

# PRIMARY SCHOOL ACTION FOR BETTER HEALTH



## Report on School and Community Responsiveness Surveys

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# School and Community Responsiveness Surveys

## Nyanza Province

### November 2002

## Executive Summary

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Each Zonal Inspector interviewed a median of 5 different kinds of people to complete the School and Community Responsiveness Surveys. Both men and women were interviewed in over 85% of communities.

### **School Responsiveness Survey Results:**

- **Structural changes** were more likely to have taken place in target schools as evidenced by the presence of health clubs, health action plans, question boxes, presence and use of HIV/AIDS reference books, and peer support activities.
  - Control schools were more likely to report lack of training as a barrier to any activities they were lacking.
  - Target schools were more likely to report teaching difficulties as a barrier to PSABH implementation.
- Target schools were more likely to access a health professional to help with answering **questions** from pupils.
- In the few schools with trained **peer supporters**, peer supporters were more likely to be leading the health club in target than in control schools.
- **Factual and behaviour change messages** were more likely to be found in pupil and teacher work in target than control schools.
- **Message Content**
  - There was little difference between target and control schools in the content of HIV/AIDS related messages found in teacher and pupil work, in answers to questions, or on posters in the schools.
  - **Factual messages** were most often about HIV transmission and that AIDS exists.
  - **Behaviour change messages** were most often about abstinence, monogamy and talking about AIDS. Condom messages were only identified as visibly present in 2% of the schools.
  - Of note is that both behaviour change and factual messages were more likely to be seen in pupil and teacher books, in co-curricular activities and on posters in target than in control schools.
- **Condom Questions**
  - As a group, target schools were more likely to report that condom questions had been asked.
  - Target schools reported a greater number and diversity of answers to questions about condoms than did control schools.
  - Target schools reported a higher proportion of both positive (correct information and/or acceptance of condom use) and negative (misinformation

and/or forbidding condom use) responses to condom questions than did control schools.

- Because of the larger number of answers reported in target schools, target schools were also more likely than controls to have both positive and negative messages reported within a particular school.
- In schools that had not yet answered any questions about condoms, target schools were more likely than controls to anticipate providing answers supporting condom use or answers that encouraged abstention.
- **Community representatives** were more likely to participate in responding to Question Box questions, sensitizing PA, contacting NGO's and presiding over public functions in target than in control schools.
- Multivariate Analyses (controlling for adequacy of staffing, proportion of female teachers, rural/urban, top/bottom, religious sponsorship):
  - Protestant sponsored control schools were significantly more likely to have implemented various components of the HIV/AIDS curriculum than were Catholic or Breakaway/Traditional sponsored schools. This difference disappeared in target schools. This suggests that PSABH has a 'levelling' effect, i.e., that with training the influence of each specific religion decreases.
  - Only PSABH training had a significant effect on scores measuring message (location and content), actions taken (presence of various PSABH promoted programmes and activities), and book use.
  - PSABH training had the strongest effect, with the proportion of female teachers in a school having a lesser but significant effect, on a school's score on a global indicator of PSABH programme uptake. Target schools with a higher proportion of female teachers had the stronger uptake.

#### **Community Responsiveness Survey Results:**

- There were very few target/control differences for any of the items on the Community Responsiveness Survey.
- **Community representatives** were most often men, 45 years of age or younger, and had children in school. Their most common role in the community was that of parent, religious leader and/or head of the PA.
- **PA meetings** were reported in almost all communities.
  - HIV/AIDS-related issues were the third most common topic discussed after resources/finances/administration and curriculum and academic issues.
  - The most commonly discussed HIV/AIDS topics were prevention, transmission, and helping children to remain safe from HIV.
- **HIV/AIDS in Community Events and Meetings.**
  - Youth groups, churches, women's groups and other public meetings about HIV/AIDS have been held in all but 2 of the communities in the sample. Almost all communities reported two or more different types of organizations held meetings.
  - Most communities reported addressing HIV/AIDS in community festivals or ceremonies, particularly at cultural celebrations.
  - The most common reason given for not including HIV/AIDS issues in community events was lack of awareness about HIV/AIDS issues.
  - Community participants considered factual messages about HIV/AIDS and abstinence messages most important for children to hear. Few considered

messages about condoms important, and less than 1% indicated the importance of children being told to use condoms or knowing the ABCs of HIV prevention.

- **Churches**
  - Most communities have at least one church in the community or within a relatively short distance. It is common for there to be multiple churches of different Christian denominations in a community.
  - Churches are actively involved in HIV/AIDS initiatives, including programmes and activities that target youth.
  - Church leaders are most likely to focus on messages around sexual morality (79%) and, at best provide conditional advocacy of condoms (e.g., “condoms are for adults.”)
- **Health Services**
  - Most communities have a clinic or health station in the area, typically government sponsored.
  - Clinics typically provide condoms and treatment for STIs; though few provide testing and treatment for HIV/AIDS.
  - Over 1/3 of the communities have clinics that provide services to children without telling their parents.
- **Condom Availability**
  - Condoms are available for sale and for free in most communities.
  - Primary school children cannot access condoms in over 2/3s of the communities.
- **AIDS in the Community**
  - Almost all communities reported large numbers of AIDS-related deaths and AIDS orphans.
  - Rarely is AIDS spoken of as the cause of death of someone in the community.
  - Community participants said that sinful activities such as tobacco growing, drug and alcohol abuse, discos, etc. and traditional practices posed the greatest HIV risk to their community. Only three percent said that lack of education posed a risk.
- **Barriers to implementing** the PSABH program included lack of trained personnel, lack of physical or financial resources and negative attitudes about HIV/AIDS. Five percent of community participants claimed no problems with program implementation.





## **Introduction**

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The School and Community Responsiveness Surveys were designed to assess:

- (1) Degree of uptake of the various components of the HIV/AIDS prevention curriculum.
- (2) Activities related to HIV/AIDS prevention and risk occurring in communities.

### **Data Collection**

Attempts were made to collect data from the 160 schools (80 target, 80 control) in Nyanza province taking part in PSABH II Evaluation. Trained Zonal Inspectors administered School (SRS) and Community (CRS) Responsiveness Surveys in August 2002, approximately 3 months after PSABH Course A. Survey completion usually required two visits to communities.

School Responsiveness Surveys were completed in 159 schools. No data were received from Care Academy, a target school. Community Responsiveness Surveys were also completed in 159, no data were received from Rakwaro, a control school.

School and Community Responsiveness Surveys can be found in Appendix B.

### **Data Adjustments**

Preliminary screening of responses to the SRS indicated that 14 control schools reported they had two or more PSABH trained teachers and at least one trained community representative. Since these schools had at least the prescribed complement of trained teachers and community reps, they were re-categorized as target schools. In addition, 5 target schools reported they had no PSABH trained teachers. These schools were re-categorized as control schools. This re-categorization insured that comparisons between target and control groups were, in fact, comparing schools and communities that had received training to those that had not.

This reassignment unbalanced the target and control groups both in number (88 target and 71 control in the SRS database, 89 target and 70 control in the CRS database) and potentially in the characteristics of the schools in each group. The potential differences between the 14 schools that had self-selected into PSABH training and the schools originally assigned to the target group as well as the differences between target schools that had not sent teachers to training and those originally assigned to the control group were tested. There were no statistically significant differences between these groups in any areas of uptake, suggesting that training or lack of training were the dominant influences on uptake, over-riding any inherent differences between schools that had or had not self-selected into target or control.

### **Question Coding**

Detailed descriptions of all coding can be found in Appendix A.

### Dependent Variables: HIV/AIDS Activities in Schools and Communities

There were a large number of open-ended questions eliciting evidence of various HIV/AIDS curricular and community activities. Responses to open-ended questions were grouped in two different ways: First responses were coded according to the themes of the answers. This produced a listing of the content of answers to open-ended questions clustered by themes. Where multiple responses were provided to a question, all responses were assigned to their appropriate themes.

The second coding, guided by Janet Wildish, produced sixteen scalar measures from SRS responses, each indicative of the degree of uptake of PSABH prescribed activities in a particular area. 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 uptake) indicative of degree of uptake. Highest scores were assigned when there was evidence that the activity was in place and reaching pupils 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 risk 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., condoms do not reduce risk of HIV transmission), or 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 exclusive support of abstinence. The scalar indicators assessing school uptake 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

Four scalar measures were created for community data, following the same procedures described above. These included two measures related to churches (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 message supportive of condom use received higher scores. The fourth scale dealt with how schools dealt with suspected adult-pupil sexual contact and followed the same coding scheme used for that question in the SRS.

Principal component factor analysis was used to create a smaller number of indicators of school uptake, each of which covered a cluster of similar activities. Scoring on the 16 scalar indicators of school uptake was standardized to a common metric to eliminate differential weighting of items prior to factor analysis. Three subscales were supported by both factor analysis and Cronbach's alpha<sup>1</sup> procedures. The three subscales measured:

- Uptake of **activities** including: Health Action Plan, Question Box, School Health Club, Peer Supporters, Community Representative role.
- Presence and content of **messages/information relevant to HIV/AIDS**: location and content of factual messages, location and content of behaviour change messages, responses to condom questions.
- Appropriate **book use**: which books are in schools, location of books, frequency of use of books, how books used.

Of note is that two indicators – handling of suspected pupil-adult sexual contact and posters – did not cluster with any of the other indicators.

Cronbach's alpha also supported creation of a single global measure of school uptake that comprised an additive scale of 16 school uptake measures.

In summary, three levels of uptake measures were created, with each level providing a different degree of detail and suitable for use in different types of data analysis:

- Thematic measures provided a yes/no indication of whether certain themes or activities were present or absent in schools. There are a large number of thematic measures for each area of programme uptake. They are used in contingency table analysis (chi-square tests of statistical significance) and provide information on specific areas of target/control school difference within each broad programmatic area.
- Fifteen indicators of degree of uptake in each programmatic area in schools, one indicator of the most important message about HIV/AIDS for youth, and two indicators of messages coming from churches.. In addition, there is an ordinal indicator (for SRS and CRS responses) of action taken when pupil-adult sexual contact is suspected.
- Because these measures rank schools (and community and church messages) from lower to higher degrees of overall uptake in specific programmatic areas they can provide insight into areas where schools are having greater or lesser success in uptake and where community or church messages are more or less similar to those promoted in PSABH training. The measures are suitable for contingency table analysis with Somer's d used to assess not only statistical significance of

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<sup>1</sup> Cronbach's alpha is a correlational measure that provides information about how well a group of items 'hold together' when combined into a single measure. The statistical procedure can also provide information about any individual item with poor 'fit' relative to the remainder of the items. Cronbach's alpha thus measures the internal consistency of a scalar measure using several questions or items. Another way to look at this is that it tells you the strength of the 'glue' that holds the items together.

difference between control and target schools but also the degree to which target schools 'out rank' controls in each area of uptake.

- Three subscales provide interval-like measures of degree of change/difference between control and target schools. In addition, all indicators are combined into a single global measure of school uptake. All four of these measures are suitable for correlation and regression analysis. These methods provide the greatest flexibility for determining whether any external factors such as academic ranking of schools, proportion of female teachers in the school, etc. influence degree of uptake.

### Independent Variables

#### Churches:

Qualitative interviews and focus group discussions with teachers, pupils and community representatives highlighted the importance of churches to how people approach HIV and AIDS as well as the strong presence of churches in programming around HIV and AIDS within communities. As a result, more details were sought in the SRS and CRS about church involvement in schools and in the community.

There were over 20 different churches listed as school sponsors. These were grouped into 4 categories in consultation with Carol Nkatha of Steadman Research. Groupings consisted of: Catholic, mainline Protestant, breakaway Protestant, and traditional. breakaway Protestant churches were those that had started as mainline but, over time, had broken away from formal affiliation, typically to facilitate incorporation of some aspects of traditional customs and practices into their beliefs systems or style of worship and/or to foster a distinct, more African identity. Traditional churches also combined Christian and traditional beliefs and practices, and may also have started as mainline Protestant or Catholic. The difference between Breakaway Protestant and Traditional churches was in the degree to which traditional beliefs and practices had been combined with Christian teachings – more traditional beliefs and practices were present in Traditional than in Breakaway churches. Because of the small number of Traditional and Protestant Breakaway churches, and the commonality of including a mixture of Christian and Traditional teachings, these two groups were combined for most analyses.

