

# PRIMARY SCHOOL ACTION FOR BETTER HEALTH



## Report on School and Community Responsiveness Surveys

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# **TABLE OF CONTENTS**

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<b>EXECUTIVE SUMMARY.....</b>	<b>5</b>
<b>INTRODUCTION.....</b>	<b>7</b>
<b>METHOD.....</b>	<b>9</b>
<b>SRS RESULTS.....</b>	<b>17</b>
<b>CRS RESULTS.....</b>	<b>23</b>
<b>CONCLUSIONS.....</b>	<b>25</b>
<b>APPENDIX A: CODING AND VARIABLE CREATION FOR SRS.....</b>	<b>27</b>
<b>APPENDIX B: CODING AND VARIABLE CREATION FOR CRS.....</b>	<b>47</b>



# EXECUTIVE SUMMARY

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## Schools

- Control-target differences that were seen at Wave 1 are still evident at Wave 2.
- Despite the disruption that free primary education (FPE) caused, target schools are still performing as anticipated.
- The addition of a church leader, health worker and additional teacher to the original PSABH model has not yet produced any benefits in terms of PSABH uptake and impact.
  - It is important to note, however, that the number of schools per variation is small which makes it difficult to find significant differences between variations.
  - Because of the small number of cases in each variation, even where there were sizable differences in percentages between groups the difference often represented only 2-3 schools.
- Schools with the church leader variation have ‘caught up’ with the other target schools. This is seen in their gains from Wave 1 to Wave 2 (note that these schools were controls at Wave 1) and the lack of a significant difference between this and other variations at Wave 2.
- Since the number of schools in each variation was small, refined analysis based on academic ranking, proportion of female teachers, or staffing produced no significant results.

## Communities

- There have been no substantial changes in HIV prevention activities in communities.
- Communities and churches alike continue to endorse primarily abstinence messages as the forms of behaviour change which will reduce HIV spread among youth.



# INTRODUCTION

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Primary School Action for Better Health (PSABH) is an HIV/AIDS prevention programme being implemented by the Centre for British Teachers (CfBT). The programme has three phases:

- PSABH I pilot-tested the programme in Bondo District of Nyanza Province.
- PSABH II tested the programme in 160 schools across Nyanza Province. This was under a contract from Futures Groups Europe (FGE), managing agent for the HIV/AIDS Prevention and Care (HAPAC) project funded by the Department for International Development (DFID), UK.
- PSABH III is testing and comparing the impact of five variations to the basic programme model based on implementation in Nyanza Province and Rift Valley. Testing of these variations is being conducted by the University of Windsor, under direct contract to the CfBT. Funding for PSABH III is provided by DFID directly to CfBT.

This report is the 5<sup>th</sup> in the evaluation series being completed for implementation of PSABH in Nyanza Province. The prior reports for Nyanza included:

- *Pre-Programme Pupil and Teacher Self-Completion Survey* –February 2002
- *Qualitative and Quantitative Integrated Pre-Programme Report* –August 2002
- *Report on School and Community Responsiveness Surveys* –December 2002
- *Six Month Evaluation: Final Report* –September 2003.

The current report synthesizes information gained from School (SRS) and Community (CRS) Responsiveness Surveys collected in August 2003 (Wave 2) by Zonal Inspectors (ZIs) and compares these results to those obtained in August 2002 (Wave 1) and reported in the *Report on School and Community Responsiveness Surveys* (December 2002).

The SRS and CRS were designed to assess:

- Degree of up-take of the various components of the HIV and AIDS prevention curriculum by schools.
- Activities related to HIV and AIDS prevention and risk occurring in the communities.

There are 3 questions asked in this report:

<b>Question</b>	<b>Where to find answers</b>
1. Are the overall target-control differences from Wave 1 holding for Wave 2?	<ul style="list-style-type: none"><li>• Cell shading in tables</li></ul>
2. Are any of the Wave 2 variations doing better than the Nyanza Basic target schools?	<ul style="list-style-type: none"><li>• The table column labelled 'Variation Sig. Diff. from NbasT'</li></ul>
3. Have the Church Leader variation schools caught up to the other target schools (considering that they were control schools in Wave 1)?	<ul style="list-style-type: none"><li>• Discussed in text</li></ul>

The report is divided into 7 sections:

- Executive Summary
- Introduction
- Method
- SRS Results
- CRS Results
- Conclusions
- Appendix

# METHOD

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## Sample

Schools in Nyanza Province were selected for participation in the evaluation in October 2001 using a modified randomized community control design. This produced a sample of 80 target and 80 matched control schools with all 80 target schools invited and funded to participate in a basic 2-course training programme. A detailed description of sampling can be found in *Pre-Programme Pupil and Teacher Self-Completion Survey*.

In September 2002, it was decided to test 3 of 5 proposed variations of the PSABH training model using schools already participating in the evaluation in Nyanza Province (2 additional variations are being tested in Rift Valley). These included a health worker, additional teacher, and church leader variation.

### **1. Health Worker Variation (22 target schools)**

The objective in the health worker variation was to see whether a health worker could add to the amount and range of information on HIV prevention strategies brought to schools, particularly with respect to condoms as a prevention tool.

Health workers whose geographic areas of responsibility covered 22 of the target schools were trained to deliver HIV prevention education in schools. Each health worker visited his or her designated school at least twice with the purpose of supporting teachers and providing information about prevention strategies directly to pupils.

### **2. Additional Teacher Variation (10 target schools)**

The objective in training additional teachers was to see if additional trained staff increased the amount of programming in the schools.

Two additional teachers were trained in each of 10 schools. Only schools that had already sent their full complement of trainees to the regular training sessions were eligible for this variation.

### **3. Church Leader Variation (17 control schools became targets)**

Churches sponsor a majority of schools in Nyanza Province. The objective of this variation was to see whether training a leader from the church that sponsored a school, at the same time that teachers from that school are trained, would encourage a coalition of school and church in prevention education that would be more effective in producing behaviour changes.

Twenty-two of the control schools were selected to participate in this variation. Schools were selected to represent communities where different Christian churches predominated, where churches were already active in HIV programming, and where the participating school was sponsored by a church. For each of these schools, the head teacher, senior teacher and a church leader from the denomination that sponsored the school were invited, and funded, to participate in the 2 training courses. Seventeen of the invited schools sent teachers and church leaders to training; while 5 sent only teachers.

With these variations, there are now 4 target groups:

- Nyanza Basic – schools that only participated in the original training programme.
- Health Worker – schools that participated in the original training programme and have had a trained health worker visit to deliver HIV prevention education.
- Additional Teacher – schools that sent 2 teachers and a community representative to the original training programme and 2 additional teachers to the same training programme approximately 1 year following the original.
- Church Leader – church sponsored schools that were originally in the control group and sent 2 teachers and a leader from their church sponsor to the training programme approximately a year after the original target schools were trained.

Besides these changes to the original target and control samples, several field events necessitated either re-assignment or elimination of schools from the sample. These included:

- 1 school originally assigned to the target group never sent any teachers to training. This school was re-assigned to the control group (St. Peters).
- 5 control schools sent a full complement of teachers to training. These schools were re-assigned to the Nyanza Basic target group (Ochillo, Gangu, Tagare, Bohorere, Kubwaha).
- 3 control schools were invited to attend the church leader training but sent only teachers to the training. These schools were dropped from the sample (Uriya Magoya, Bunyaiguba, Saramba).
- 6 control schools claimed to have sent a full-complement of teachers to both training sessions and that these teachers were training others in their respective schools. These schools were not included in the analyses in this report since their participation in training could not be verified (Nyalunya-Siaya, Ikoba, Riteke, Riamokanda, Ibencho, Taranganya).
- 1 target school for which there was no SRS and CRS data was not included in this analysis (Mokomoni).

The latter two groups of schools may be included in later analyses if missing data (Mokomoni) are replaced or status as control or target are verified.

The table below summarizes information on the schools included in analyses in this report.

**Table 1: Total Number of Sites – Target/Control Break Down**

Variation	Total Sites (n=150)	
	Target	Control
Nyanza Basic	51	50
Health Worker	22	
Additional Teacher	10	
Church Leader	17*	
<b>Total</b>	100	50

\* Originally control sites

### **Data Collection**

Trained ZIs collected data from the original 160 schools and their respective communities in August 2003. Data collection usually required two visits to each community.

The data collection process paralleled that used in August 2002. A complete description can be found in the *Report on School and Community Responsiveness Surveys* (December, 2002).

### **Question Coding**

Procedures followed for the Wave 1 SRS and CRS were replicated for Wave 2. Detailed descriptions of all coding that was different from the coding described in Wave 1 can be found in Appendix A and are briefly highlighted here. For the full coding manual and for copies of the SRS and CRS see the *Report on School and Community Responsiveness Surveys* (December, 2002).

### **Dependent Variables**

#### ***HIV/AIDS Activities in Schools and Communities***

At Wave 1, three levels of up-take measures were created, with each level providing a different degree of detail and suitable for use in different types of data analysis. For Wave 2, only the second and third levels of up-take measures were created and are described below (See the December 2002 *Report on School and Community Responsiveness Surveys* for a description of the first level of coding):

#### ***Level II***

Sixteen scalar measures were developed from clusters of questions that indicated how well schools were doing in meeting various PSABH goals. Questions related to each activity (e.g., Question box, Use of books, Health Action Plan), were combined to create

3-5 point ordinal ratings (e.g., low, medium, high) indicative of the degree of up-take of this activity. Highest scores were assigned when there was evidence that the activity was in place and reaching pupils and/or teachers (e.g., readers were being used by pupils, health action plan was posted in the staff work room, questions in the question box were responded to on a weekly basis) and that the content of information conveyed to pupils was accurate and supportive of personal behaviour change in a direction that could decrease the likelihood of HIV transmission. Schools scored lower when there was less evidence that activities had reached pupils and/or teachers (e.g., books were logged and in a locked cupboard, health action plan was only displayed in the Head Teacher's office, questions were answered irregularly) and the information conveyed was slogan-like (e.g., "AIDS kills"), incorrect (e.g., "they will not be told the truth about condoms"), or the content was not supportive of personal behaviour change. For scoring of questions that involved information or messages about condoms, appropriate information and/or support of condom use by sexually active adolescents was privileged with a higher rating than the rating given to exclusive support of abstinence. The scalar indicators assessing school up-take were:

- Health Action Plan
- School Health Club
- Question Box
- Peer Supporter Training & Activity
- Which HIV/AIDS Books Present
- Location of HIV/AIDS Books
- Frequency of Use of Books
- How Books are Used
- Community Representative Role
- Location of Factual Messages
- Content of Factual Messages
- Location of Behaviour Change Messages
- Content of Behaviour Change Messages
- Condom Questions
- Posters
- Handling Adult-Pupil Sexual Contact

For the Wave 2 surveys, Cronbach's alpha confirmed that, as in Wave 1, the indicators grouped into the above measures produced internally valid measures.

