREAT THE INFORMATION GIVEN WITH THE HIGHEST LEVEL OF CONFIDENTIALITY