#### School Characteristics:

Four indicators were created of school characteristics that were thought to potentially have a mediating effect on degree of uptake of the PSABH programme.

Each school was identified based on its **academic rank** within its district based on KCPE scores. Schools were identified as either at the top of their district in KCPE scores or at the bottom. Of note is that academic rank was taken into consideration in school sampling. As a result, fewer than 20% of the schools in the sample are at the top and over 80% are at the bottom. The small number of 'top' schools often precluded our ability to conduct analyses using the thematic variables and ordinal indicators; however, academic rank was used in regression analyses with the subscales and global indicator.

Each school was rated based on **adequacy of staffing**. Ratings were created based on a pupil/teacher ratio. Schools were divided approximately into thirds indicating the adequacy of staffing as follows:

<u>School rank</u>	<u># pupils/#teachers</u>	<u># schools</u>
Low	40-91	55
Moderate	29-39.9	51
High	6.8 – 28.9	52

Schools were divided into two groups based on the **proportion of female teachers**. Those with fewer than 50% female teachers were rated as ‘low’ (n=137) and those with 50% or more female teachers were rated as ‘high’ (n=22).

Schools were identified based on their **location** relative to an urban area. Schools that were in or adjacent to an urban area (urban or peri-urban) were identified as urban (n=30) while those that were not were identified as rural (n=128).

### Analyses

Analyses were based on 88 target and 71 control schools for SRS and 89 targets and 70 controls for CRS.

Three forms of analysis were conducted:

- Cross-tabulations and chi-square tests of significance were conducted to compare target and control schools on **thematic variables** (each coded yes/no indicating the presence or absence of an activity or message).
- Cross-tabulations and Somer’s d tests were conducted to compare target and control schools on the sixteen ordinal **indicators of uptake** of programme areas.
- Regression analyses were conducted with control and target schools dummy coded to assess the impact of PSABH training on uptake using the 3 **subscales** and the **global indicator**.

For the first two sets of analyses, the robustness of target-control differences was tested using the academic standing (top/bottom), adequacy of staffing (low/moderate/high), proportion of female teachers in each school (low/high), and religious sponsorship of the school (Catholic/mainline Protestant/breakaway-traditional). These controls helped to determine whether the PSABH effect was stronger under certain conditions (e.g., in top academic schools). With a total sample of 159 schools, statistical significance in target-control comparisons can be achieved with approximately an 11% spread or difference between target and control groups. However, when comparisons are drawn between subsets of schools (e.g., only schools with a question box, top academic compared to bottom academic schools) the subset itself or some of the groups within the subset may be too small to draw meaningful conclusions. Consequently, any conclusions about variations in the strength of the effect of PSABH under diverse conditions must be tentative and are only drawn based on results that are consistent over a large number of analyses.

Regression analyses are not as susceptible to compromise based on small group sizes. Consequently, in the regressions of the three subscales and the global uptake indicator it was possible to assess the relative impact of PSABH training (i.e., target vs. control) compared to academic ranking, proportion of female teachers, adequacy of staffing, urban/rural location, and religious sponsorship. This provided a picture of the relative importance of each of these factors for uptake. In addition, separate regressions were

conducted for target and control schools. In this case it was possible to identify factors which had an effect on HIV/AIDS activities in the schools prior to PSABH training and those which continued to have an effect after PSABH training. This latter analysis provides a picture of how PSABH training works in the face of factors that are already influencing the presence and content of HIV/AIDS activities in the schools.

**Caveat**

It is important to remember that the HIV/AIDS activities evaluated in each school are those that are the focus of PSABH training. Schools that do not have these activities present may have other HIV/AIDS related activities. Thus, it cannot be assumed that absence of the activities measured here is indicative of absence of any HIV/AIDS curricula.

# School Responsiveness Survey Results

## Background

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### Who was interviewed

- Of the 159 schools, Zonal Inspectors recorded interviewing:

#### *Types of People Interviewed*

Type of Person Interviewed	Number of Schools	Percentage (n=159)
Head Teacher	141	89%
Deputy Head Teacher	122	77%
Senior Teacher	121	76%
Resource Teacher	64	40%
School Committee member	113	71%
Pupils	109	69%
Other Staff	105	66%

#### *Number of Types of People and Types of Teachers Interviewed*

Number of types of people interviewed	Number of schools
0	4
1	2
2	9
3	15
4	24
5	40
6	41
7	24
Total number of schools	159

Number of types of teachers interviewed	Number of Schools
0	4
1	10
2	36
3	70
4	39
Total number schools	159

- In the majority of schools, 4 or more types of individuals were interviewed. This included at least two types of teachers.
- More trained resource teachers were interviewed in target than in control schools, while the opposite is true for senior teachers.

### School Sponsorship

- 99% (n=157) of the schools had a sponsor.
- In most cases, this was a religious organization.
- Catholic and mainline Protestant were the main sponsors, accounting for 82% of the schools, with each sponsoring an almost equal number.

### ***School Sponsors***

<b>Sponsor</b>	<b>Percentage of Schools (n=159)</b>
Religious Institution	83%
NGO	1%*
DEB	13%
Private Body	2%
Other	1%*

\* These included a total of 3 schools, all of which also indicated sponsorship by a religious institution.

### ***Religions Identified as School Sponsors***

<b>Sponsor</b>	<b>Percentage of Schools (n=132)</b>
Catholic	42%
Mainline Protestant	40%
Protestant Breakaway	14%
Traditional	2%
Other	2%

### ***Nature of School Sponsorship for Religious and Non-Religious Organizations***

<b>Nature of sponsorship</b>	<b>Religious Institution (n=132)</b>	<b>NGO/DEB/Private Body/ Other (n=27)</b>
Financial Contribution	38%	44%
Position on Committee	80%	59%
Co-opted Position	67%	59%
Owner of Compound	24%	52%
Selection of Head Teacher	8%	30%
Past involvement only	11%	15%
Spiritual Contribution	86%	22%

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

Sponsors were involved in various ways within the schools. However, religious institutions were more likely to be involved on the school committee as well as providing a spiritual contribution for the school.

### **Head Teacher – Tenure**

Head teachers in target schools were slightly more transient than their control school counter-parts with 43% vs. 34% having been at their present school for less than 2 years.



## **PRISM Training**

- Most schools had 1 person PRISM trained.

### *Number of Teachers PRISM Trained*

<b>Number PRISM trained staff members</b>	<b>Percentage of Schools (n=159)</b>
None	18%
1	54%
2	18%
3 or more	10%

- In 80% of the schools the Head Teacher had been PRISM trained, with
  - 88% of these having gone to course A
  - 72% having gone to course B.
- 30% of the schools had at least one other PRISM trained staff member.
- The target Head Teachers were more likely to have been PRISM trained than control (Course A: 92% vs. 83%).

## **PSABH Trained Staff**

- After re-categorizing schools there were few control schools that claimed to have teachers trained by PSABH. However, claims were made of teacher or community rep training in the following control schools: Girigiri, Lwanda Magwar, Nyamakorobo, and Nyankanda. Kegogi, Kibwayi, Nyankanda, and Nyamilu each gained at least one trained teacher through transfers. Nyamilu also lost a trained teacher through transfer.
- Of the 184 trained teachers in target schools, 4 were gained through transfer; whereas, of the 6 trained teachers in control schools, 4 were gained through transfer.
- Head and Resource teachers were most often trained.
- In only a few cases had teachers and community representatives attended Course B.

***PSABH Training of Teachers and Community Representatives***

Person trained	Target (n=88)			Control (n=71)		
	Course A Only	Course B only	A & B	Course A only	Course B only	A & B
Head teachers	78%	0	9%	6%	0	0
Deputy Head	27%	1%	4%	0	0	0
Resource Teacher 1	68%	0	8%	0	0	1%
Resource Teacher 2	8%	0	4%	1%	0	0
Community Representative	61%	0	7%	3%	0	0
Total # teachers trained	184			6		
Total # com. reps trained	60			1		

Differences between target and control schools were all significant at  $p \leq .001$

***Loss and Gain of Trained Teachers***

	Target (n=88)	Control (n=71)
Lost	7%	4%
Gained	4%	6%

- Most target schools held training sessions.
- Only 5 control schools reported training sessions. This was too small a number to do further analysis on the length or coverage in training.
- Most often training occurred in staff meetings, and was typically at least 2 hours in length. The number of such meetings varied.

**Training Other Teachers:**

	<b>Target (n=88)</b>
<b>Training Held</b>	82%
<b>Where training occurred</b>	(n=72)
Staff Meeting	76%
Seminars	40%
Workshops	11%
<b>Number of Training Sessions:</b>	
Staff Meetings	(n=55)
1	29%
2	40%
3 or more	31%
Seminars	(n=29)
1	28%
2	41%
3 or more	28%
Workshops	(n=8)
1	38%
2	12%
3 or more	25%
<b>Length of Training Sessions:</b>	
Staff Meetings	(n=55)
1 hour	29%
2-3 hours	60%
4 or more hours	9%
Seminars	(n=29)
1 hour	21%
2-3 hours	45%
4 or more hours	34%
Workshops	(n=8)
1 hour	12%
2-3 hours	25%
4 or more hours	50%

- The profile of the number of topics covered in target school training sessions is:
  - Range: Schools covered from 0 (n=13 schools) through to all 15 (n=25 schools) of the topics
  - Mean number covered = 9.6
  - Median number covered = 10.5
- The most commonly addressed topics were infusion, integration and one AIDS lesson per week;
- Least frequently addressed topics were life skills and values activities followed by life skills and values, emerging issues, and communication approaches.

***What Was Covered in Training Sessions:***

	<b>Target (n=72)</b>
Action Plan	68%
Adolescent Health and Sexuality	71%
Communication Approaches	56%
Counselling	82%
Emerging issues	51%
Facts about STIs/HIV/AIDS	83%
Guidance	78%
Infusion	94%
Integration	94%
Lesson Plans	81%
Life Skills and Values	51%
Life Skills and values activities	40%
One AIDS lesson per week	93%
Question Box	86%
Schemes of work	81%

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

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### **School Development Plan**

There were no differences between target and control schools in the presence of a School Development Plan with 85% of all schools reporting they have one.

### **Health Action Plan (HAP)**

Target compared to control schools were more likely:

- To have a HAP as part of the School Development Plan,
- To have implemented the plan, and
- Their teachers were more likely to be aware of the plan.

Target-control differences tended to be greatest, i.e., PSABH had its strongest effect, for schools that:

- Were academically at the top of their district,
- Had a higher proportion of female teachers.

However, of note is that top academic schools overall, whether or not they had participated in PSABH, were more likely to have a HAP and their teachers were more likely to be aware of this plan.

**Target/Control Comparison for Health Action Plan – Including Conditions that have a Significant Impact on Results**

	<b>Target (n=88)</b>	<b>Control (n=71)</b>
<b>Have HAP</b>	57%	31%***
Proportion of Female Teachers	<b>% schools with HAP</b>	
Low (n)	50% (21)	29%* (30)
High (n)	63% (29)	35%* (19)
Academic Rank of School		
Top (n)	71% (12)	46% (5)
Bottom (n)	54% (38)	28%** (17)
<b>Some or All Teachers Know Plan</b>	65%	30%***
Proportion of Female Teachers	<b>% schools where some/all teachers know of HAP</b>	
Low (n)	60% (25)	33%* (14)
High (n)	70% (32)	24%*** (7)
Academic Rank of School		
Top (n)	88% (15)	36%* (4)
Bottom (n)	59% (32)	28%** (17)
<b>HAP is being implemented</b>	62%	35%**
Proportion of Female Teachers	<b>% schools with HAP implemented</b>	
Low (n)	57% (24)	38% (16)
High (n)	67% (31)	31%** (9)
Academic Rank of School		
Top (n)	76% (13)	36%** (4)
Bottom (n)	59% (42)	35%* (21)

\*  $p \leq .05$  \*\*  $p \leq .01$  \*\*\*  $p \leq .001$

For the ordinal indicator of school up-take of HAP, target schools showed higher degrees of uptake than control; however the Somer's d of .185 indicates that this is a weak association. Target schools that were the top academic schools and had a higher proportion of female teachers scored highest on this indicator.