Three scalar measures were also created for CRS data following the same procedures as described above for the SRS. These included two measures related to churches (i.e., most important messages for youth about HIV/AIDS from the church's perspective and what church leaders say about condoms) and one for the most important messages for youth to receive on HIV/AIDS from the community's perspective. In all three cases, slogan-like messages received lower scores, while personal messages, present oriented messages and messages supportive of condom use received higher scores.

### *Level III*

Three additional summary scales were created from the above measures. These were based on principal component factor analysis and, with only one exception, were identical to scales created in Wave 1. To create each scale school scores were added for those Level II indicators found to cluster together. The three scales measured:

**1. Activity Scale**

Up-take of activities including: Question Box, School Health Club, Peer Supporters and Community Representative Role.

**2. Message Scale**

Presence and content of messages/information relevant to HIV/AIDS including: location and content of factual messages, location and content of behaviour change messages and responses to condom questions.

**3. Book Use Scale**

Appropriate book use including: which books are in the schools, location of books, frequency of book use and how books are used.

The only difference between these measures from Wave 1 was that the Health Action Plan did not cluster with the other measures of up-take of activities at Wave 2. This is most likely because almost all schools – both target and control – had Health Action Plans in place at Wave 2 and consequently it did not function as a good ‘discriminator’ between target and control schools. Because of this, the **Activity** scale was recalculated for Wave 1 with the Health Action Plan excluded so that the Wave 2 – 1 comparison was based on the same scale (of note is that two indicators – handling of suspected pupil-adult sexual contact and posters – did not cluster with any of the other indicators at either Wave 1 or 2).

Finally, all indicators were combined into a single global measure of **Overall School Up-Take**.

All scale scores were standardized to a range of 0-10, with 0 representing absence of the activity and 10 representing the highest possible level.

## **Independent Variables**

### *School Characteristics*

In Wave 1, four indicators were created (relative academic rank, absolute academic rank, adequacy of staffing, and proportion of female teachers) that were thought to potentially have a mediating effect on degree of uptake of the PSABH programme. They did not prove however, to have a significant influence. In Wave 2, adequacy of staffing and proportion of female teachers were again created and used in subsequent analyses. In light of the large influx of students in response to free primary education, an additional indicator for mean increase in school size was also created and used.

### ***Adequacy of Staffing***

In both Wave 1 and Wave 2, schools were rated on **adequacy of staffing** based on calculation of a pupil/teacher ratio. At Wave 1, schools were divided into three nearly equal groups based on pupil/teacher ratios. This produced the following ranking:

***Table 2: Adequacy of Staffing Based on Pupil/Teacher Ratio***

School rank	# pupils/#teachers	# schools Wave 1	# schools Wave 2
Low	40-91	52	47
Moderate	29-39.9	47	51
High	6.8 – 28.9	51	50

ZIs ratings of school staffing in both Wave 1 and Wave 2 were checked for validity by comparing calculated pupil-teacher ratios against the rating ZI's gave each school for staffing (i.e. understaffed, adequately staffed, overstaffed). There was general agreement between these two measures with pupils with few pupils/teachers (low) generally rated as overstaffed by ZIs, those with moderate ratios rated as adequately staffed and those with high ratios rated as understaffed.

***Table 3: ZIs Adequacy of Staffing Rating***

School staffing	Wave 1	Wave 2	Percent Difference (Wave 2-1)
	% schools (n=147)	% schools (n=150)	
Understaffed	65%	77%	12%
Staffed Adequately	27%	22%	-5%
Overstaffed	8%	1%	-7%

### ***Proportion of Female Teachers***

In both Wave 1 and Wave 2, schools were also divided into two groups based on the **proportion of female teachers**. Those with fewer than 30% female teachers were rated as 'low' (n=79 in Wave 1 and 75 in Wave 2) and those with 30% or more female teachers were rated as 'high' (n= 71 in Wave 1 and 75 in Wave 2).

### ***Change in Pupil Enrolment***

In Wave 2 schools were ranked according to the mean change in pupil enrolment between 2002 and 2003. This was calculated by taking the average of two scores: (1) the proportional change in number of pupils surveyed at Wave 1 and 2 (#pupils surveyed in Wave 2 divided by #pupils surveyed in Wave 1) and (2) the proportional change in school size as reported by ZIs on the SRS (#pupils enrolled in schools in 2003 divided by the #pupils enrolled in schools in 2002). This gave an indication of which schools increased, decreased or stayed the same in terms of student body size.

### ***Change Scores***

Change scores were calculated using data from Wave 1 and Wave 2. For each of the 19 ordinal scales, schools were assigned scores as follows:

- 1 for schools that had increased their ordinal rank between Wave 1 and Wave 2
- 0 for schools that had maintained their ordinal rank between Wave 1 and Wave 2
- -1 for schools that had decreased their ordinal rank between Wave 1 and Wave 2

For the 3 composite scales (Activity, Message and Book Use) and one global scale measuring change, the exact change in scores (positive for increase, negative for decrease) was retained.

### **Data Analyses**

Analyses consisted of:

- A series of analyses of variance (ANOVA) were performed for each of the Wave 2 scales and Wave 1-2 change scores that compared scores across the variations: Control (Control), Nyanza Basic Target (NbasT), Church Leader (CL), Additional Teacher (Add'IT) and Health Worker (HW).
  - Where ANOVA results were significant at  $p \leq .05$ , Tukey post-hoc analyses were run to determine which of the pairs of variations had significantly different mean scores.
- A repeat of the analyses of variance (ANOVA) described above including school characteristics (pupil-teacher ratio, proportion female teachers, school SES, KCPE scores, and mean % increase in number of pupils) as independent variables to examine whether these had independent effects on implementation or whether they influenced how schools in specific variations scored on implementation.



# SRS RESULTS

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## **Background**

### **School Sponsorship**

As would be expected, there has been no change in school sponsorship. The majority of schools continue to be sponsored by religious institutions (over 80%), with these nearly evenly divided between Catholic (41%) and Mainline Protestant (45%) churches.

There has, however, been some shift in the role played by the school sponsor. Most notably, sponsors are less likely to be providing financial contributions in 2003 than in 2002 and non-religious sponsors are less likely to be reported as owning the school compound. However non-religious sponsors are *more* likely to have a position on the School Committee and to be making a spiritual contribution to the school in 2003 than in 2002.

**Table 4: Nature of School Sponsorship for Religious and Non-Religious Organizations**

<i>Nature of sponsorship</i>	Wave 1		Wave 2	
	Religious Institution (n=126)	NGO/DEB/Private Body/ Other (n=23)	Religious Institution (n=122)	NGO/DEB/Private Body/ Other (n=25)
Financial Contribution	38%	48%	26%	36%
Position on Committee	81%	56%	75%	72%
Co-opted Position	68%	61%	77%	76%
Owner of Compound	22%	56%	19%	36%
Selection of Head Teacher	9%	35%	10%	36%
Past involvement only	11%	17%	11%	16%
Spiritual Contribution	86%	22%	91%	40%

Note: Percentages do not add up to 100% because sponsors could have several forms of involvement.

### **Head Teacher – Tenure**

In Wave 1, Head Teachers in target schools were slightly more transient than their control school counter-parts with 43% vs. 34% respectively having been at their present school for *less than 2* years. In 2003 there was an increase in the transience of head teachers in control schools with 42% of both target and control schools reporting that their head teachers had been in the school for less than 2 years in 2003. ***Of particular concern is that PSABH trained Head Teachers in 5 schools were transferred out of their schools and replaced with an untrained Head Teacher.***

## **PSABH Trained Staff**

The PSABH design calls for target schools to send a Head Teacher, Senior or Resource Teacher, and a community representative to 2 PSABH training courses, A and B. However, in Wave 2, it was discovered that schools deviated from this by doing one of the following:

- Target schools:
  - Sent fewer or more teachers for training
  - Sent teachers only to A
  - Sent teachers only to B
- Control schools:
  - Sent teachers for training

In addition, target schools gained or lost their trained teachers due to transfer or death:

- 13 target schools lost 2 trained teachers by August, 2003.
- 18 target schools lost 1 trained teacher by August, 2003

Of the control schools for which there were no CfBT records of attending training:

- 16 schools reported 1 trained teacher
- 14 schools reported  $\geq 2$  trained teachers

In all but 3 of these, the Head Teacher was one of those trained.

This raises the question of whether schools designated as control and target actually represent schools with no and full training, respectively and what the implications are of the above deviations from the original design for measurement of outcomes.

## **Free Primary Education Effect on Schools**

In January 2003, FPE was introduced in Kenyan schools. The data collected in February 2002 and February 2003 shows that enrolment in Standards 6 and 7 increased between 10% and 100%, with a mean increase of 25%. This raised two important questions.

- First, what was the increase in enrolment over the entire school?
- Second, what impact did this increase have on implementation of HIV/AIDS education in the schools?

The first of these questions is addressed in this section, the second in the section on *HIV/AIDS Programmes in Schools*.

Wave 1 and 2 comparison of enrolment and faculty numbers for schools in Nyanza suggests that, on average:

- Each school had 53 more pupils in 2003 than 2002.
- There was no gain in the number of teachers in each school.
- The pupil/teacher ratio increased by 7 pupils for each teacher.