It should be noted that the target-control difference is small and that 57% of target schools were at the low end of up-take, suggesting that there is room for improvement.

**Degree of Up-Take on HAP**

<b>Up-take score</b>	<b>Target (n=88)</b>	<b>Control (n=77)</b>
Low	57%	73%
Mid	15%	14%
High	28%	13%

Somer's d = .185;  $p \leq .05$

## **School Health Club**

Target schools were significantly more likely to have a school health club and their clubs were more likely to meet regularly than in control schools.

In schools with no Health Club, control schools were more likely to blame this on an absence of trained personnel; target schools were more likely to claim they were in the process of setting up a club.

These relationships were consistent across schools of different academic ranking, pupil/teacher ratios, and proportions of female teachers.

### ***Target/Control Comparison for School Health Club (SHC)***

	<b>Target (n=88)</b>	<b>Control (n=71)</b>
<b>Have SHC</b>	58%	28%***
<b>Club Meets <math>\geq</math> biweekly</b>	41%	20%**

\*  $p \leq .05$  \*\*  $p \leq .01$  \*\*\*  $p \leq .001$

Of the 37 target and 51 control schools that did not have a health club, the main reasons cited were:

### ***Reasons for Not Having a School Health Club***

<b>Reasons</b>	<b>Target (n=33)</b>	<b>Control (n=51)</b>
Lack of trained personnel	40%	82%
In process of setting up	32%	2%

Though controls were more likely to claim a lack of trained personnel, it should be noted that 40% of target schools without a SHC also made this claim.

For the ordinal indicator of up-take of School Health Club, target schools scored significantly higher than control. Again, imposition of controls for academic standing, proportion of female teachers or adequacy of staffing did not modify this relationship.

### ***Up-take of School Health Club***

<b>Up-take score</b>	<b>Target (n=84)<sup>a</sup></b>	<b>Control (n=65)</b>
No SHC (score=0)	44%	75%
Low	13%	3%
Moderate	6%	6%
High	37%	15%

Somer's  $d = .312$ ;  $p \leq .001$  for target-control differences.

a. Some schools were missing information on some of the indicators included in this measure.

## Question Box

Target schools were significantly more likely to have a question box than control schools and to have PSABH trained staff or Health Professionals involved in answering the questions. In fact, target schools with high pupil/teacher ratios were particularly likely to use Health Professionals to answer the questions. With this latter exception, adequacy of staffing, proportion of female teachers and academic ranking of the school did not affect these differences.

Control schools consistently cited lack of training as the reason for not having a question box, or for those that did have a question box, for not involving health professionals.

### *Question Box*

	<b>Target</b>	<b>Control</b>
Have a Question Box	72%	22% ***
<b>Schools with a Question Box (n)</b>	(63)	(16) <sup>+</sup>
Question Box is accessible	89%	94%
Evidence of Question Box:		
Questions in box	62%	31%*
Questions tracked	18%	50%**
Questions answered at least weekly	73%	75%
<b>Schools without a Question Box (n)</b>	(25)	(55)
Reason no question box:		
No training	24%	80%***
Setting up question box	24%	2%***

\*  $p \leq .05$  \*\*  $p \leq .01$  \*\*\*  $p \leq .001$

+ small n makes percentages unstable.

## Questions asked

The most common questions asked did not differ between target and control schools and included:

### *Most Commonly Asked Questions*

	<b>Percentage (n=159)</b>
Facts about HIV/AIDS	68%
AIDS transmission	47%
Prevention	18%
Condoms	16%

## Answering Questions in the Box

Overall, 91% of target and 31% of control schools that had Question Boxes said the content of answers to questions was determined by someone who was trained in PSABH. These “trained” people could be teachers, community reps or health workers. The list of people who decided the answers to questions included:



***Who Decides Content of Answers***

	<b>Target (n=63)</b>	<b>Control (n=16)</b>
Untrained teachers	79%	94%
PSABH trained teachers	82%	31%
Public health personnel	24%	12%
Pupils	14%	6%
Community representative	6%	6%

\*\*\*p ≤ .001

Note: Percentages do not add to 100% since several responses could be provided. All but 1 untrained teacher in the target schools worked together with PSABH trained teachers in answering questions. Four of the 14 untrained teachers in control schools worked with PSABH trained teachers..

In target schools, the most common reasons why health professionals did not participate in answering questions were lack of availability or interest on the part of local health professionals, lack of interest within the school or readiness to bring in a professional in the future. The main reasons provided by control schools were lack of interest or availability of the local professional or not having been instructed to take this approach.

***Why Health Professional Not Involved in Answering Questions***

	<b>Target (n=40)</b>	<b>Control (n=50)</b>
Professional not available &/or not interested	35%	30%
Not instructed to contact or procure a professional	12%	30%
Lack of funding	8%	4%
School not equipped to have a professional come in	0	6%
Ready to entertain a professional in the future	25%	6%
Not interested in having a professional come in	25%	12%

When all responses to questions about a Question Box were combined into an indicator of school up-take it was clear that there were large differences between target and control schools (this is also evident in the size of the Somer's d at .487). However, it was also clear that there was room for improvement in target schools, with only 11% scoring in the very highest category of up-take.

***Up-take of Question Box***

	<b>Target (n=85)</b>	<b>Control (n=67)</b>
None	26%	76%
Low	21%	5%
Medium	14%	8%
Moderate	28%	6%
High	11%	6%

Somer's d = .487; p ≤ .001

## Peer support training

Few schools have benefited from peer support training, though more target than control schools reported peer support training. Peer supporters in target schools were more likely to have been trained in the school; whereas, those in control schools were more likely to have been trained by churches. In all schools, the most common task taken on by peer supporters was peer counselling. In target schools, peer supporters were also likely to lead the School Health Club. Since the number of schools with trained peer supporters was small, differences based on academic ranking, proportion of female teachers, or staffing could not be tested.

### *Peer Supporters*

	<b>Target</b>	<b>Control</b>
Have trained peer supporters	38%	22%*
<b>Schools with trained peer supporters (n)</b>	(33)	(16) <sup>+</sup>
Evidence of peer supporters in school		
Peer supporters who are leading the school health club	58%	19%*
Other school activities	46%	31%
Peer Counselling	73%	86%

\* p < .05

+ small n makes percentages unstable

The most commonly cited evidence that peer supporters were present was records of meetings and availability of HIV/AIDS information through peer supporters. There were no statistically significant differences between target and control schools, though it should be noted that because few schools had trained peer supporters, the sample was small, compromising the ability of tests of statistical significance to identify anything other than very large differences.

### *Activities of Peer Supporters*

	<b>Target (n=33)</b>	<b>Control (n=16)<sup>+</sup></b>
Groups or activities organized	15%	19%
Peer support records or meetings/interviewed members	36%	19%
Availability of HIV/AIDS information through peer support	33%	31%
Improved behaviour attributed to peer support	9%	19%
Increased condom use attributed to peer support	3%	0%
Abstinence attributed to peer support	3%	0%
Orphaned pupils financial support	3%	6%

+ small n makes percentages unstable

### Where Trained

The three most common places for training were school, church, and CfBT. Note that control schools were more likely to get training at church and target were more likely to train within the school.

***Where Peer Supporters Trained***

	<b>Target (n=33)</b>	<b>Control (n=16)<sup>+</sup></b>
Church	18%	38%
School	33%	6%*
CfBT	12%	13%

\*  $p \leq .05$  \*\*  $p \leq .01$  \*\*\*  $p \leq .001$

+ small n makes percentages unstable

When all questions on peer supporters were combined into an ordinal scale, no statistically significant differences were found between target and control schools. In both cases, few schools had trained peer supporters; however, those that did were most likely to have them engaged in appropriate activities in the school, resulting in a high score on the scale.

***Up-take of Peer Supporter Training***

	<b>Target (n=88)</b>	<b>Control (n=71)</b>
None	59%	69%
Low	7%	4%
High	34%	27%

Somer's  $d = .095$ ; n.s.

**Project Book Box**

Project Book Boxes were found almost exclusively in target schools (69% compared to 4% control). Of note is that not all target schools reported having a Book Box. This suggests there is some delay in distributing boxes to schools. The absence of books could impede not only up-take of the use of these resources, but potentially other areas of programme up-take.

**HIV/AIDS teacher reference books**

Teacher reference books were distributed both by PSABH as part of Project Book Boxes and directly by the Ministry of Education, Science and Technology. Consequently, most schools had teacher reference books, although there was still a significant difference between target and control.

For schools that reported having teacher reference books, accessibility did not differ between target and control; however, the books were more likely to be used weekly and for lesson preparation in target schools. Weekly use was greatest in target schools that had a high proportion of female teachers.

If books were not used, this was most often because they were not available.

**Teacher Reference Books**

	<b>Target (n=88)</b>	<b>Control (n=71)</b>
Have teacher reference books	96%	70%***
<b>Schools that have teacher reference books (n)</b>	(84)	(50)
Books easily accessible	89%	74%
<b>Books used weekly</b>	90%	70%**
Proportion of female teachers	<b>% schools with books used weekly</b>	
Low (n)	82% (31)	69% (20)
High (n)	98% (45)	71% (15)
<b>How books used :</b> to prepare lessons	71%	71%
<b>Books not used – Reason (n)</b>	(9) <sup>+</sup>	(32)
Not available	22%	38%
Available but stored away & not used	22%	6%
Just arrived	11%	0
Subject not taken seriously, no interest	11%	6%
Teachers not trained to use	0	3%

\* p ≤ .05    \*\* p ≤ .01    \*\*\* p ≤ .001  
 + small n makes percentages unstable

Class Texts

Target schools were significantly more likely than controls to have class texts. For schools that had class texts, there were no differences between target and control in accessibility and use of these books. There were differences, however, based on the proportion of female teachers in the school. Target schools with a higher proportion of female teachers were more likely to have the books used weekly. This result should be interpreted with caution since there were a small number of control schools in the analysis.

If books were not used, this was most often because they were not available.

***Class Texts***

	<b>Target (n=88)</b>	<b>Control (n=71)</b>
Have class texts	74%	20%***
<b>Schools that have class texts (n)</b>	(65)	(14) <sup>+</sup>
Books easily accessible	85%	64%
<b>Books used weekly</b>	80%	71%
Proportion of female teachers		
Low (n)	69% (22)	75% (6)
High (n)	91% (30)	67%* (4)
<b>How books used:</b>	(65)	(14) <sup>+</sup>
in class lessons	29%	21%
by pupils for independent reading	25%	36%
to prepare lessons	11%	21%
<b>Books not used – Reason (n)</b>	(33)	(60)
Not available	58%	75%
Available but stored away & not used	9%	2%
Just arrived	9%	0
Subject not taken seriously, no interest	3%	0
Not enough copies available	0	2%

\* p ≤ .05    \*\* p ≤ .01    \*\*\* p ≤ .001

+ small n makes percentages unstable

**HIV/AIDS Readers**

HIV/AIDS Readers are distributed almost exclusively through PSABH. Consequently, it was not surprising that target schools were significantly more likely to have readers than controls. In schools with readers, target schools were more likely to have them easily accessible. Beyond this, there were no significant differences between target and control schools. In both, readers were likely to be used weekly with the two most common uses by pupils for independent reading and for reading in the school library. If books were not used, this was most often because they were not available.