- The proportion of female teachers increased by 3 percentage points.

**Table 5: School Size and Characteristics**

	Wave 1			Wave 2			Mean Difference (Wave 2-1)
	Mean	Median	Range	Mean	Median	Range	
Total number of students	316	294	34-1588	369	343	65-1566	53
Total number of boys	164	146	0-797	191	176	0-764	27
Total number girls	153	143	0-791	178	168	0-802	25
Number of Streams	13	9	1-33	14	10	1-23	1
Total number of Teachers	9	8	5-34	9	8	4-34	0
Total number of male Teachers	6	6	2-12	6	6	2-14	0
Total number of female Teachers	3	2	0-23	3	2	0-25	2
Pupil-Teacher Ratio	36	34	7-91	43	41	7-93	7
Proportion of Female Teachers	29	28	0-83	32	29	0-100	3

This raises the question of whether the additional demands placed on teachers as a result of the increase in students has had an influence on implementation of HIV prevention education.

### **HIV/AIDS Programmes In Schools**

The key question in this section is whether target schools have maintained their lead over control schools in implementation/up-take of the HIV prevention programming. A secondary question is whether there is evidence of differences in up-take across the 4 variations.

In Table 6 below, the grey shaded cells indicate those target variations that had significantly different mean scores from the scores of control schools. The last column in the table indicates which of the new variations (health worker, additional teacher, church leader) are significantly different from the Nyanza Basic model. A significant difference here would indicate ‘added value’ for a variation

!

**Table 6: Programme Up-Take.**

All Indicators Standardized to Scale of 0-10 with 0 indicative of low up-take.

Uptake Indicators	Wave 2					Variation Sig. Diff. from NBasT <sup>1</sup>
	Control	Target				
	NBasC (n=50)	NBasT (n=51)	CL (n=17)	HW (n=22)	Add'l T (n=10)	
<b>Level I</b>						
Health Action Plan	8.1	7.0	5.6	7.2	4.0	
School Health Club	2.6	5.3	7.0	4.6	7.7	
Question Box	2.1	5.7	6.5	8.5	5.2	
Peer Supporter Training and Activity	1.7	4.5	1.8	4.3	6.5	CL
Which HIV/AIDS Books Present	5.5	8.8	5.9	8.8	10.0	CL
Location of HIV/AIDS Books	1.3	6.7	0.2	6.5	8.0	CL
Frequency of Use of Books	5.3	8.6	5.9	8.6	10.0	CL
How Books are Used	4.0	7.2	4.7	8.7	8.0	
Community Representative Role	3.4	7.1	8.4	7.2	8.2	
Location of Factual Messages	4.3	7.0	7.8	6.5	7.0	
Content of Factual Messages	1.7	2.6	2.4	3.0	2.1	
Location Behaviour Change Messages	5.6	6.9	7.5	7.5	8.0	
Content Behaviour Change Messages	2.0	2.3	2.6	2.0	1.8	
Condom Questions	7.1	7.5	7.0	7.8	6.8	
Posters	4.8	6.0	5.0	7.5	6.5	
<b>Level II</b>						
Book Use Scale	4.0	7.8	4.2	8.0	9.2	
Message Scale	3.7	5.0	5.0	4.9	5.4	
Activity Scale	2.8	6.2	7.3	5.7	8.1	
<b>Overall School Up-take</b>						
Global Impact Scale	4.5	6.5	5.6	6.4	7.5	

Taking into account results from all analyses presented in Table 6, target schools continue to outperform control schools on the majority of uptake indicators (11 of 20 measures) at Wave 2. In addition, there are no scales on which target schools are doing more poorly than the control schools. The only variation that is significantly different from the Nyanza Basic model is the church leader variation. In each case, the church leader schools scored lower than schools in the basic model. These differences were found for indicators assessing the use of books and peer supporter training and activities. Both of these are understandable since peer supporters were not yet trained in the church leader schools by the time of data collection, and what is already known is that book boxes can take time to arrive and get integrated into the school environment.

The absence of significant differences across variations suggests that either the survey instruments used by the ZIs are not sensitive enough to pick up differences, or that differences do not yet exist. Data collected in October-November 2003 will provide a better indicator of whether there are differences in up-take and outcomes across the variations.

<sup>1</sup> The differences highlighted here are the variations that are significantly different from Nyanza Basic.

Table 7 presents comparisons across variations for change scores which indicate the amount of change from Wave 1 to Wave 2. Positive scores indicate a higher score at Wave 2; whereas, negative scores indicate a lower score at Wave 2. As in Table 6, shaded cells indicate variations that are significantly different than the control schools and the variations listed in the last column are those which are significantly different from the Nyanza Basic model.

**Table 7: Change Scores: Wave 1 Subtracted from Wave 2**

Uptake Indicators	Wave 2- Wave 1					Variation Sig. Diff. from NBasT <sup>2</sup>
	Control	Target				
	NBasC (n=50)	NBasT (n=51)	CL (n=17)	HW (n=22)	Add'l T (n=10)	
<b>Level I</b>						
Health Action Plan	6.0	3.6	3.8	4.3	-2.0	Add'l T
School Health Club	0.3	0.9	4.9	0.6	0.7	
Question Box	0.7	1.1	5.2	1.2	3.0	CL
Peer Supporter Training and Activity	-1.3	1.7	-0.1	0.0	-0.5	
Which HIV/AIDS Books Present	0.3	0.6	0.0	-0.3	1.0	
Location of HIV/AIDS Books	1.1	2.2	-0.4	0.9	3.0	
Frequency of Use of Books	-0.1	0.6	0.0	-0.4	0.7	
How Books are Used	0.4	1.0	0.4	1.4	2.7	
Community Representative Role	0.4	0.0	4.6	0.3	0.2	CL
Location of Factual Messages	-2.2	-1.9	0.6	-2.8	-3.0	
Content of Factual Messages	0.3	-0.3	0.1	-0.3	-2.0	
Location Behaviour Change Messages	-0.6	-2.0	0.1	-2.0	-1.1	
Content Behaviour Change Messages	-0.4	-1.8	1.0	1.0	-1.2	
Condom Questions	0.1	0.1	1.0	-0.9	0.2	
Posters	0.6	-0.8	1.8	1.4	0.0	
<b>Level II</b>						
Book Use Scale	0.4	1.1	0.0	0.4	1.8	CL
Message Scale	-0.4	-1.3	0.9	-0.8	-1.6	
Activity Scale	.05	0.7	4.8	0.7	1.4	CL
<b>Overall School Up-take</b>						
Global Impact Scale	-0.1	0.2	0.7	-0.1	0.3	

On four of the up-take indicators there were also significant differences between control and targets schools in the *change* in up-take over the two waves of data collection. Specifically, significant differences were found for the health action plan, school health club, question box, and overall level of programme activity. For the most part, these differences were positive gains for church leader schools with the exception of the health action plan, where the additional teacher variation schools appeared to have lost ground. The gains made by schools in the church leader variation must be interpreted recognizing that these schools were originally in the control group. This means that at Wave 1 (August 2002) they had received no training and their up-take scores were on par with

those of other control schools. With training, their scores have risen to be within the range of other target schools.

It is puzzling why the schools with additional trained teachers have lost ground on the Health Action Plan. This could be an anomaly of the very small sample size in this variation.

### **Further Analyses**

Additional analyses were performed in order to assess whether any of the demographic/school characteristics:

- Independently influenced any of the Wave 2 indicators.
- Influenced the results for any of the variations.

### ***Results***

Results from a series of ANOVAs using variations, pupil-teacher ratios, proportion of female teachers, mean % increase in school size as the independent variables, and school SES and KCPE scores as covariates for each of the indicator and global uptake measures found no evidence of any significant independent or combined effects from demographic/school characteristics.

### **Summary**

Overall, target schools are maintaining their level of programme implementation or uptake relative to control schools. The most recently trained schools in the church leader variation have ‘caught up’ with the other target schools with no significant difference in their level of uptake compared to other target schools at Wave 2. None of the school characteristics that were measured influenced up-take of the programme. Considering the events between the two waves of data collection – a month-long teachers’ strike and the influx of large numbers of students in response to FPE – and the demonstrated increases in the numbers of pupils in the schools, without any additional teaching resources, it is commendable that target schools have been able to maintain their levels of HIV prevention programming.

# CRS RESULTS

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## **General Findings**

There were few changes found between Wave 1 and 2 in responses on the CRS. This supports the conclusion that activities in the communities, including those of community representatives, have remained stable over time.

## **PSABH Training**

PSABH was known in significantly more target (98%) than control (56%) school communities with 85% of the target and 27% of the control schools claiming they had a PSABH trained community representative.

As expected, the profiles of the trained community representatives were consistent across the two waves of data collection. Of interest is that the profile for the trained church leaders was not significantly different from that of other trained community representatives. Trained representatives (whether representatives of the community or the church) were most likely to be:

- Male (72%; n=85)
- 45 years or younger (51%; n=88)
- Have a child in the school (94%; n=88; including 100% of the church leaders)

The roles the representatives were most likely to claim to play in the community were:

- Parent (62% community reps, 76% of church leaders)
- Religious leader (43% community reps, 47% of church leaders)
- Head of Parents' Association (38% community reps, 53% church leaders)
- Elder (33% community reps, 35% church leaders)

The people that the trained community representatives and church leaders reported speaking to about HIV and AIDS were similar, with the only significant difference in the greater number of church leaders who reported speaking to other religious leaders (93% church leaders, 83% other community reps). Otherwise, well over 80% reported speaking to teachers, parents of school children, family members, neighbours, assistant chief and chair of the women's group.

## **Messages about HIV and AIDS**

Where HIV is covered in PTA meetings, in both Wave 1 and 2 over 60% of schools addressed behaviour change. The general absence of messages supporting condom use evident at Wave 1 continued to be evident at Wave 2.

Similar to the findings in Wave 1, in over half of the communities, community members who contributed to the CRS rated abstinence messages as the most important messages for youth. However, in Wave 2, significantly more target than control school communities cited these messages (56% target vs. 40% control). Of note is that fewer abstinence and pro-condom messages were evident at Wave 2 data collection than at Wave 1.

## **Focus on Churches**

The role of churches in HIV and AIDS programming was strong in both waves of data collection, with religious organizations noted as providing programming in 95% of communities.

There were no statistically significant changes in the messages about HIV and AIDS that were rated as most important by the churches. Abstinence continued to be rated most highly in importance. While not statistically significant there was, however, an increase in anti-condom messages (35% at Wave 1, 43% at Wave 2) accompanied by a decrease in non-supportive messages (40% to 33%) and conditional approval of condoms (13% to 7%).

## **Summary**

There have been no significant changes in HIV/AIDS related activities in the communities participating in this research. This includes the absence of a significant change in the messages considered most important for youth. Of concern is that the messages about condoms appear to be more negative at Wave 2 than Wave 1, although the shift is not statistically significant.

## CONCLUSIONS

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The three questions that this report set out to answer can be addressed as follows:

- Are the overall target-control differences from Wave 1 holding for Wave 2?

Yes, the target-control differences evident in Wave 1 are generally holding in Wave 2.

- Are any of the Wave 2 variations doing better than the Nyanza Basic target schools?

No, generally all variations are scoring equally at Wave 2.

- Have the Church Leader variation schools caught up to the other target schools (considering that they were control schools in Wave 1)?

Yes, the church leader variations have caught up to the other target schools.

Overall, these results support the conclusion that up-take of PSABH innovations occurs soon after training and can be sustained in the face of large-scale disruptions in the school (e.g., teacher's strike, influx of large numbers of pupils).



# APPENDIX A: CODING AND VARIABLE CREATION FOR SRS

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Procedures for coding and scale creation followed for the Wave 1 SRS were replicated for Wave 2. This appendix describes the coding and variable creation that was new to the wave 2 analysis. For the full coding manual and a copy of the SRS survey see Appendices in the *Report on School and Community Responsiveness Surveys – December, 2002*.

## **School Information**

**SUSPIC** Checking suspicious target and control schools

This variable identifies schools whose claims about teacher training do not coincide with CfBT records.

Value Label

- 0 Control OK
- 1 Control suspicious
- 2 Target OK
- 3 Target Suspicious

**NVARIATN** Variation Labels

Value Label

- 0 Nyanza Basic
- 1 Church Leaders
- 2 Addl Teacher
- 3 Health Worker
- 4 Lost

**FINALVAR** final variations

Value Label

- .00 Nyanza Basic Target
- 1.00 Church Leaders
- 2.00 Addl Teacher
- 3.00 Health Worker
- 4.00 Lost
- 1.00 Nyanza Basic Control

NSP\_GRP Sponsorship group 2003

Notes: Indicates which churches sponsor the school. The table below includes all churches that were listed in either Wave 1 or Wave 2 data.

Coding

Value	Label	Derived From Q4 'Religious Institution'
1	Catholic	Q4 = Catholic Orthodox Church
2	Mainline Protestant	Q4 = Anglican CPK PAG Maranatha Mission IFC Church of God ELCK Free Pentecostal Full Gospel Church of Kenya Salvation Army St. Meshack Lyahuka Shirikisho Mennonite Apostolic Church CUC Redeemed Gospel Church Pentecostal Churches Friends Holy Ghost Pentecostal Independent Church Methodist Baptist PCEA
3	Protestant Breakaway	Q4 = CCA AIC PEFA FAM IGM ADC MEMI God's Last Appeal AFSHYA CPA Truth of God HTCA CHCA Divine Church
4	Traditional	Q4 = Legio Maria Nomiya Roho Voice of Salvation & Healing Roho Ruwe Roho Msalaba Miracle Wonders Roho Moyie

## Indicators of Uptake of PSABH in Schools

### Health Action Plan

**NHAP** indicator for health action plan 13b-15b

Notes: This variable was created using the following criteria.

Low: No plan; or no teachers know of plan; or not displayed

Mid: Have plan; some teachers know; display in HT office, notice board, staff room

High: Have plan; all teachers know; displayed more publicly, and being implemented.

-schools are scored at their highest possible rating

#### Coding

Value	Label	Derived from
0	Low	q13b1=0 Health action plan (0= no)or q13b1=99 (system missing) q14=3 How many teachers know the health action plan (3= no teachers)or q15a_1=1 Not displayed
1	Mid	q13b1=1 Health action plan and q14=2 How many teachers know the health action plan (2=some teachers) and q15a_3=1 Head teachers office, notice board and staff room or q15a_5=1 Book records and files or q15a_6=1 Incorporated with health clinic q15a_10 On chart
2	High	q13b1=1 Health action plan and q14=1 How many teachers know the health action plan (1=all teachers) and any of the following for 15a q15a_4=1 Health club house q15a_7=1 Library q15a_8=1 Health actions in the staff minutes but not displayed q15a_9=1 School compound and q15b=1 Is the health action plan being implemented q15b=99 (system missing)

### School Health Club

**NSHC** indicator for school health club 16-19

Notes: This variable was created using the following criteria:

No – no club; or have club but not yet met

Low – has club; meets irregularly

Moderate– has club; meets at least every 2 weeks; and has club minutes about modes of transmission, list of members, non-HIV related activities, (posters and interviews are irrelevant, these are not related to health club)

High – has club; meets at least every 2 weeks; and handles question box and/or info corner – evidence of HIV-related activities for health club

-schools are scored at their highest possible rating

## Coding

Value	Label	Derived from
0	No	q16=0 School has a school health club (0=no) or q17=4 How regular school health club meetings take place(4=the club has not yet met) q18_9=1 No evidence
1	Low	q16=1 School has a school health club and q17=3 How regularly school health club meetings take place(3=irregularly) and any of the following for q18 q18_4=1 Posters in Headmasters office, staffroom and in classrooms q18_5=1 Interviewed students over famous diseases particularly AIDS q18_12=1 Cartons at classroom doors for dropping rubbish q18_16=1 Teachers trained on PSABH q18_18=1 First Aid kit q18_19=1 Toilets were kept clean q18_21=1 Farming by club q18_22=1 Appealing for assistance for opharms
2	Moderate	q16=1 School have a school health club and either q17=1 How regular school health club meetings take place(1=weekly) or q17=2) How regular school health club meetings take place(2=every two weeks) and any of the following for q18 q18_1=1 Pupils who are members q18_10=1 Club officials and meetings held q18_13=1 Notes seen in students exercise books q18_14=1 Note books with club resolutions on way forward q18_17=1 Certificate of participation q18_20=1 Response from pupils q18_23=1 List of names of club members q18_24=1 Clearing of bushes around the school
3	High	q16=1 School have a school health club and either q17=1 How regular school health club meetings take place(1=weekly) or q17=2 How regular school health club meetings take place(2=every two weeks) and any of the following for q18 q18_2=1 Health club minutes about modes of transmission of HIV/AIDS conducted q18_3=1 Songs with HIV/AIDS message/acts, poems and snack/pupil activities or q18_6=1 Abstaining from sexual activities or q18_7=1 Question box or q18_8=1 Information corner or q18_15=1 Keen on negative sexual behaviour positive to HIV AIDS lessons and sessions, inquisitive on youth sexuality

## Question Box

**NQBOX** indicator for question box q20-q24b

Notes: This variable was created using the following criteria.

No – no question box

Low – Have; not accessible or accessible but in staffroom or by HT office; or no questions in box and no record of questions; answer once/month or less

Medium – Have; accessible; questions in box & record of questions answered; answer every 2 wks or more; evidence of any AIDS related questions

Moderate –all of medium plus, evidence of questions on transmission and prevention

High – all of medium plus questions dealing with personal actions and choices (e.g. are condoms safe, how condoms used, concern re consequences of not playing sex, how to abstain, why Christians discourage use of condoms, price of condoms, why FGM is bad, is it mistake to have early sex, how to avoid sex, what to do when boy smiles); PSABH trained person answering questions.

-schools are scored at their highest possible rating

### Coding

Value	Label	Derived From
0	no	Q20=0 School has a question box(0=no)
1	low	q20=1 School has a question box and q22=0 Question box is in an accessible place(0=no) or any of the following for q23 [q23_1=0 Questions were in the box(0=no) and q23_3=0 File/notebook that keeps records of all questions asked by pupils(0=no)] q23_4=1 The box placed on a cupboard in the staffroom q23_9=1 Nailed on the office wall but nothing found in the box during survey time q23_12=1 Not yet ready q23_14=1 It's in front of the headteachers office q23_16=1 It is rarely used or q24a=4 or 5 How often questions are answered(4=once a month, 5=not yet)
2	medium	q20=1 School has a question box and q22=1 Question box is in an accessible place and any of the following for q23 q23_1=1 Questions were in the box q23_3=1 File/note book that keeps records of all questions asked by the pupils q23_5=1 A few answered questions were in the box q23_6=1 Questions written on a small piece of paper q23_7=1 Ready questions were answered and minuted q23_8=1 Pupils could remember some questions asked q23_10=1 There are current questions on HIV/AIDS q23_11=1 Sorted out questions and worked our answers/responses q23_13=1 There were some health related questions in the box q23_15=1 Questions are asked weekly and any of the following for q24a q24a=1 How often questions are answered(1=Daily) q24a=2 How often questions are answered(2=Once a week) q24a=3 How often questions are answered(3=Once every two weeks) and any of the following for q25a q25a_1=1 If there's a cure for AIDS, yet doctors are in Kenya q25a_4=1 Origin of AIDS q25a_6=1 STD'S/AIDS epidemic