***HIV/AIDS Readers***

	<b>Target (n=88)</b>	<b>Control (n=71)</b>
Have readers	74%	22%***
<b>Schools that have readers (n)</b>	(65)	(16) <sup>+</sup>
Books easily accessible	88%	56%*
Books used weekly	80%	71%
<b>How books used</b>		
by pupils for independent reading	45%	44%
in library	26%	12%
<b>Books not used – Reason (n)</b>	(31)	(60)
Not available	64%	73%
Available but stored away & not used	6%	3%
Just arrived	6%	0
Fear will be associated with AIDS	0	2%
Not enough copies available	3%	0

\* p ≤ .05    \*\* p ≤ .01    \*\*\* p ≤ .001

+ small n makes percentages unstable

## Indicators

Several indicators were created to evaluate the use of HIV/AIDS books:

- The indicator for which books were evident rated evidence of readers more highly than other books since readers were the resources used directly by pupils and those that were only available through PSABH.
- The indicator for where books were evident rated evidence that books were actually in the hands of pupils and teachers most highly.
- The indicator for frequency of book use rated weekly use most highly.
- The indicator for how books were used rated direct use by pupils and teachers most highly.

On all of these indicators, target schools scored significantly higher than control schools. This relationship was not affected by adequacy of staffing, proportion of female teachers, or academic standing of the school.

### *Indicators for Use of Books*

	<b>Target (n=88)</b>	<b>Control (n=71)</b>
<b>Which books are evident</b>		
No books	4%	28%
Medium	31%	59%
High	65%	13%
<b>Where books are evident</b>		
No books	39%	96%
Low	11%	0
Medium	16%	3%
High	34%	1%
<b>Frequency of book use</b>		
No books	4%	25%
Low	0	3%
Medium	33%	56%
High	62%	16%
<b>How books are used</b>		
No books	3%	27%
Low	50%	54%
Medium	2%	3%
High	44%	17%

Note: Target-control differences significant at  $p \leq .001$  for all indicators

Somer's  $d = .582$  for which books evident

Somer's  $d = .574$  for where books evident

Somer's  $d = .536$  for frequency of book use

Somer's  $d = .393$  for how books used

## Involvement of Community Representative

There were significant differences between target and control schools in the extent to which community representatives were involved in activities related to HIV/AIDS prevention. The most common activity for community representatives was sensitizing the

PA. In target schools responding to questions from the question box and contacting NGOs followed this. When all activities of community reps were combined into a single scale, target schools ranked significantly higher than controls.

The target-control differences were not affected by adequacy of staffing, proportion of female teachers or academic ranking of the schools.

***Most Common Activities of Community Reps.***

Community reps were involved in:	Target (n=88)	Control (n=71)
Respond to question box questions	30%	4%***
Sensitize PTA	80%	38%***
Contact with NGO's	25%	11%*
Preside over public functions	15%	3%**

\* p ≤ .05    \*\* p ≤ .01    \*\*\* p ≤ .001

***Indicator for Role of Community Rep***

	Target (n=88)	Control (n=71)
None	17%	56%
Low	1%	4%
Medium	1%	1%
Moderate	46%	31%
High	36%	7%

Somer's d = .523; p ≤ .001

**Messages**

Zonal inspectors were asked to give examples of factual and behaviour change messages and where in the school they were found. What must be considered when interpreting this section is that it reflects both what was found in the schools and what zonal inspectors chose to report on, i.e., if many messages were present, zonal inspectors chose a few to list on the survey instrument. Absence of a message on the survey does not necessarily mean it was not present in the school. It may mean the zonal inspector chose a different message to report.

**Where messages were seen**

In target schools, both factual and behaviour change messages were more likely to be seen in pupil and teacher books, in co-curricular activities, and on posters. For behaviour change messages, schools ranking academically at the bottom were more likely than those at the top to include these in co-curricular activities; target schools with a higher proportion of female teachers were more likely to have messages on posters. The location of factual and behaviour change messages were similar.

### *Where Messages Were Seen*

	<b>Factual Messages</b>		<b>Behaviour Change Messages</b>	
	<b>Target (n=88)</b>	<b>Control (n=71)</b>	<b>Target (n=88)</b>	<b>Control (n=71)</b>
Pupils' textbooks	66%	20%*	59%	14%*
Pupils' workbooks	65%	39%*	62%	38%*
Teachers Reference books	80%	59%*	77%	2%*
Teachers schemes of Work	59%	41%*	59%	42%*
Lesson Plan	57%	46%	56%	41%
Co curricular activities	70%	42%*	69%	41%*
Posters	75%	51%*	68%	46%*
Other			14%	7%

\*  $p \leq .05$

### Content of messages seen

There were no significant differences between target and control schools in the content of factual or behaviour change messages reported by Zonal Inspectors. The most common factual messages contained information about transmission or that AIDS exists. The most common behaviour change messages were about abstinence or monogamy and talking about HIV/AIDS. Only 2% of the recorded 'messages seen' in target schools were about condoms. None of the messages recorded in control schools were about condoms. Of note is that there was not a consistent distinction between factual and behaviour change messages with some 'facts' appearing as 'behaviour change' and vice versa.

### *Content of Factual Messages Seen*

	<b>Target (n=88)</b>	<b>Control (n= 71)</b>
Abstinence until marriage/faithfulness	15%	6%
Transmission information	27%	16%
AIDS exists	20%	11%
Motivational messages	4%	1%
Message content not specified	18%	16%

### *Content of Behaviour Change Messages Seen*

	<b>Target (n=88)</b>	<b>Control (n=71)</b>
Abstinence/monogamy	28%	18%
HIV/AIDS talked about	28%	17%
Prioritize education over finding a partner	12%	11%
Transmission Knowledge	8%	6%
HIV/AIDS Testing	1%	0
Lifestyle changes	15%	11%
Use condoms	2%	0
Assist Orphans	2%	1%
Other	1%	0



### Indicators for Content and Location of Factual and Behaviour Change Messages

There was a statistically significant difference between target and control schools in their scores on indicators of message location and content. For both factual and behaviour change messages, scores on message location were relatively high for both target and control schools, though higher for target. For message content, while target schools scored higher than did controls, it should be noted that for both factual and behaviour change messages, most schools scored at the lower end of the scales. This indicates that the messages were relatively impersonal and ‘slogan-like’ – e.g., ‘AIDS kills,’ ‘many people die.’

Adequacy of staffing, proportion of female teachers and academic ranking of the schools did not change the relationship described above.

#### *Indicators for Factual and Behaviour Change Messages*

	<b>Target (n=88)</b>	<b>Control (n=71)</b>
<b>Content of Factual Messages***</b>		
None	41%	75%
Low	39%	14%
Medium	10%	7%
High	10%	4%
<b>Location of Factual Messages***</b>		
None	2%	21%
Low	8%	16%
Medium	4%	6%
High	85%	58%
<b>Content of Behaviour Change Messages**</b>		
None or Irrelevant Info.	41%	63%
Low	7%	1%
Medium	26%	21%
Moderate	14%	13%
High	12%	1%
<b>Location of Behaviour Change Messages ***</b>		
None	6%	25%
Low	4%	14%
Medium	4%	6%
Moderate	1%	0
High	84%	55%

Somer's d = .326 for content of factual messages

Somer's d = .299 for location of factual messages

Somer's d = .240 for content of behaviour change messages

Somer's d = .312 for location of behaviour change messages

\*\* p ≤ .01 \*\*\* p ≤ .001

### Condoms

Zonal Inspectors recorded whether pupils asked any questions about condoms (in question boxes or merely in the course of teaching), and how they were answered, or in the case of schools where condom questions had not been asked, how they would be answered. Questions about condoms were asked in significantly more target than control

schools and schools where questions had been asked (whether target or control) provided a larger number and variety of answers as evident in the higher percentages for all answers in these schools than in schools that were anticipating the answers they would provide should condom questions be asked. With only one exception, there were no statistically significant differences, however, in the content of answers to questions about condoms in target compared to control schools. The one exception was that target schools that had not yet dealt with condom questions were more likely than control schools to anticipate answering with information about abstaining from playing sex.

One very telling result was the high proportion of schools that reported answering questions with anti-condom messages such as: “abstain from using condoms,” “condoms are not a real protection against AIDS,” “condoms are not 100% safe,” “condoms can’t help because they’re porous,” “condoms can burst.”

### Condom Questions

	Target (n=88)	Control (n=71)
Condom Questions Raised	69%	38%***
<b>When condom questions are asked, how have they been answered? (n)</b>	<b>Target &amp; Control (88)</b>	
Percent schools with positive, condom supporting answers	57%	
Percent schools with negative, condom forbidding/discouraging answers	73%	
<b>Messages by themes:</b>		
Conditional advocacy (e.g., if must have sex, use condom)	14%	
Factual information	20%	
Better used by other than youth (e.g., for married couples, for adults)	34%	
Anti-condom answers (e.g., don't use, not good protection)	72%	
Abstain	27%	
<b>If condom questions are asked in the future, how will they be answered?<sup>a</sup> (n)</b>	<b>Target &amp; Control (71)</b>	
Percent schools that would provide positive, condom supporting answers	32%	
Percent schools that would provide negative, condom discouraging answers	28%	
<b>Messages by themes:</b>		
Conditional advocacy (e.g., if must have sex, use condom)	6%	
Factual information	14%	
Better used by other than youth (e.g., for married couples, for adults)	20%	
Anti-condom answers (e.g., don't use, not good protection)	25%	
Abstain	20%**	

\*\* Target (37%) and control (9%) significantly different at  $p \leq .01$

a. This question was only asked in schools that claimed no condom questions had been asked.

Schools that reported any positive or personalized answers to condom questions received high scores on the condom indicator. They received low scores if they had consistently anti-condom and/or impersonal messages in response to condom questions.

There was no statistically significant difference in indicator scores for target compared to control schools. Levels of staffing, proportion of female teachers, and academic standing had no effect on either the condom indicator or the thematic content of answers to questions about condoms.

***Indicator for Condoms***

	<b>Target (n=84)</b>	<b>Control (n=56)</b>
None	1%	14%
Anti	1%	4%
Low	39%	29%
Medium	31%	14%
High	27%	39%

Somer's d = .030; p n.s.

**Posters**

Significantly more target (73%) than control (51%) schools had posters on HIV/AIDS displayed in the schools.

Of the schools where posters were displayed, there were no significant differences in the messages displayed in target compared to control schools. This is not surprising since the same posters are likely to be available to all schools. This does suggest, however, that there is no differential selection of posters for display in target and control schools. The most common poster messages advocated responsible sexual activity.

***Messages Displayed on Posters***

	<b>Target (n=64)</b>	<b>Control (n=36)</b>
Responsible Sex	55%	36%
Empowering Messages (re: sex)	26%	19%
Messages about those Affected/Infected	9%	17%

**Poster Sources**

The two main sources for posters were DFID/CfBT (target=30%, control = 14%) and MoE/MOH (target = 31% and control 25%).

**Indicator For Posters**

The indicator for posters was created based on the presence of posters and the messages on them. While target schools scored significantly higher than controls, this was primarily because of the difference in whether they had any posters.

***Poster Indicator***

	<b>Target (n=88)</b>	<b>Control (n=71)</b>
No Posters	27%	51%
Low	6%	4%
Medium	7%	6%
Moderate	6%	8%
High	54%	31%

Somer's  $d = .273$ ;  $p \leq .001$

**Multivariate Analysis on Global Up-take Indicator**

Multivariate analyses make it possible to identify how a group of factors influence a phenomenon of interest (e.g., uptake of HIV/AIDS curricular activities). Analysis results provide information on the degree of collective influence, the importance of each factor relative to the others, and the distinctive effect of each factor when all others are controlled.

Multivariate analyses were performed by regressing the global indicator of uptake of the PSABH programme as well as each of the subscales for messages, actions taken, and books on: target/control, top/bottom academic performance, proportion of female teachers, pupil/teacher ratio, urban/rural school, church sponsorship, and the amount of staff training that occurred within the school.