		<p>q25a_11=1 Health and bible  q25a_12=1 Symptoms of HIV/AIDS  q25a_14=1 Why men with AIDS die more than women with AIDS  q25a_16=1 Can blood of a positive person affect an animal if transfusion was done  q25a_19=1 What I need to do when I have AIDS  q25a_21=1 How to care for the sick (Aids Victims)  q25a_25=1 How to differentiate AIDS from CHIRA (Witchcraft)</p>
3	moderate	<p>q20=1 School has a Question Box  q22=1 Question Box is in an accessible place  and any of the following for q23  q23_1=1 Questions were in the box  q23_3=1 File/note book that keeps records of all questions asked by the pupils  q23_5=1 A few answered questions were in the box  q23_6=1 Questions written on a small piece of paper  q23_7=1 Ready questions were answered and minuted  q23_8=1 Pupils could remember some questions asked  q23_10=1 There are current questions on HIV/AIDS  q23_11=1 Sorted out questions and worked our answers/responses  q23_13=1 There were some health related questions in the box  q23_15=1 Questions are asked weekly  and any of the following for q24a  q24a=1 How often the question are answered (1=Daily)  q24a=2 How often the question are answered (2=Once a week)  q24a=3 How often the question are answered (3=Once every two weeks)  and any of the following for q25a  q25a_2=1 Causes of HIV/AIDS transmission or spread  q25a_3=1 How AIDS can be prevented  q25a_5=1 Can HIV/AIDS be spread by mosquitoes or touching infected person  q25a_24=1 Wonder how comes infected parents continue having children</p>
4	high	<p>q20=1 School has a Question Box  q22=1 Question Box is in an accessible place  and any of the following for q23  q23_1=1 Questions were in the box  q23_3=1 File/note book that keeps records of all questions asked by the pupils  q23_5=1 A few answered questions were in the box    q23_6=1 Questions written on a small piece of paper  q23_7=1 Ready questions were answered and minuted  q23_8=1 Pupils could remember some questions asked  q23_10=1 There are current questions on HIV/AIDS  q23_11=1 There were some health related questions in the box  q23_13=1 There were some health related questions in the box  q23_15=1 Questions are asked weekly  and any of the following for q24a  q24a=1 How often the question are answered (1=Daily)  q24a=2 How often the question are answered (2=Once a week)  q24a=3 How often the question are answered (3=Once every two weeks)  and any of the following for q25a  q25a_7=1 Are condoms safe  q25a_8=1 Do the body fluids carry HIV Virus  q25a_9=1 How long does AIDS stay with a person  q25a_10=1 Can a healthy person have AIDS Virus</p>

	q25a_15=1 How do pupils abstain q25a_17=1 How condoms are used q25a_20=1 Choosing good friends
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## Condoms

**NCONDOMS** indicator for condoms 26a-26c

Notes: This variable was created using the following criteria.

no – no questions asked; or staff told not to answer condom questions; or no discussion of condoms occurred

anti – misinformation or negative messages about condoms conveyed (e.g., porous, not 100%, no real protection)

low – questions impersonal or not supportive of condoms (e.g., abstain from using condoms)

medium – conditional approval of condom use (e.g., only in marriage, better by adults)

high – questions personal, supportive/factual about condoms and youth (e.g., use once, MOH explains, should be used consistently)

-schools are scored at their highest possible rating

Coding

Value	Label	Derived From
0	no	q26a=0 Any questions asked about condoms(0=no)or q26b_8=1 The trained staff were advised not to talk about condoms to children
1	anti	any of the following q26b_6=1 Not real protection against AIDS q26b_12=1 Condoms promote sexual intercourse among students q26c_1=1 Not safe since they have pores q26c_5=1 When a school pupil is seen with it, they're termed immoral q26c_13=1 Not the solution to AIDS prevention q26c_19=1 Pupils shouldn't use condoms q26c_20=1 Condoms are bad/evil q26c_22=1 Dangers of using condoms q26c_23=1 Can remain in the vagina
2	low	any of the following q26b_3=1 Abstain from using condoms q26b_4=1 Avoid sex at an early stage (abstain from pre-marital sex) q26b_14=1 Condoms can expire q26c_2=1 Meant for family planning q26c_4=1 Wait until marriage/Abstain from pre-marital sex q26c_6=1 The pupils should be discouraged from using condoms as it promotes pre-marital sex q26c_7=1 Don't pick used/unused condoms and play with them q26c_10=1 Condoms are not 100% safe as they could burst q26c_11=1 They will be told everything about condoms q26c_17=1 They should be told of STDS and chances of contracting HIV AIDS/AIDS q26c_18=1 Abstinence is better than condom use q26c_21=1 Don't expect children to know
3	medium	any of the following q26b_5=1 Better to be used by adults q26b_7=1 Condoms are used by married couples who want to plan their families or protected sex' q26b_9=1 Used by adults who are not faithful to their partners

		q26c_8=1 They are for adults who are married who want to play sex q26c_14=1 Should be used if a student is infected with STI
4	high	any of the following q26b_1=1 If one must have sex, condom should be used q26b_2=1 To prevent STI's & unwanted pregnancies q26b_10=1 Condoms are got free in hospitals or bought in shops q26b_11=1 Condoms should be used consistently and as the last resort q26b_13=1 How condom is used q26c_3=1 Condom reduces risks of HIV AIDS infection when used proper q26c_9=1 Procedure of using a condom q26c_12=1 Condoms can be free or bought q26c_15=1 If you must play sex, use condoms q26c_16=1 Condoms may be used to check the spread of AIDS

## Peer Supporters

**NPEER** indicator for peer supporters 28-31

Notes: This variable was created using the following criteria.

no – none trained

low – have peer supporters, and leading activities unrelated to HIV/AIDS

high – leading school health club, (peer counseling only if other activities related to HIV/AIDS)

-schools are scored at their highest possible rating

### Coding

Value	Label	Derived from
0	No	Q28=0 Had peer support training? (0=no)
1	Low	q28=1 Had peer support training? and any of the following for q30 and q31 q30_2=1 Peer supporters leading - Other school activities (specify) q31_1=1 Sports q31_2=1 Sharing learning resources q31_6=1 Adventist faith organisation q31_9=1 Guidance & counselling teachers/staff – introduced to me/interviewed q31_11=1 Positive contributions from the staff and pupils & positive behaviour change q31_12=1 Signed in school visitors book q31_15=1 Group work – Discussions (peer) – with records/ work books q31_16=1 Helping/Assisting sick children q31_17=1 Certificates given
2	High	q28=1 Had peer support training? and any of the following for q30 and q31 q30_1=1 Peer supporters leading - School Health Club q30_3=1 Peer supporters leading - Peer counselling q31_3=1 Trained peer support group leaders q31_4=1 Question box q31_5=1 Songs/poems/Drama items performed with an HIV/AIDS theme/message q31_7=1 Notes in the pupils exercise books – individually – HIV/AIDS lessons q31_8=1 School Health Club & officials elected – club file – register q31_10=1 Posters/handouts/charts etc containing HIV/AIDS information STDS/STI'S

## Books & Book Boxes

**NBOOKEV** indicator for which books in evidence 34a

Notes: This variable was created using the following criteria.

None – no books

Low – teacher ref, class texts are present but not easily accessible

Medium – teacher ref, class texts are present but not easily accessible

High – reader present and easily accessible

-schools are scored at their highest possible rating

### Coding

Value	Label	Derived from
0	None	q34a_1=0Has HIV/AIDS teachers reference books(0=no)or q34a_2=0Has HIV/AIDS class text books(0=no)or q34a_3=0Has HIV/AIDS reader(0=no)or
1	Low	q34a_1=1 Has HIV/AIDS teachers reference books or and any of the following for q34a and q34b q34a_2=1 Has HIV/AIDS class text books q34b_1=0 HIV/AIDS teachers reference books easily accessible(0=no) q34b_1=3 HIV/AIDS teachers reference books easily accessible(3=dk/na) q34b_2=0 HIV/AIDS class text books easily accessible(0=no) q34b_2=3 HIV/AIDS class text books easily accessible(3=dk/na)
2	Medium	q34a_1=1 Has HIV/AIDS teachers reference books or and any of the following for q34a and q34b q34a_2=1 Has HIV/AIDS class text books q34b_1=1 HIV/AIDS teachers reference books easily accessible q34b_2=1 HIV/AIDS class text books easily accessible
3	High	q34a_3=1 Has HIV/AIDS reader and q34b_3=1 HIV/AIDS readers easily accessible

**NBOOKWHE** indicator for where books evident

Notes: This variable was created using the following criteria.

none – no books or DK if the project book box is in use, or not yet in use

low – have book box/books and stored in school cupboard or otherwise not in hands of pupils, receipts and inventories

medium – have book box/books and books in library

high – have book box/books and books covered by pupils, look used, books displayed in school, records of books being used (e.g. checked in and out of library)

-schools are scored at their highest possible rating

### Coding

Value	Label	Derived from
0	None	q32=0 Whether school has a project book box(0=no)o
1	Low	Q32=1 Whether school has a project book box and q33_2=1 Books safely stored in the school cupboard or q33_7=1 Schemes available having infusion &

		integration
2	Medium	Q32=1 Whether school has a project book box and q33_3=1 Books are logged – different titles – library referencing or q33_4=1 Question and answers by pupils – indicating behaviour change & increased awareness or q33_5=1 Records of borrowing and returning of books – library records (with teachers pupils) or q33_12=1 Pupils are eager to read the books
3	High	Q32=1 Whether school has a project book box and any of the following for q33 q33_1=1 Books issued to teachers/pupils - present in class - increased leadership q33_6=1 Books have been covered by the pupils/look used-not new q33_9=1 HIV AIDS/AIDS lesson on the time table – books used q33_11=1 Personal observation of the books being used

**NBOOKFRE** indicator for frequency of book use

Notes: This variable was created using the following criteria.

none – no books, DK/NA on all

low – nothing used weekly

medium – all but readers used weekly

high – readers used weekly

-schools are scored at their highest possible rating

#### Coding

Value	Label	Derived from
0	None	q34a_1=0 Has HIV/AIDS teachers reference books (0=no) q34a_2=0 Has HIV/AIDS class text books(0=no) q34a_3=0 Has HIV/AIDS reader(0=no)
1	Low	(For 34c_1,2&3: 1=weekly, 2=monthly, 3=termly, 4=less often, 5=dk/na) q34c_1 > 1 Frequency use HIV/AIDS teachers reference books q34c_1 < 5 q34c_2 > 1 Frequency use HIV/AIDS class text books q34c_2 < 5 q34c_3 > 1 Frequency use HIV/AIDS readers q34c_3 < 5
2	Medium	q34a_1=1 Has HIV/AIDS teachers reference books q34a_2=1 Has HIV/AIDS class text books and q34c_1=1 Frequency use HIV/AIDS teachers reference books or q34c_2=1 Frequency use HIV/AIDS class text books
3	High	q34a_3=1 Has HIV/AIDS reader q34c_3=1 Frequency use HIV/AIDS readers

**NBOOKUS** indicator for how books are used

Notes: This variable was created using the following criteria.

none- no books

low – infusion and integration, teacher use

medium – any pupil use for any books

high – pupil use for readers and texts  
 -schools are scored at their highest possible rating

Coding

Value	Label	Derived from
0	None	q34a_1=0 Has HIV/AIDS teachers reference books (0=no) q34a_2=0 Has HIV/AIDS class text books(0=no) q34a_3=0 Has HIV/AIDS reader(0=no)
1	Low	q34a_1=1 Has HIV/AIDS teachers reference books q34a_2=1 Has HIV/AIDS class text books q34a_3=1 Has HIV/AIDS reader and any of the following for q35a q35a_1=1 Infusion & integration q35a_4=1 Teachers get functional information reference from the books – to develop HIV AIDS/AIDS syllabus, Scheming & lesson planning q35a_6=1 Head Teacher talks to Teachers about HIV AIDS/AIDS q35a_9=1 Guidance and counselling or any of the following for q35b q35b_1=1 Infusion & integration q35b_4=1 Teachers get functional information (ref) from the books - to develop HIV/AIDS syllabus, scheming & lesson planning
2	Medium	any of the following for q35a,b,c q35a_3=1 Pupils read on their own/for reference in assignments/supplementary information q35a_5=1 General reading – both pupils & teachers q35a_7=1 As library books – Borrowing records – (both teachers+pupils)- for ref. q35a_8=1 Exchanged by class members in upper classes q35b_3=1 Pupils read on their own/for reference in assignments/supplementary information q35b_5=1 General reading – both pupils & teachers q35b_6=1 As library books – Borrowing records – (both teachers+pupils)- for ref. q35b_7=1 Exchanged by class members in upper classes q35c_1=1 Infusion & integration q35c_2=1 In HIV AIDS/AIDS lessons q35c_5=1 General reading – both pupils & teachers q35c_6=1 As library books – Borrowing records – (both teachers+pupils)- for ref. q35c_7=1 Exchanged by class members in upper classes q35c_8=1 Questions asked about AIDS after reading books. Threaded awareness and answered by teachers/peer councillor q35c_9=1 Discussion groups/in clubs q35c_10=1 Used during free time q35c_11=1 Improve children's vocabulary & Gen. knowledge
3	High	any of the following for q35bandc q35b_3=1 Pupils read on their own/for reference in assignments/supplementary information q35b_5=1 General reading - both pupils & teachers q35b_6=1 As library books - borrowing records - both teachers & pupils - for ref q35b_7=1 Exchanged by class members in upper classes q35c_1=1 Infusion & integration q35c_2=1 In HIV AIDS/AIDS lessons q35c_5=1 General reading – both pupils & teachers

	q35c_6=1 As library books – Borrowing records – (both teachers+pupils)- for ref. q35c_7=1 Exchanged by class members in upper classes q35c_8=1 Questions asked about AIDS after reading books. Threaded awareness and answered by teachers/peer councillor q35c_9=1 Discussion groups/in clubs q35c_10=1 Used during free time q35c_11=1 Improve children's vocabulary & Gen. knowledge
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## Community Representative

**NCOMREP** indicator for role of community rep 37

Notes: This variable was created using the following criteria.

none – no community rep or no evidence of community rep activity

low – outside community – e.g.NGOs, physical facilities

medium – involved in school but not with pupils

moderate – interacts with parents

high – interacts with pupils

-schools are scored at their highest possible rating

### Coding

Value	Label	Derived From
0	None	q37_1=0 Responding to Question Box (0=no) q37_2=0 Sensitising PTA (0=no) q37_3=0 Contacting NGOs (0=no) q37_4=0 Others (0=no) q37_5=0 Counselling(Teachers, pupils, families) (0=no) q37_6=0 Presiding over public functions(churches, Barazas, Funerals, meetings, waven groups (0=no) q37_7=0 Creating awareness on HIV AIDS (Pupils,community, church) (0=no) q37_8=0 Involved in S.D.P (0=no) q37_9=0 Teaching in adult schools (0=no) q37_10=0 A church leader (0=no) q37_11=0 Medical officers (0=no) q37_12=0 Working together with sponsor (0=no) q37_13=1 Not Responsive/No community representative (1=yes)
1	Low	q37_3=1 Contacting NGOs or q37_4=1 Others
2	Medium	q37_6=1 Presiding over public functions(churches, Barazas, Funerals, meetings, waven groups or q37_8=1 Involved in S.D.P or q37_10=1 A church leader or q37_11=1 Medical officers or q37_12=1 Working together with sponsor
3	Moderate	Q37_2=1 Sensitising PTA
4	High	q37_1=1 Responding to Question Box or q37_5=1 Counselling(Teachers, pupils, families) or q37_7=1 Creating awareness on HIV AIDS (Pupils,community, church)

## Messages

NFMESCON indicator for content of factual messages 39

Notes: This variable was created using the following criteria.

none – no messages

low – slogans (e.g. ‘AIDS is killer,’ no cure, help stop AIDS,) or exam question(e.g. How many people have died in Kenya?)

medium -- HIV/AIDS relating to others (e.g. some community members have died, wife inheritance) or abstract statements (e.g. abstinence)

high – personal – (e.g., we can do without sex, girls have right to say no)

-schools are scored at their highest possible rating

### Coding

value	label	Derived from
0	None	q40_1=0 Factual messages - Pupils textbooks q40_2=0 Factual messages - Pupils workbooks q40_3=0 Factual messages - Teachers reference books q40_4=0 Factual messages - Teachers schemes of work q40_5=0 Factual messages - Lesson plans q40_6=0 Factual messages - Co curricular activities q40_7=0 Factual messages - Posters q40_8=0 Factual messages - Others q40_9=0 Factual messages - Preachers in church/barazas/meetings/funerals q40_10=0 Factual messages - Video shows q40_11=0 Factual messages - Health clubs – minute books for health club q40_12=0 Factual messages - Information corner/Notice Board/Information tree q40_13=0 Factual messages - Pamphlets and magazines q40_14=0 Factual messages - Poems, songs & Drama q40_15=0 Factual messages - Games T-shirts q40_16=0 Factual messages - Pupils' Art work q40_17=0 Factual messages - Class 6-8 classrooms q40_18=0 Factual messages – Newsletter on HIV/AIDS q40_19=0 Factual messages – Charts on staff room wall q40_20=0 Factual messages - HIV/AIDS guidelines/syllabus
1	Low	Any of the following for q39 q39_3=1 Aids is a killer disease/has no cure , no bias q39_7=1 Posters/charts put up on walls – on HIV/AIDS, STI'S/STD'S – information corner q39_8=1 AIDS is no longer a myth, not witchcraft, its real
2	Medium	Any of the following for q39 q39_1=1 Abstinence q39_2=1 One partner – Faithfulness – stop wife inheritance q39_6=1 Ways of HIV/AIDS, STI'S/STD'S /Transmission – majorly through sex & prevention q39_9=1 General awareness about HIV /AIDS/STD'S/STI'S is good from the pupils interviewed q39_15=1 Assisting the affected people(with HIV/AIDS): don't stigmatise them q39_19=1 Apply ABC's of HIV/AIDS prevention q39_20=1 Sex is unavoidable

3	High	Any of the following for q39 q39_4=1 We can do without sex q39_5=1 Girls have the right to say NO to sex
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NFMESLOC indicator for location of factual messages 40

Notes: This variable was created using the following criteria.

none- no evidence of any factual messages

low – reference books, posters on wall, text books

medium – teacher notes, minutes

moderate – information corner

high – pupil workbooks, notes

-schools are scored at their highest possible rating

#### Coding

Value	label	Derived from
0	None	q40_1=0 Factual messages - Pupils textbooks q40_2=0 Factual messages - Pupils workbooks q40_3=0 Factual messages - Teachers reference books q40_4=0 Factual messages - Teachers schemes of work q40_5=0 Factual messages - Lesson plans q40_6=0 Factual messages - Co curricular activities q40_7=0 Factual messages - Posters q40_8=0 Factual messages - Others q40_9=0 Factual messages - Preachers in church/barazas/meetings/funerals q40_10=0 Factual messages - Video shows q40_11=0 Factual messages - Health clubs – minute books for health club q40_12=0 Factual messages - Information corner/Notice Board/Information tree q40_13=0 Factual messages - Pamphlets and magazines q40_14=0 Factual messages - Poems, songs & Drama q40_15=0 Factual messages - Games T-shirts q40_16=0 Factual messages - Pupils' Art work q40_17=0 Factual messages - Class 6-8 classrooms q40_18=0 Factual messages – Newsletter on HIV/AIDS q40_19=0 Factual messages – Charts on staff room wall q40_20=0 Factual messages - HIV/AIDS guidelines/syllabus
1	Low	Any of the following for q40 Q40_1=1 Factual messages - Pupils textbooks Q40_3=1 Factual messages - Teachers reference books Q40_7=1 Factual messages – Posters Q40_9=1 Factual Messages – Preachers in church/Barazas/Meetings/Funerals Q40_13=1 Factual Messages – Pamphlets and magazines Q40_15=1 Factual Messages – Games T-shirts Q40_19=1 Factual Messages - Charts on staff room wall
2	Medium	Any of the following for q40 Q40_4=1 Factual messages - Teachers schemes of work Q40_5=1 Factual messages - Lesson plans Q40_18=1 Factual messages – Newsletter on HIV/AIDS Q40_20=1 Factual messages - HIV/AIDS guidelines/syllabus
3	Moderate	Any of the following for q40