**Results**

The most important influence on how a school scored on any of the subscales or the global scale was training. For the global indicator, training was joined by proportion of female teachers in the school as the only two statistically significant predictors of degree of uptake.

In control schools, any form of training, together with the type of religious sponsorship influenced uptake. Thus, Protestant sponsored schools were more likely than schools sponsored by other religions to have elements of the HIV/AIDS curricular activities in place. When both control and target schools were combined in analysis, it was whether a school was in the target group, together with proportion of female teachers, that accounted for the degree of uptake as measured by the global indicator.

For each of the subscales measuring specific types of uptake, only whether a school was in the target or control group influenced degree of uptake.

Three conclusions may be drawn from this analysis:

1. PSABH training is the most important influence on school uptake. This applies to specific areas of uptake (e.g., question box, school health club) and also to global uptake of all the programme components combined. The effect of PSABH does not vary across schools with different academic profiles, levels of staffing, or religious sponsorship. Neither is it influenced by the amount of training conducted within the school.

2. Schools with a higher proportion of female teachers are likely to score higher on the global measure of uptake. The effect of the proportion of female teachers outweighs any potential effect of academic profile, level of staffing or religious sponsorship.
3. Religious sponsorship has an effect on HIV/AIDS curricular activities in control but not in target schools. PSABH training counteracts the suppressor effect on uptake of HIV/AIDS activities that is present with sponsorship by religions other than mainline Protestant.



# Community Responsiveness Survey Results

## **Background**

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### **Who was interviewed?**

For completing the CRS, Zonal Inspectors (ZIs) most often interviewed

- parents of pupils (94%)
- trained community representatives (target 76%, control 24%).
- administrative staff (target 14%, control 4%)
- 10% or fewer teachers, administrative staff, elders, and church members.
- At least 1 male was interviewed in 94% of the communities and at least 1 female in 85%.

### **PSABH Training**

Those interviewed in 96% of the target and 19% of the control (n=13) communities thought that the primary school had received PSABH training. Of the 13 control schools claiming PSABH training, 3 also made this claim on the SRS (Kibwayi, Girigiri and Lwanda Magwar). In addition, 73% of the target and 7% of the control (n=5) schools reported they had a trained community representative. Communities with control schools where the ZI claimed to interview a PSABH community rep were: Kibwayi, Girigiri, Mikiria, Miyare and Lwanda Magwar.

Most trained community reps were

- male (69%),
- 45 years of age or younger (54%),
- had a child in school (target 71%, control 7%).
- The most common roles participants who were interviewed played in the community were (only those reported by over 10% are listed):
  - Parent (35%),
  - Religious leader (25%),
  - Head of the PA (20%),
  - Elder (13%),
  - Youth leader (11%).
- The community reps that received PSABH training most often spoke to teachers and parents of school children followed by the head teacher and family members.

***Persons Spoken to about HIV/AIDS by PSABH-Trained Individuals***

<b>Person Spoken To:</b>	<b>Percent (n=98)</b>
Other Teachers	89%
Parents of School Children	85%
Head Teacher	76%
Your Family	76%
Religious Leaders	70%
Your Neighbour	69%
Assistant Chief	65%
Elders	56%
Youth Leaders	54%
Chief	54%
Chair of Women's Group	46%



## **Activities Related to HIV/AIDS in Communities**

There were few differences between communities with target or control schools in community-based activities related to HIV/AIDS. Typically, all 159 communities are reported on without target/control distinctions. Where there are significant differences, these are highlighted.

### **Parent Association Meetings**

94% of all communities reported that the school normally held Parent Association meetings. Of those communities where meetings were normally held, the majority of communities (69%) reported that a minimum of 2 (up to a maximum of 7) such meetings took place in the last term. Target schools were more likely to report meetings (64%) than control (58%).

#### ***Most Common Topics Discussed at Parent Association Meetings***

<b>Topic</b>	<b>Percent (n=150)</b>
Resource/ finance/administration	95%
Curriculum/academic issues	89%
HIV/AIDS related issues <sup>+</sup>	76%
All other issues	<5%

+ significant target/control differences( target=92%; control=68%)

- HIV/AIDS was reported as discussed in at least one meeting during the last term in 92% of target and 68% of control communities.
- The most common topics were related to transmission, prevention, helping children protect themselves and what STIs, HIV and AIDS are.

#### ***HIV/AIDS-Related Topics Discussed in Target and Control Schools***

<b>Topic</b>	<b>Percent (n=114)</b>
How STIs, HIV/AIDS can be prevented	89%
How STIs, HIV/AIDS are transmitted	85%
How we can help our children to protect themselves	87%
What STIs, HIV/AIDS are	79%
Caring for people at home and within the community	50%
Culture and HIV/AIDS	8%
Orphans	3%
Use of condoms	1%

## **Other Groups That Held Meetings About HIV/AIDS**

Only 2 of the 159 communities listed no organizations that had held meetings about HIV/AIDS, compared to 91% that reported that two or more different types of organizations held meetings, and 48% with 4 or more types.

- Most of the meetings were recent, with over 3/4s within the 3 months immediately prior to data collection.
- Children, particularly those 8 years of age and older, attended these meetings.
- Of note is that churches in particular included children between 11 and 15 years of age (they attended church meetings in 93% of the communities).

### ***Groups That Held Meetings about HIV/AIDS***

<b>Meetings run by:</b>	<b>Youth Groups</b>	<b>Church</b>	<b>Women's Group</b>	<b>Public Meeting</b>	<b>Other*</b>
% of communities with meetings	53%	90%	62%	80%	43%
# with this meeting (n)	(84)	(144)	(99)	(128)	(68)
<b><u>Recency of meetings</u></b>		<b><u>Cumulative percentages</u></b>			
Last 2 months	39%	64%	54%	62%	64%
Last 3 months	56%	77%	73%	77%	70%
Last 8 months	88%	96%	96%	98%	94%
<b><u>Percentage of each group</u></b>					
Children attended		95%	41%	67%	59%
<b><u>Ages of children who attended</u></b>					
(n)		(138)	(41)	(128)	(68)
< 5 years		9%	5%	5%	15%
5-7 years		0%	22%	23%	30%
8-10 years		50%	42%	43%	52%
11-15 years		93%	68%	78%	82%
16-18 years		67%	68%	71%	76%
19-22 years		46%	54%	59%	58%
<b><u>Who sponsored meetings</u></b>					
Church	62%				
School	18%				
Other	52%				
Self Help	12%				
G.O.	14%				

\* Most common 'other' was funerals (15% of communities), religious organizations (12%)

### ***Number of Different Types of Organizations that Addressed HIV/AIDS***

<b>Types of Groups</b>	<b>Percentage of Communities</b>	<b>Most common combination</b>
Youth Only	1%	
Church only	3%	
Women's only	1%	
Public Meetings only	1%	
Other only	3%	
2 different types	19%	Church + public meetings
3 different types	32%	Church+ women's group + public meetings
4 different types	25%	Church+women+public meetings+other
All 5 types	23%	

- Churches were particularly active in holding meetings about HIV/AIDS; in 90% of communities one or more churches held such meetings.
- Mainline Protestant were the churches that were most likely to hold meetings, followed by Catholic.
- The mean number of churches in a community that held these meetings was 2.22 and the range went as high as 10.
- It was particularly common for churches of different types to hold meetings in the same community.

***Church Sponsored Meetings Run By***

	<b>Percentage of Communities (n=159)</b>
<b><u>Single Type of Church</u></b>	
Catholic Church only	14%
Mainline Protestant churches only	32%
Breakaway or Traditional churches only	3%
<b><u>2 or More Types of Churches</u></b>	
Catholic + Protestant	21%
Catholic + breakaway/traditional	3%
Protestant + breakaway/traditional	8%
All 3 types of churches	18%
<b><u>Total Communities with Meetings Sponsored by:</u></b>	
Catholic Church	56%
Mainline Protestant Churches	80%
Breakaway &/or Traditional Churches	31%

Mean # of different church-held meetings in a community = 2.22

Median = 2.0

Range 1-10

**HIV/AIDS Addressed At Community Festivals Or Ceremonies**

82% of target and 73% of control communities reported addressing HIV/AIDS in community festivals or ceremonies. The only statistically significant difference between target and control communities in the types of events where HIV/AIDS was addressed was in political activities (33% in target, 12% in control).

***Community Events Where HIV/AIDS Education Has Been Incorporated (more than one response possible)***

<b>Events where HIV/AIDS has been addressed</b>	<b>Percent (n=124)</b>
Cultural celebrations	88%
Regular activities	32%
Cultural activities (relating to sex/sexuality)	27%
Church-based activities	25%
Political activities <sup>+</sup>	24%
School-based activities	22%

+ Significant difference between target and control (target= 33%, control = 12%)

For the 32 communities where HIV/AIDS had not been addressed in community festivals or ceremonies, the most common reason given for this omission was absence of AIDS awareness:

***Reasons for NOT Including HIV/AIDS in Community Festivals or Ceremonies***

<b>Reason</b>	<b>Percent (n=32)</b>
AIDS awareness issues	50%
No festivals	28%
Personnel issues	19%

**Most Important Messages for Children to Receive about HIV/AIDS**

Zonal Inspectors were asked to report, from the perspective of community members, what were the most important messages for children to receive about HIV/AIDS. These were coded by thematic area of messages and also into an ordinal scale ranking messages from 0 (indicating no messages were reported) to 6 (indicating messages encouraging condom use). As in all scalar measures, communities were ranked based on the highest score they received for the messages listed on the CRS. There were no target control differences either in the thematic areas or in the ordinal scores received by communities.

Most messages in communities focused on factual messages or messages promoting abstinence. Behaviour change messages also focused on changing towards abstinence. Only 8% of communities included messages about condoms and fewer than 1% encouraged condom use.

***Important Messages for Children to Receive about HIV/AIDS***

<b>Messages</b>	<b>Percent n=159</b>
Factual messages	91%
Abstinence	87%
Behaviour change	49%
More acceptance for orphans and PLWA	20%
Talk about it	16%
Messages about condoms	8%
Use condoms	< 1%
Know ABCs of HIV prevention	< 1%

Most communities received a score of '5' on the ordinal scale. Communities with this rating focused on abstinence until marriage with messages such as 'complete abstinence from sex before marriage,' condoms are not 100% effective, encourage abstinence,' 'discourage condom use.' Only 13% of schools scored at the highest level of '6' which would indicate that messages such as 'condoms encouraged' or 'use of condoms, encourage safe sex' were recorded.

***Indicator of Most Important Messages for Children to Receive about HIV/AIDS***

<b>Indicator Score</b>	<b>Percent n=159</b>
0 – No messages	2%
1 – Only slogans – HIV kills, no cure	0
2 – Societal or adult messages – how HIV/AIDS effects society, caring for victims	0
3 – General transmission & prevention – ways of HIV transmission, ways to avoid	9%
4 – General behaviour, positive attitude – develop self respect, avoid bad company, moral behaviour	9%
5 – Abstinence for youth	67%
6 – Pro-condom – condom encouraged, use condoms	13%

**Focus on Churches**

Given that 94% of the churches provide some kind of HIV/AIDS programming, participants were asked to focus their attention on what churches have done in the community to address HIV/AIDS issues. This section of the survey asked participants to discuss specifically the HIV/AIDS teachings and programming of churches. Particular attention was given to teachings about condoms. Some percentages may differ from other sections because these questions ask specifically about churches, not the entire community or other groups within the community.

- There were no statistically significant differences between target and control communities with respect to the presence of churches or their activities related to HIV/AIDS.
- 99% of communities reported churches or places of worship in the area.
- Almost all (93%) were within an average of 30 minutes travel and all but 5 within 45 minutes. The 5 exceptions were communities with churches 1.25 hrs, 5 hrs (2 communities) and 5.33 hrs away.
- As was already seen in the section on organizations including HIV/AIDS in the meetings or programmes, it is most common for communities to have several churches. Only 16% of communities had one church while 63% had between 2 and 4. Communities reported up to a maximum of 9 churches. We attempted to use school size as a potential indicator of community size and to test if the number of churches in a community was associated with the size of the school (representing size of community). No significant correlation was found between the number of pupils in the school and the number of churches in the community. Either school size is not a suitable stand-in for community size, or the size of the community is not related to the number of churches.
- Roman Catholic and Church of the Province of Kenya were the 2 most commonly reported churches.