		Q40_11=1 Factual messages - Health clubs – minute books for health club Q40_12=1 Factual messages - Information corner/Notice Board/Information tree Q40_14=1 Factual messages - Poems, songs & Drama
4	High	Any of the following for q40 Q40_2=1 Factual messages - Pupils workbooks Q40_6=1 Factual messages - Co curricular activities Q40_10=1 Factual messages – Video shows Q40_16=1 Factual messages – Pupils' Art work Q40_17=1 Factual messages - Class 6-8 classrooms

**NBCMESCN** indicator for content of behaviour change messages 41

Notes: This variable was created using the following criteria.

none or unrelated to HIV/AIDS

low – slogans, exam questions,

medium – general, not personal – help those affected, reduce early marriage

moderate – personal – endorse abstinence only

high – personal – endorse abstinence, condom use, condemning those who use force or harassment

-schools are scored at their highest possible rating

#### Coding

Value	Label	Derived from
0	None or irrelevant info	No=0 Q42_1=0 Behaviour change - Pupils textbooks Q42_2=0 Behaviour change - Pupils workbooks Q42_3=0 Behaviour change - Teachers reference books Q42_4=0 Behaviour change - Teachers schemes of work Q42_5=0 Behaviour change - Lesson plans Q42_6=0 Behaviour change - Co curricular activities Q42_7=0 Behaviour change - Posters Q42_8=0 Behaviour change - Others Q42_9=0 Behaviour change - Preachers in church/Barazas/Meetings/Funerals Q42_10=0 Behaviour change - Question Box Q42_11=0 Behaviour change - Video shows Q42_12=0 Behaviour change - Health clubs – minute books for health club Q42_13=0 Behaviour change - Information corner/Notice Board/Information tree Q42_14=0 Behaviour change - Pamphlets and magazines Q42_15=0 Behaviour change - Teachers' pay slips Q42_16=0 Behaviour change - Staff – meeting minutes book
1	Low	Q41_3=1 Songs, poem, plays composed by student on HIV/AIDS & co-curricula activities
2	Medium	Any of the following for q41 Q41_6=1 Posters/pamphlets/charts – with HIV/AIDS/STI'S/STD'S information displayed by pupils and teachers Q41_9=1 Education 1st before sex, marriage – priority – and improved performance – class, exams Q41_11=1 Women fear being inherited Q41_14=1 Sound/Good discipline/Behaviour/Attitude charge (reduced immorality/ sex by pupils) avoiding counsellor Q41_15=1 Accept/Assist those affected (orphans) & infected with AIDS in the

		community Q41_18=1 Use of sterilised piercing objects/care taken with any sharp/cutting objects
3	Moderate	Q41_2=1 Smart boy/girl(s) say no to sex before marriage or Q41_7=1 Abstinence (before marriage) to avoid AIDS etc which kills, No cure
4	High	Any of the following for q41 Q41_1=1 Say No to Sexual request and fight sexual harassment Q41_16=1 Practice safe sex by encouraging use of condoms Q41_19=1 Be faithful to one partner

**NBCMESLO** indicator for location of behaviour change message 42

Notes: This variable was created using the following criteria.

none- No evidence of behaviour change messages

low – reference books, posters on wall, text books

medium – teacher notes, minutes

moderate – information corner

high – pupil workbooks, notes

-schools are scored at their highest possible rating

#### Coding

Value	Label	Derived from
0	None	Q42_1 thru q42_16 = 0 (as labeled above for bcmmescon = none or irrelevant info.)
1	Low	Any of the following for q42 Q42_1=1 Behaviour change - Pupils textbooks Q42_3=1 Behaviour change - Teachers reference books Q42_7=1 Behaviour change - Posters Q42_14=1 Behaviour change - Pamphlets and magazines Q42_15=1 Behaviour change - Teachers' pay slips
2	Medium	Any of the following for q42 Q42_4=1 Behaviour change - Teachers schemes of work Q42_5=1 Behaviour change - Lesson plans Q42_16=1 Behaviour change - Staff – meeting minutes book
3	Moderate	Any of the following for q42 Q42_11=1 Behaviour change - Video shows Q42_12=1 Behaviour change - Health clubs – minute books for health club Q42_13=1 Behaviour change - Information corner/Notice Board/Information tree
4	High	Any of the following for q42 Q42_2=1 Behaviour change - Pupils workbooks Q42_6=1 Behaviour change - Co curricular activities Q42_10=1 Behaviour change - Question Box

#### Posters

**NPOSTERS** indicator for posters 44a-44c

Notes: This variable was created using the following criteria.

none – no evidence of posters

low – no cure, kills, think twice  
 medium -- facts, rights of child, signs and symptoms,  
 moderate – transmission info, care for victims, VCT  
 high – behaviour change, condom use, sex can wait, girls have rights, stand up for your future  
 -schools are scored at their highest possible rating

**Coding**

value	label	Derived from
0	None	Q44a=0 Are posters displayed in school
1	Low	Any of the following for q44c Q44c_7=1 Aids has no cure/aids kills Q44c_10=1 Think twice think Aids Q44c_12=1 Aids is not 'Chira' Q44c_14=1 Youth counselling programme Q44c_18=1 Anybody can get Aids Q44c_25=1 Avoid bad behaviour Q44c_26=1 Avoid getting a red card Q44c_27=1 Health clubs for better health
2	Medium	Any of the following for q44c Q44c_5=1 Facts about AIDS/AIDS RISKS/awareness Q44c_11=1 Signs/symptoms of STI'S Q44c_17=1 Chain from health, infection and death
3	Moderate	Any of the following for q44c Q44c_3=1 Taking care of victims/show them love Q44c_4=1 Methods of HIV transmission/major-sex Q44c_6=1 Methods of avoiding contracting the disease unsterilised objects Q44c_15=1 VCT/to be tested for HIV AIDS & STI'S Q44c_19=1 Reproductive health
4	High	Any of the following for q44c Q44c_1=1 Responsive change/Behavioural change Q44c_2=1 Using condoms for sex/prevention against STD/AIDS use condom / fight AIDS Q44c_8=1 Sex can wait/say no to sex before marriage Q44c_9=1 Girls have right to say no to sex Q44c_13=1 Stand up for your future/protect yourself against STI'S Q44c_16=1 Protect our children to secure our future/Go for nartanal child health clinic q44c_20=1 Competition of Education/sex can wait education first q44c_21=1 Girls have got right to education q44c_22=1 Condoms are not safe

**Proportion of Staff**

**nporstaf** interval variable for porportion of staff 2003

Notes: This variable was derived from t\_student and t\_teache: t\_student/t-teache

**nporstf2** porportion of teachers to students 2003

Notes: This variable is derived from nporstaf. The upper and lower limits of the categories were determined by dividing the cases from ptr in the WAVE 1 data into approximately three even percentiles (33.3%). For

WAVE 2 data these original numerical dividing points (as contained in the original syntax) are retained as outlined below.

Coding

Value	Label	Ptr values
1	low	39.89 or greater
2	moderate	28.92 thru 39.83
3	high	0 thru 28.82

**nporpft** interval variable for porportion of female teachers 2003

Notes: This variable was derived from t\_teache and f\_teache:  $(f\_teache / t\_teache) \times 100$

**nporpft2** porportion of female teachers 2003

Notes: This variable is derived from nporpft. The upper and lower limits of the categories were determined by dividing the cases from porpft in the WAVE 1 data into two percentile groups (approximately = 50%; median = 28.57). For WAVE 2 data these original numerical dividing points (as contained in the original syntax) are retained as outlined below.

Coding

Value	Label	Ptr values
1	low	0 thru 29.9
2	high	30.00 thru highest

**Impact Scales**

Diagnostics did demonstrate that the health action plan indicator has become unreliable as a scale item. Hence the 2002 (Wave 1) and the 2003 (Wave 2) Impact Scales are recalculated as follows:

**Standardized Indicators**

This group of indicators are standardized versions of previously listed ordinal indicators such as condoms (indicator for condoms). By dividing the original variable value by its upper limit a standardized upper limit of 1.0 is created. These variables serve as the basis for computing the impact scales that are also listed below.

**NHAP2** standardized nhap (not used in scales)

Computed:  $nhap/2$

**NSCH2** standardized nsch

Computed:  $nshc/3$

**NQBOX2** standardized nqbox

Computed:  $nqbox/4$

**NCONDOM2** standardized ncondom

Computed: ncondom/4

**NPEER2** standardized npeer

Computed: npeer/2

**NBOOKEV2** standardized nbookev

Computed: nbookev/3

**NBOOKWH2** standardized nbookwhe

Computed: nbookwhe/3

**NBOOKFR2** standardized nbookfre

Computed: nbookfre/3

**NBOOKUS2** standardized nbookus

Computed: nbookus/3

**NCOMREP2** standardized ncomrep

Computed: ncomrep/4

**NFMESCO2** standardized nfmescon

Computed: nfmescon/3

**NFMESLO2** standardized nfmesloc

Computed: nfmesloc/4

**NBMESCO2** standardized nbcmescn

Computed: nbcmescn/4

**NBMESLO2** standardized nbcmeslo

Computed: nbcmeslo/4

**NACTSEX2** standardized nactsex

Computed: nactsex/5

**NPOSTER2** standardized nposter

Computed: nposter/4

### **Impact Scales**

These are designed to measure the overall impact of PSABH and certain components of the PSABH such as 'messages'

**INDSCALE** summary score for all impact indicators

Computed:  $(\text{sum nsch2 thru nposter2})/16) \times 100$

**BOOKSCAL** score for book use scale

Computed:  $(\text{nbookev2} + \text{nbookwh2} + \text{nbookfr2} + \text{nbookus2})/4) \times 100$

**ACTSCALE** score for level of program action (activity scale)

Computed:  $(\text{nsch2} + \text{nqbox2} + \text{ncomrep2})/3) \times 100$

**MESSCALE** score for message scale

Computed:  $(\text{nfmesco2} + \text{nfmeslo2} + \text{nbmesco2} + \text{nbmeslo2} + \text{nposter2})/5) \times 100$

Difference Scores were calculated for all of the standardized and non-standardized indicators by subtracting their 2002 values from their 2003 values.

Eg:

**dbcmescn** Difference score for bcmescon ( $\text{nbcmescn} - \text{bcmescon}$ )

**dposters** Difference score for posters ( $\text{nposters} - \text{posters}$ )

**dbookev2** Standardized Difference score for bookev2 ( $\text{nbookev2} - \text{bookev2}$ )

**dbmesco2** Standardized Difference score for bmesco2 ( $\text{nbmesco2} - \text{bmesco2}$ )

**dindscal** Difference score for indscale ( $\text{nindscal} - \text{indscale}$ )

## APPENDIX B: CODING AND VARIABLE CREATION FOR CRS

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Procedures followed for coding and creation of scales for the Wave 1 CRS were replicated for Wave 2. This appendix describes the coding and variable creation that was new to the wave 2 analysis. For the full coding manual and a copy of the CRS survey see Appendices in the *Report on School and Community Responsiveness Surveys – December, 2002*.

### School Information

VARIATN Variation Labels

Value Label

- 0 Nyanza Basic
- 1 Church Leaders
- 2 Adtl Teacher
- 3 Health Worker
- 4 Lost

### Indicators of Uptake of PSABH in Schools

NQ1\_5GRD Ordinal Coding HIV in PTA meetings

Coding

Value	Label	Derived From
0	No HIV/AIDS Topics	Any of the following Q1=0 Whether the school normally has a parents teacher meeting Q2=0 Number of times school has a parents/teachers meeting Q4=0 Number of meetings where HIV/AIDS was discussed
1	Slogans	(q1=1 Whether the school normally has a parents teacher meeting <i>and</i> q2>0 Number of times school has a parents/teachers meeting <i>and</i> q4>0 Number of meetings where HIV/AIDS was discussed) <i>and</i> q3_18=1 Plan to create more awareness <i>or</i> q3_23=1 Orphans <i>or any of the following for q5</i> q5_15=1 To go for check-ups q5_17=1 Awareness q5_19=1 Drug abuse
2	General Risk Factors	(q1=1 Whether the school normally has a parents teacher meeting <i>and</i> q2>0 Number of times school has a parents/teachers meeting <i>and</i> q4>0 Number of meetings where HIV/AIDS was discussed) <i>and</i> q3_5 HIV/AIDS and related issues <i>or</i> q3_20 Relationship <i>or any of the following for q5</i> q5_1=1 What STIs, HIV and AIDS are q5_5=1 Caring for people with AIDS at home and in the community

		q5_6=1 Orphans q5_9=1 Leisure/disco q5_11=1 Spiritual intervention q5_12=1 How to get healthy workers q5_13=1 Factors promoting spread of HIV /aids -alcohol q5_22=1 Doctors to be specified on disease affecting a person q5_23=1 Behaviour of traitor drivers
3	General Transmission & Prevention	(q1=1 Whether the school normally has a parents teacher meeting <i>and</i> q2>0 Number of times school has a parents/teachers meeting <i>and</i> q4>0 Number of meetings where HIV/AIDS was discussed) <i>and any of the following for q3 and q5</i> q3_10=1 Pregnancies q5_2=1 How they are transmitted q5_3=1 How they can be prevented q5_8=1 Step wife inheritance
4	Behaviour Change	(q1=1 Whether the school normally has a parents teacher meeting <i>and</i> q2>0 Number of times school has a parents/teachers meeting <i>and</i> q4>0 Number of meetings where HIV/AIDS was discussed) <i>and</i> q5_4=1 How we can help our children to protect themselves against HIV infection <i>or</i>
5	Condoms	(q1=1 Whether the school normally has a parents teacher meeting <i>and</i> q2>0 Number of times school has a parents/teachers meeting <i>and</i> q4>0 Number of meetings where HIV/AIDS was discussed) q5_24=1 Use of condoms

### NQ11AN12 Indicator for HIV and AIDS

#### Coding

Value	Label	Derived From
0	No info or irrelevant	System missing
1	Slogans	Q11_1 HIV kills Q11_2 HIV has no cure Q11_6 HIV is real - no witchcraft/not a cure Q11_14 AIDS has no bias Q12_1 HIV kills Q12_2 HIV has no cure Q12_6 Aids has no bias Q12_13 HIV is real , not witchcraft not a curse or myth
2	General-societal or adult messages	Q11_3 Behaviour change Q11_10 General information on HIV /AIDS/STI/STD awareness via different avenues i.e. video posters film Q11_19 Counselling by leaders/parents teachers/CRS to be effectively carried out - youth to ape them Q12_7 Caring for the victims PLWA Q12_8 General information on HIV/AIDS/STD's/SIT - spread prevention /disease management Q12_14 Effect of AIDS in society/poverty/financial drain orphan

		Q12_18 Peer support groups encouraged to raise HIV/AIDS awareness in schools churches pupils encouraged to attend church free discussion on AIDS/HIV issues sex matters Q12_19 Guiding and counselling youth by leaders ,parents/teachers, elders & set up good examples
3	General Transmission And Prevention Messages	Q11_5 Ways of HIV transmission Q11_13 Ways of HIV prevention/avoided Q11_22 Faithfulness in marriage (to your partner) Q12_5 Ways of HIV transmission Q12_11 Faithfulness to one partner - in marriage & testing before marriage Q12_15 Ways of HIV prevention Q12_16 Cutting piercing should not be shared /treated sterilised before use/boy circumcision in hospital Q12_23 Discourage/stop female circumcision
4	General Behaviour, positive attitude	Q11_7 Develop self respect/discipline/good dignity Q11_11 Avoid bad company/risky situation, practices, habits - ape good mentors - use leisure time wisely Q12_3 Behavioural change - morality Q12_10 Avoid bad company - risky situations/practices/alcohol/drugs - use leisure time wisely
5	Abstinence for youth	Q11_4 Complete absence from sex before marriage Q12_4 Complete abstinence from sex before marriage Q12_17 Discourage use of condoms
6	Pro-condom message	Q12_9 Use of condoms encourage - safe sex

#### NQ18\_ORD Ordinal Coding Important Church Messages

##### Coding

Value	Label	Derived from
1	Slogans/inconsistent to program goals	Q18a_1 HIV kills Q18a_2 HIV has no cure Q18a_14 Discourage use of condoms Q18a_16 HIV/AIDS is real - not witchcraft, myth Q18a_21 HIV/AIDS has no cure Q18b_1 HIV kills Q18b_2 HIV has no cure Q18b_6 Aids has no bias Q18b_10 HIV is real - not witchcraft/myth Q18b_13 Those with AIDS go to hell/not to heaven Q18b_18 Condoms used is discouraged
2	General messages	Q18a_3 Behaviour change Q18a_10 Guiding/counselling - by parents, community leaders, elders, teachers to set good example to youth Q18a_17 Support/care help the PLWA Q18b_3 Behaviour change Q18b_7 Caring for the victims (PLWA) Q18b_8 Creating awareness - General information on HIV/AIDS/STDs/STIs prevention /disease/ management
3	General Transmission and Prevention	Q18a_5 Ways of transmission

4	Personal “future-oriented” messages	Q18a_7 Religion messages on matters related to sex - 7th commandment, obey bible , God, respect our bodies, piety encouragement Q18a_9 Faithfulness to one partner in marriage Q18a_12 Testing before marriage Q18a_20 Visit VCT centre/get proper health care (not quacks) Q18b_16 Testing before marriage staying faithful to that partner
5	personal "present-oriented", youth messages	Q18a_4 Complete abstinence from sex (before marriage) Q18a_13 Avoid bad company/risky situation practices e.g. alcohol, drugs - use leisure time wisely Q18b_4 Complete abstinence from sex (before marriage) Q18b_11 Avoid bad company/risky situations /practices eg alcohol, drugs - use leisure time wisely Q18b_12 Develop self respect /self dignity/self discipline Q18b_15 Religion messages on matter related to sex -pretty encouraged in obedience to God /bible
6	personal, condom messages	Q18a_19 Condoms use encouraged Q18b_9 Use of condoms - encouraged

**N19\_ORD** Ordinal Coding what church leaders say about condoms

Coding

Value	Labels	Derived From
0	Not about condoms/no messages	Q19_43 Observe Gods commandments Q19_44 They don't talk about condoms/talk little about it
1	Anti-condom/mis-information	Q19_1 Condoms should not be used, it encourages promiscuity/Immorality Q19_4 Condoms are not safe/can't control AIDS can bust Q19_9 Condoms encourage sex/ spread of AIDS Q19_16 Condoms are dirty and evil Q19_30 Encourages curiosity before marriage Q19_53 Condoms are unhealthy
2	Impersonal/not supportive/abstinence	Q19_5 It is sinful to use condoms /Catholics don't recommend Q19_6 Say no to sex before marriage Q19_12 Be faithful to one another/partner Q19_23 Be self responsible on sexual matters Q19_24 Should not be promiscuous because there is AIDS Q19_26 Condoms falls short of Gods ideal for joy of sexual fulfilment in marriage/reproduction Q19_33 Schools should not talk about condoms Q19_45 Condoms can be misused Q19_63 Use of condoms makes abstinence out of questions
3	Conditional Approval	Q19_2 Condoms should only be used for family planning Q19_3 Condoms may be used for the already sick Q19_18 Condoms are not for children
4	Personal, support condoms w/ factual messages	Q19_10 Proper use of condoms is encouraged Q19_13 It is safe and curbs spread of AIDS Q19_14 Curbs early pregnancies

	Q19_17 Condoms should be considered as last action /when there is no other alternative Q19_41 Encourage its use Q19_64 Condoms Prevent unsafe sex Q19_65 It reduces chances of contracting HIV/AIDS
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Difference Scores were calculated for all of the standardized and non-standardized indicators by subtracting their 2002 values from their 2003 values.

Eg:

**doq11\_12** Difference score ordinal ranking q11and12 (nq11an12 - q11and12)

**doq19ord** Difference score ordinal ranking q19 ordinal (n19\_ord - q19\_ord)