***Types of Churches in Each Community***

Type of Church*	Percent (n=159)
Catholic	43%
Mainline Protestant	41%
Protestant Breakaway	15%
Traditional	2%

\* See Appendix A for specific churches in each category

Religious groups held meetings or activities related to HIV/AIDS in 95% of the communities. Almost all churches (95%) had HIV/AIDS activities within the church (such as sermons and meetings or programmes). In most (88%), church leaders were also involved in activities outside of the church. Often (82%) these involved public relations. Church activities that involved children and youth typically covered the ages between 8 and 18 years:

***Age Groups Included in Church Programmes***

Age Groups	Percent (n=151) <sup>+</sup>
< 5 years	19%
5-7 years	28%
8-10 years	54%
11-15 years	74%
16-18 years	65%
19-22 years	37%

+ 151 communities reported church activities

***Church Activities in the Weeks Immediately Preceding the Survey (more than one response possible for each participant)***

Type of church activity that addressed HIV/AIDS issues in July-August, 2002	Percent with at least one activity (n=121) <sup>+</sup>
Sermon preached at worship service	84%
Information meeting for adults	76%
Public speaking by church leaders	74%
Programme for youth or children	73%
Counselling	69%
Information meeting for children	68%
Church leader speaking at school	66%
Information meeting for youth	65%
Other activities	74%

+ 121 communities reported activities in July and/or August 2002.

Churches focused on sexual morality as the most important message for youth.

***From the Perspective of the Churches, Most Important Messages for Youth to Receive about HIV/AIDS***

<b>Message</b>	<b>Percent with at least one response n=159</b>
Sexual morality, i.e., abstinence and faithfulness to one partner in marriage	85%
AIDS information	62%
Behaviour messages	57%

When asked what church leaders said about using condoms to reduce the spread of HIV/AIDS,

- 91% provided negative condom messages (“condoms are sinful,” “condoms have HIV,” “condoms are dirty and evil” etc.)
- 43% provided positive condom messages (“condoms are safe,” “condoms curb the spread of AIDS,” “encourage condom use” etc.)

The most frequently cited message was a statement to refrain from condom use (88%). The second most common message when asked about condoms was a statement advocating abstinence (28%) for example, “sex is for procreation”. Messages from churches in target communities were significantly more likely than those in control communities to have a conditional endorsement of condom use such as, “condoms should be used in marriage” or “condoms are for adults.” Control communities reported significantly more negative condom messages from churches, like “don’t use condoms.”

An ordinal indicator of the content of “most important messages” was created. This indicator provides a score for church messages based on the highest-ranking message recorded on the CRS. Thus, a community where sloganlike messages as well as personal, present-oriented messages are recorded would receive the score for the latter type of message. There were no target/control differences in indicator scores.

***Indicator for Most Important Church Messages about HIV/AIDS***

<b>Messages</b>	<b>Percentage (n=157)</b>
Slogans/information inconsequential to programme goals	2%
General messages	2%
General transmission & prevention messages	2%
Personal, “future-oriented” messages	6%
Personal, “present-oriented” messages focusing on youth	83%
Personal, condom messages	3%

Based on this indicator it is apparent that the ‘highest’ level of messages that churches considered ‘most important’ for youth are personal and present-oriented; however, they do not deal with condoms.

***What Church Leaders Have Said About Use of Condoms to Reduce the Spread of HIV/AIDS***

What church leaders have said about condoms	Percent reporting at least one statement (n=159)	
	Target	Control
Don't use condoms	82%	96%*
Conditional use of condoms	21%	4%**

\*  $p \leq .05$       \*\*  $p \leq .01$

When all of the negative condom statements in this set of questions were grouped into one variable, a significant difference in the number of negative statements made in target communities (85% reported at least one negative statement) and control communities (97% reported at least one negative statement) was found.

Condom messages from church leaders were also coded on an ordinal scale from messages that were anti-condom or provided misinformation to personal messages that were supportive of condom use either by the advice or the information they provided. Each community was scored based on the 'highest' level message recorded on the CRS. There were no significant differences between communities with target and control schools.

***What Church Leaders Say about Condoms***

Messages about condoms	Percent (n=153)
Anti-condom/misinformation	35%
Impersonal, not supportive/focus on abstinence rather than condoms	39%
Conditional approval of condom use	14%
Personal, supportive of condoms with factual messages	12%

Although communities were scored at the highest level for which there was evidence, the messages provided by church leaders about condoms clustered at the two lowest levels.

**Focus on Access to Health Information and Services**

78% of the communities indicated that there was a clinic or health station in the area. Over half of communities had government-sponsored clinics. The amount of time it took to reach these clinics/health stations ranged from 3 minutes to 5 hours, with the majority (60%) within 30 minutes.



***Clinic Sponsors***

<b>Sponsor</b>	<b>Percent (n=124)</b>
Government	61%
Church	22%
Private (corporation or individual)	19%
NGO – no religious affiliation	6%
NGO – religious affiliation	5%
Others	63%

Clinics typically provided condoms as well as testing and treatment for STIs.

***Services Provided by Clinics***

<b>Service</b>	<b>Percent (n=124)</b>
Provide condoms	77%
Treatment and testing for STIs	66%
Treatment and testing for HIV/AIDS	18%
Services to children and youth without telling their parents	43%

Besides the medical services provided by clinics, medical advice was also available from a variety of other sources in many communities.

***Type of Non-Medical Practitioner Available in a Community***

<b>Type of practitioner</b>	<b>Percent</b>
Herbalists, midwives or ‘witch doctors’	70%
Someone with ‘clinical’ or ‘medical’ training	38%
‘Quack’ or ‘unskilled health workers’	12%

**Condom Availability in Communities**

Condoms were most often available for free from clinics or health stations, were sold at stores or the market place, and in most communities, children could access condoms in stores or market places.

***Condom Availability***

<b>Where condoms are available:</b>	<b>Percent (n=159)</b>
Clinic or health station	69%
Nightlife establishments	12%
Stores or market place	9%
Health workers	6%
<b>Where condoms are sold:</b>	
Stores or market places	74%
Not available for sale anywhere	23%
<b>Where primary school children can get condoms:</b>	
Stores or market place	54%
Clinics or health station	34%
Not available to primary school children	29%

### **HIV/AIDS and the Community**

- AIDS orphans were reported in 97% of communities, with the median number 50.
- Deaths due to AIDS were reported in 94% of communities, with the median number 10.
- In 94% of communities, when a person has died of AIDS, the cause of death has not been openly stated.

## Content Common to SRS and CRS

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### Sex Between Pupils and Adults

How schools dealt with a pupil who was suspected of playing sex with an adult was asked on both the SRS and CRS. There were no statistically significant differences between target and control schools on either the SRS or CRS for any of the items related to how the schools dealt with pupils in this situation.

There were differences, however, in the actions that schools and communities said were taken, a higher proportion of school surveys included responses to this question. Schools most often claimed guidance and counselling followed by formal or legal action against the teacher (e.g., arrest, transfer, report to PDE) would be taken. Communities identified formal action as most common followed by guidance and counselling or investigation of the matter. This difference in responses is not surprising since the most publicly visible action is likely to be the formal action against a teacher – making this what is most evident to community respondents. Guidance and counselling may be kept confidential within the school and may not be visible to community respondents.

#### *Actions Taken When Suspect Adult-Pupil Sexual Contact*

Action taken	Percentages	
	CRS (n=159)	SRS (n=159)
Discuss within the school committee	7%	4%
Parents informed	23%	4%
Guidance & counselling	76%	15%
Formal/legal action against adult	52%	34%
Medical steps taken	14%	7%
Investigate	11%	15%
Expel/remove pupil	4%	--
Sensitize various groups and individuals	5%	--
No serious action taken	--	1%
Situation has not occurred in this school	3%	2%

Target and control schools were also not significantly different in their scores on either the SRS or CRS indicators, nor were communities and schools different.

#### *Indicator for Action on Suspected Adult-Pupil Sex*

	CRS (n=159)	SRS (n=159)
No action	2%	6%
Low	14%	15%
Medium	4%	3%
High	80%	77%

### **Activities that present an HIV risk**

It is important to gain a sense of what school staff and community members see as high-risk situations in their community. Zonal inspectors were asked to report on what activities schools and communities felt took place in the community that presented an HIV/AIDS risk. Nearly 50 activities were cited on the SRS and the CRS. No significant differences were noted between target and control groups in the themes and frequencies of themes that were listed. Schools focused on social events such as discos, night parties, and use of alcohol. While communities focused on these as well, they also identified traditional practices such as wife inheritance, polygyny, traditional wedding ceremonies and circumcisions as risk activities. Following these, communities focused on employment activities in the area and specific sexual risk behaviours, while schools focused on community events and traditional practices.

*Activities in the Community Considered High Risk by School Staff*

<b>Activities</b>	<b>CRS (n=159)</b>	<b>SRS (n=159)</b>
Social activities (e.g., disco, party)	79%	79%
Community events (e.g., church functions, meetings)	11%	35%
Cultural practices (e.g., polygyny, wife inheritance)	80%	33%
Media events (e.g., videos, cinema)	12%	17%
Sexual risk behaviours	29%	13%
Risk with sharps (e.g., ear piercing, unsterile cutting)	7%	
Types of work (e.g., tanker drivers, petty trade)	31%	11%
Environment (e.g., marketplace)	---	8%
Influence of others (e.g., lack of good role models, parental ignorance)	2%	8%
Poverty	---	6%
Absence of family (e.g., orphans, divorce)	2%	---
Other	3%	2%

### **What needs to happen?**

Community representatives were asked, on the CRS, what needed to happen in their communities to effectively address HIV/AIDS. There were no significant differences between target and control groups regarding views about what needs to happen in the community to effectively address the problem of HIV/AIDS.

Encouraging condom use was listed in only 6% of communities, and 9% listed abstinence, monogamy or changes in sexual behaviour as needed in order to effectively address the problem of HIV in their communities. The majority of responses from communities emphasized more institutional rather than individual solutions. Most commonly, community responses focused on improved education (86%) about HIV/AIDS issues.

***What Needs to Happen to Address the Problem of HIV in Your Community?***

<b>Suggested Solutions on CRS</b>	<b>Percent (n=159)</b>
Improved education	86%
Social practices should be stopped	39%
Social practices started or improved	36%
Increase or improve training (teachers/leaders etc.)	29%
Medical response	19%
Abstinence, monogamy, change sexual behaviours	9%
Encourage condom use	6%

**Obstacles experienced in implementing PSABH**

Another purpose of the SRS and CRS was to allow schools the opportunity to identify obstacles to implementing the PSABH programme.

There were few significant differences between target and control schools in responses on the SRS with the exception that control schools were more likely to site lack of training and target schools teaching difficulties. Target school communities were more likely than the schools themselves to site lack of training, financial resources and attitude problems as impediments to implementation.

***Difficulties Encountered in Implementing PSABH Within School***

	<b>SRS</b>		<b>CRS</b>
	<b>Target (n=88)</b>	<b>Control (n=71)</b>	<b>Target (n=89)</b>
Lack of training	40%	65%*	52%
Cultural beliefs and practices	18%	13%	
Finances	8%	6%	50%
Negative social activities	20%	10%	
Negative attitude toward HIV/AIDS education	18%	11%	46%
Attitude problem			45%
Teaching difficulties	47%	20%***	
Parents	6%	11%	
Denial and stigma	1%	0	
Not linked to external resources	3%	0	
Religion	1%	0	
Communication	1%	0	
Pupils issues	11%	4%	
No problems with implementation			5%

\* p ≤ .05 \*\*\* p ≤ .001



## Conclusions

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From the School Responsiveness Survey there is evidence of a consistent effect of PSABH training on activities in target schools. This evidence is twofold. First, there are significant differences between target and control schools on 13 of 15 ordinal indicators of uptake (no significant difference in responses to condom questions and peer supporter training and activities). Second, statistically significant differences in the presence of activities in control schools between those that are academically at the top vs. bottom, based on the proportion of female teachers in the school, and religious sponsorship, are not evident in target schools. This difference suggests that while some schools – specifically those that are academically at the top, have a lower pupil/teacher ratio, and are sponsored by mainline Protestant schools -- are likely to initiate HIV/AIDS activities without PSABH training, these differences disappear once schools have PSABH training. Only the proportion of female teachers affects uptake in both target and control schools.

Examining differences between target and control schools in the ordinal indicators, degree of uptake appears to cluster into three groups:

- Highest uptake (Somers's  $d > .48$ ) – evidence of books, where books are located, frequency of book use, role of community representative, question box.
- Medium uptake (Somers's  $d$  between .3 and .45) – how books are used, content of factual messages, location of behaviour change messages and school health club.
- Low uptake (Somers's  $d$  statistically significant but below .3) – health action plan, location of factual messages, content of behaviour change messages, posters.
- Poor uptake (no significant difference between target and control) – answers to condom questions, peer supporters.

This ranking provides some indication of areas in which schools are moving most easily to take up the PSABH programme and those in which they are facing greater challenges.

Though it is evident that activities are in place, target schools continue to have difficulty with the content of behaviour change messages and responses to condom questions. These are likely to be impersonal and/or discouraging of necessary behaviour change. Condom messages are particularly problematic. While a greater number and diversity of answers to condom questions are provided in target than control schools, this proliferation of messages in target schools brings more messages and answers to questions that discourage condom use just as they do messages and answers that are supportive of condom use. Thus, target schools are more likely than controls to provide a mixture of positive and negative messages about condoms.

AIDS has hit communities hard: 94% reported deaths from AIDS and 97% reported the presence of AIDS orphans in their communities. From the Community Responsiveness Survey it is evident that HIV/AIDS is a concern in most communities. It is discussed at Parent Association meetings and numerous other community events and gatherings include some aspect of HIV/AIDS. Churches are particularly active in addressing HIV/AIDS with young people with churches actively involved in HIV/AIDS initiatives in almost all communities. Churches focus on issues of morality and gave, at best, conditional endorsement of condom use.

Two cautionary notes must be made about interpreting these data.

1. When a school does not have HIV/AIDS activities measured in this instrument, this does not necessarily mean there are no HIV/AIDS activities in that school. The activities measured here are specifically those taught and promoted in PSABH training. Control (and target) schools may very well have other activities in place.
2. The number of schools surveyed is too small to conduct a full analysis of potential conditional effects of PSABH training. Thus, though it appears that PSABH had a levelling effect, i.e., that differences present between control schools with certain characteristics such as academic standing or adequacy of staffing disappeared with training, it was not possible to fully test whether and which combinations of factors may have had an effect on the uptake of training.



## **APPENDIX A**

### **Coding and Variable Creation**



## Codebook for School Responsiveness Survey Variables Created From or Added to Database

### Demographic Variables

**URBRUR** Urban-Rural Classification

Note: Indicates whether school is located in urban, peri-urban, or rural area. Schools were categorized by CfBT

- 1.00 Urban
- 2.00 Peri-Urban
- 3.00 Rural

**SP\_GRP** Sponsorship Group

Note: Indicates which churches sponsor the school

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
4	Traditional	Q4 = Legio Maria Nomiya Roho Voice of Salvation & Healing Roho Ruwe Roho Msalaba Miracle Wonders Roho Moyie
5	Muslim	Q4 = Muslim

**MRG\_SPR** Merge Sponsorgroup

Note: Merges Breakaway Protestant and Traditional churches because of the small number in each.

Coding

Value	Label	Derived From Sp_grp 'Sponsorship Group'
1	Catholic	Sp_grp = Catholic
2	Mainline Protestant	Sp_grp = Mainline Protestant
3	Breakaway Protestant & Traditional	Sp_grp = Protestant Breakaway Sp_grp = Traditional

## Indicators of Uptake of PSABH in Schools

-schools are scored at their highest possible rating

### Health Action Plan

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

Note: 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) <i>or</i> q14=3 How many teachers know the health action plan (3= no teachers) <i>or</i> 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 <i>or</i> q15a_5=1 Book records and files <i>or</i> q15a_6=1 Incorporated with health clinic
2	High	q13b1=1 Health action plan and q14=1 How many teachers know the health action plan (1=all teachers) <i>and any of the following for 15a</i> q15a_4=1 Health club house q15a_7=1 Library q15a_8=1 Health actions in the staff minutes but not displayed <i>and</i> q15b=1 Is the health action plan being implemented

### School Health Club

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

Note: 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
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0	No	q16=0 School has a school health club (0=no) <i>or</i> q17=4 How regular school health club meetings take place(4=the club has not yet met)
1	Low	q16=1 School has a school health club <i>and</i> q17=3 How regularly school health club meetings take place(3=irregularly) <i>and any of the following for q18</i> 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
2	Moderate	q16=1 School have a school health club and either q17=1 How regular school health club meetings take place(1=weekly) <i>or</i> q17=2) How regular school health club meetings take place(2=every two weeks) <i>and any of the following for q18</i> q18_10=1 Club officials and meetings held q18_13=1 Note seen in students exercise books q18_14=1 Note books with club resolutions on way forward
3	High	q16=1 School have a school health club and either q17=1 How regular school health club meetings take place(1=weekly) <i>or</i> q17=2 How regular school health club meetings take place(2=every two weeks) <i>and any of the following for q18</i> 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 <i>or</i> q18_6=1 Abstaining from sexual activities <i>or</i> q18_7=1 Question box <i>or</i> q18_8=1 Information corner <i>or</i> q18_15=1 Keen on negative sexual behaviour positive to HIV AIDS lessons and sessions, inquisitive on youth sexuality

The following are indicators for evidence of **Health Club**.

In each case a score of '1' is assigned to a school that was coded '1' on any of the listed items.

**MEET18** Evidence HC: meetings

Note: Evidence of SHC meetings

Coding

Value	Label	Derived From
0	No	
1	Yes	q18_2 health club minutes about modes of transmission of HIV/AIDS conducted q18_10 club officials and meetings held

**BEHCH18** Evidence HC: health behaviour change activity

Note: Evidence of activities undertaken by SHC (not necessarily HIV/AIDS related)

Coding

Value	Label	Derived From
0	No	
1	Yes	Q18_11 tins, pots/drums for storing boiled water Q18_12 cartons at classroom doors for dropping rubbish Q18_14 notebooks with club resolutions on way forward

**AIDSAC18** Evidence HC: AIDS related activity

Note: Evidence of appropriate HIV/AIDS related knowledge or activities among students

Coding

Value	Label	Derived From
0	No	
1	Yes	Q18_5 Interviewed students over famous diseases particularly AIDS Q18_6 abstaining from sexual activities Q18_15 keen on negative sexual behavior positive to HIV/AIDS lessons and discussions, inquisitive on youth sexuality

**VISIB18** Evidence HC: visible signs of health club activity

Note: Signs of SHC activities related to HIV/AIDS

Coding

Value	Label	Derived From
0	No	
1	Yes	Q18_3 songs with HIV/AIDS message/acts, poems and snack/pupil activities Q18_4 posters in headmasters office, staffroom and in classrooms Q18_7 question box Q18_8 information corner Q18_13 Note seen in students exercise books

**MEMBER18** Evidence HC: club membership

Coding

Value	Label	Derived From
0	No	
1	Yes	Q18_1 pupils who are members

The following are indicators for **why there is no Health Club.**

**NOTR19** Reason no HC: not trained

Note: No SHC because there are no trained teachers available to run the club.

Coding

Value	Label	Derived From
0	No	
1	Yes	Q19_1 Lack of trained personnel on PSABH Q19_2 Lack of awareness on how to start a health club Q19_5 The trained resource teacher needs time to start deputy & RT needs to sensitize pupils

		Q19_7 Lack of experience Q19_9 None was trained
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**CLIMAT19** Reason no HC:school climate not conducive to setting up health club

Coding

Value	Label	Derived From
0	No	
1	Yes	Q19_6 Health club has not been started & sensitization Q19_8 Negative attitude of the teachers i.e not being paid for running a health club Q19_12 There are other commitments & other school projects & schools are understaffed

**PROCES19** Reason no HC: in process of setting up a health club

Coding

Value	Label	Derived From
0	No	
1	Yes	Q19_3 Soon to be started, not yet implemented Q19_11 It's there but not active, members are still being trained

**OTHAC19** Reason no HC:prevention energies focused on other activities

Coding

Value	Label	Derived From
0	No	
1	Yes	Q19_10 Have put a lot of emphasis on question box and classroom work

**NOTEQ19** Reason no HC: school not equipped to set up health club

Coding

Value	Label	Derived From
0	No	
1	yes	Q19_4 Lack of educational knowledge, funds & facilities (kit)

## Question Box

The following are indicators that pertain to the existence, accessibility, use, and content of **Question Box (q20 to q25b)**

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

Note: 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 <i>and</i> q22=0 Question box is in an accessible place(0=no) <i>or any of the following for q23</i> [q23_1=0 Questions were in the box(0=no) <i>and</i> 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_14=1 Not yet ready q23_16=1 It's in front of the headteachers office 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 <i>and</i> q22=1 Question box is in an accessible place <i>and any of the following for q23</i> q23_1=1 Questions were in the box q23_3=1 File/notebook that keeps records of all questions asked by 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 & minuted q23_8=1 Pupils could remember some questions asked q23_10=1 There are current questions on HIV/AIDS q23_12=1 Sorted out questions & worked out answers/responses q23_13=1 Questions kept in pocket file <i>and any of the following for q24a</i> 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) <i>and any of the following for q25a</i> q25a_1=1 If there's a cure for AIDS, yet doctors are in Kenya q25a_6=1 Origin of AIDS q25a_8=1 STD's/AIDS epidemic q25a_17=1 Health & bible q25a_18=1 Symptoms of HIV/AIDS q25a_20=1 Why men with AIDS die more than women with AIDS q25a_22=1 Can blood of a positive person affect an animal if transfusion was done q25a_23=1 Blood testing centres q25a_28=1How to take care of HIV victims q25a_30=1Statistics on death rate & age mostly affected q25a_32=1Can both females & males die when they have AIDS q25a_33=1What is HIV/AIDS q25a_34=1Relationship of HIV/STI's and meaning q25a_44=1Why do some carriers live longer with AIDS q25a_50=1How can one live with AIDS
3	moderate	q20=1 School has a question box <i>and</i> q22=1 Question box is in an accessible place <i>and any of the following for q23</i>

		<p>q23_1=1 Questions were in the box  q23_3=1 File/notebook that keeps records of all questions asked by 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 &amp; minited  q23_8=1 Pupils could remember some questions asked  q23_10=1 There are current questions on HIV/AIDS  q23_12=1 Sorted out questions &amp; worked out answers/responses  q23_13=1 Questions kept in pocket file  <i>and any of the following for q24a</i>  q24a=1 How often questions are answered  q24a=2 How often questions are answered  q24a=3 How often questions are answered  <i>and any of the following for q25a</i>  q25a_4=1 Causes of HIV/AIDS transmission or spread  q25a_5=1 How AIDS can be prevented  q25a_7=1 Can HIV/AIDS be spread by mosquitoes or touching infected person  q25a_13=1 Can the virus be got through accident  q25a_35=1 Why HIV/AIDS can't be transmitted by mosquitoes  q25a_36=1 Why we get AIDS by sharing razor blades and not utensils</p>
4	high	<p>q20=1 School has a question box and  q22=1 Question box is in an accessible place  <i>and any of the following for q23</i>  q23_1=1 Questions were in the box  q23_3=1 File/notebook that keeps records of all questions asked by 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 &amp; minuted  q23_8=1 Pupils could remember some questions asked  q23_10=1 There are current questions on HIV/AIDS  q23_12=1 Sorted out questions &amp; worked out answers/responses  q23_13=1 Questions kept in pocket file  <i>and any of the following for q24a</i>  q24a=1 How often questions are answered  q24a=2 How often questions are answered  q24a=3 How often questions are answered  <i>and any of the following for q25a</i>  q25a_9=1 Are condoms safe  q25a_16=1 Can a healthy person have AIDS virus  q25a_21=1 How do pupils abstain  q25a_24=1 How condoms are used  q25a_25=1 Why christians discourage the use of condoms  q25a_26=1 Why FGM is bad  q25a_27=1 Is it a mistake to have early sex  q25a_29=1 Changes in adolescence &amp; how to avoid sex at 18 &amp; over  q25a_31=1 Girls asking what to do when a boy smiles at her or ask for sex  q25a_37=1 How can a HIV mother give birth to a baby free from AIDS  q25a_43=1 About sex before marriage  q25a_45=1 Can on get AIDS by using a condom  q25a_46=1 The prices of condoms for girls  q25a_47=1 Pupils shouldn't use condoms</p>

The following are indicators for why there is **no Question Box?**

**PROCES21** Why no question box: in the process of setting one up  
Coding

Value	Label	Derived From
0	No	
1	Yes	Q21_8 In the process of setting up one Q21_13 Soon to be started

**NOINT21** Why no question box: teachers are not interested in setting up a question box  
Coding

Value	Label	Derived From
0	No	
1	Yes	Q21_6 Teachers have shown very little interest Q21_11 Teachers wanted to start with open form questions which could later prepare children to ask questions which could be relevant

**NOTR21** Why no question box: not trained in how to set up a question box  
Coding

Value	Label	Derived From
0	No	
1	Yes	Q21_1 Lack of awareness on how to start a question box or what it is Q21_2 Need for sensitization & PSABH training Q21_4 The HT, resource teacher & community representative have not been trained

**STOLEN21** Why no question box: question box stolen  
Coding

Value	Label	Derived From
0	No	
1	Yes	Q21_5 Unknown person(s) carries away the box

**NOPR21** Why no question box: not a priority to start a question box  
Coding

Value	Label	Derived From
0	No	
1	Yes	Q21_3 Congested programme since training Q21_7 Still looking for a central place to put it Q21_9 Delegation of responsibility Q21_10 Oversight

The following are indicators for **evidence that the Question Box is being**

**QUESEV23** Evidence question box: questions evident  
Coding

Value	Label	Derived From
0	No	
1	Yes	Q23_1 Questions were in the box

		Q23_5 A few answered questions were in the box Q23_6 Questions written on a small piece of paper Q23_8 Pupils could remember some questions asked Q23_10 There are current questions on HIV/AIDS
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**QTRACK23** Evidence question box: questions were tracked and responded to  
Coding

Value	Label	Derived From
0	No	
1	Yes	Q23_3 File/notebook that keeps records of all questions asked by pupils Q23_7 Ready questions were answered & minuted Q23_12 Sorted out questions & worked out answers/responses

**VISIBL23** Evidence question box: box was visible  
Coding

Value	Label	Derived From
0	No	
1	Yes	Q23_2 It was displayed on a tree next to class Q23_4 The box placed on a cupboard in the staffroom Q23_9 Nailed on the office wall but nothing found in the box during survey time Q23_11 There were old & new mails stuck on a wire in the staffroom Q23_13 Questions kept in pocket file

The following are indicators for **most commonly asked questions**

**TRANS25A** Common question: HIV/AIDS transmission  
Coding

Value	Label	Derived From
Count	None	Q25a_4 Causes of HIV/AIDS transmission or spread Q25a_7 Can HIV/AIDS be spread by mosquitoes or touching infected person Q25a_13 Can the virus be got through accident Q25a_22 Can blood of a positive person affect an animal if transfusion was done Q25a_35 Why HIV/AIDS can't be transmitted by mosquitoes Q25a_36 Why we get AIDS by sharing razor blades and not utensils Q25a_37 How can a HIV mother give birth to a baby free from AIDS

**FACT25A** Common question: factual HIV/AIDS information  
Coding

Value	Label	Derived From
Count	None	Q25a_1 If there's a cure for AIDS, yet doctors are in Kenya Q25a_6 Origin of AIDS Q25a_8 STD's/AIDS epidemic Q25a_12 Do the body fluids carry HIV virus Q25a_14 Does a person who's having STI's (sick) has HIV Q25a_15 How long does AIDS stay with a person Q25a_16 Can a healthy person have AIDS virus Q25a_18 Symptoms of HIV/AIDS Q25a_20 Why men with AIDS die more than women with AIDS Q25a_28 How to take care of HIV victims

		Q25a_30 Statistics on death rate & age mostly affected Q25a_32 Can both females & males die when they have AIDS Q25a_33 What is HIV/AIDS Q25a_44 Why do some carriers live longer with AIDS Q25a_50 How can one live with AIDS
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**ABST25A** Common question: abstention/playing sex

Coding

Value	Label	Derived From
Count	None	Q25a_10 Boys wonder if they would be impotent if they don't play sex Q25a_11 Girls wonder if they don't play sex, they wouldn't get men to marry them Q25a_21 How do pupils abstain Q25a_27 Is it a mistake to have early sex Q25a_31 Girls asking what to do when a boy smiles at her or ask for sex Q25a_43 About sex before marriage

**PREV25A** Common question: prevention

Coding

Value	Label	Derived From
Count	None	Q25a_5 How AIDS can be prevented Q25a_21 How do pupils abstain Q25a_23 Blood testing centres

**GENIN25A** Common question: general information

Note: Information not relevant to HIV/AIDS

Coding

Value	Label	Derived From
Count	None	Q25a_2 Filled latrines Q25a_3 Use of sandals in school Q25a_19 Use of HIV drugs Q25a_38 Questions based on allergy to some food Q25a_41 Questions on drug abuse Q25a_42 Questions on hygiene/personal health

**CONDM25A** Common question: condoms

Coding

Value	Label	Derived From
Count	None	Q25a_9 Are condoms safe Q25a_24 How condoms are used Q25a_45 Can on get AIDS by using a condom Q25a_46 The prices of condoms for girls Q25a_47 Pupils shouldn't use condoms

**OTHER25A** Common question: other

Coding

Value	Label	Derived From
Count	None	Q25a_49 Indiscipline related questions Q25a_51 Guidance & counselling questions

**CULT25A** Common question: cultural and/or religious beliefs or doctrines

## Coding

Value	Label	Derived From
Count	None	Q25a_17 Health & bible Q25a_25 Why christians discourage the use of condoms Q25a_26 Why FGM is bad

**SEXED25A** Common question: sex education

## Coding

Value	Label	Derived From
Count	None	Q25a_29 Changes in adolescence & how to avoid sex at 18 & over Q25a_39 Menstruation periods Q25a_40 Why girls have periods & not boys Q25a_43 About sex before marriage Q25a_48 About night dreams

The following are indicators of **who answers**

**PSABH25B** Question box answered by: PSABH trained personnel

## Coding

Value	Label	Derived From
0	No	
1	Yes	q25b_4 The PSABH trained personnel if (q25c=1) Was person trained in PSABH <i>any of the following</i> q25b_1 Resource teacher(s) q25b_2 Staff members q25b_3 Community representative q25b_5 Headteachers/deputy headteacher

**UNTR25B** Question box answered by: untrained teachers

## Coding

Value	Label	Derived From
0	No	
1	Yes	If (q25c=0) Was person trained in PSABH (0=no) <i>any of the following</i> q25b_1 Resource teacher(s) q25b_2 Staff members q25b_5 Headteachers/deputy headteacher q25b_7 Guidance & counseling teacher/committee

**CY25B** Question box answered by: untrained Community Rep

## Coding

Value	Label	Derived From
0	No	
1	Yes	If (q25c=0) Was person trained in PSABH q25b_3 Community representative

**PUBH25B** Question box answered by: Public Health personnel

Coding

Value	Label	Derived From
0	No	
1	Yes	q25b_6 Personnel from public health institutions

**PUPIL25B** Question box answered by: pupils

Coding

Value	Label	Derived From
0	No	
1	Yes	q25b_8 Health club masters/committee q25b_9 Pupils

## Condoms

The following are indicators for questions about **condoms**:

**Q26a** Any questions asked about condoms?

**Q26b** What were students told about condoms in response to their questions?

**Q26c** If students asked about condoms, what would they be told?

**CONAD26B** Told re C: Conditional Advocacy for q26b

Note: This variable is created from a subsample of schools in which condom questions were raised (q26a=1)

Coding

Value	Label	Derived From
Count	None	Q26b_1 If one must have sex, condom should be used Q26b_18 Condoms should be used consistently & as the last resort Q26b_25 To use them when advised by the medical personnel Q26b_26 Individual advise when necessary & to use them correctly

**CONAD26C** Would tell re C: Conditional Advocacy 26c

Note: This variable is created from a subsample of schools in which condom questions were not raised or respondents did not know if condom questions were raised or respondents did not respond to this survey component (q26a = 2 (no), q26a = 3 (dk/na))

Coding

Value	Label	Derived From
Count	None	Q26c_17 Should be used if a student is infected with STI Q26c_21 If you must play sex, use condoms Q26c_24 Condoms may be used to check the spread of AIDS Q26c_27 Abstinence is better than condom use

**FACTS26B** Told re C: Factual information for q26b

Note: This variable is created from a subsample of schools in which condom questions were raised (q26a=1)

Coding

Value	Label	Derived From
Count	None	Q26b_2 To prevent STI's & unwanted pregnancies Q26b_10 Oil in the condom act as a lubricant during sexual intercourse & kills sperms Q26b_14 M.O.H personnel explained to the pupils explicitly Q26b_16 Condoms are got free in hospitals or bought in shops Q26b_17 Use condoms once Q26b_21 How condom is used

**FACTS26C** Would tell re C: Factual information for q26c

Note: This variable is created from a subsample of schools in which condom questions were not raised or respondents did not know if condom questions were raised or respondents did not respond to this survey component (q26a= 2 (no), q26a= 3 (dk/na))

Coding

Value	Label	Derived From
Count	None	Q26c_4 Condom reduces risks of HIV infection when used properly Q26c_8 Don't pick used/unused condoms & play with them Q26c_10 They are available in health centres & hospitals Q26c_15 Condoms can be free or bought Q26c_18 Should be used once Q26c_23 Safe disposal of condoms Q26c_25 AIDS has no cure Q26c_26 They should be told of STDs & chances of contracting HIV/AIDS

**ADULT26B** Told re C: Better used by other than youth q26b

Note: This variable is created from a subsample of schools in which condom questions were raised (q26a=1)

Coding

Value	Label	Derived From
Count	None	Q26b_5 Better to be used by adults Q26b_8 Condoms are used by married couples who want to plan their families or protected sex Q26b_13 Used by adults who are not faithful to their partners Q26b_15 Can be used by persons who are HIV positive

**ADULT26C** Would tell re C: Better used by other than youth q26c

Note: This variable is created from a subsample of schools in which condom questions were not raised or respondents did not know if condom questions were raised or respondents did not respond to this survey component (q26a= 2 (no), q26a= 3 (dk/na))

Coding

Value	Label	Derived From
Count	None	Q26c_3 Meant for family planning Q26c_9 When a school pupil is seen with it, they're termed immoral Q26c_12 Condoms can be used by adults who are involved in prostitution



**ANCON26B** Told re C: Anti-condom messages q26b

Note: This variable is created from a subsample of schools in which condom questions were raised (q26a=1)

Coding

Value	Label	Derived From
Count	None	Q26b_3 Abstain from using condoms Q26b_6 Not real protection against AIDS Q26b_7 Condoms are not 100% safe Q26b_11 Condoms can't help because they're porous even if added with polythenes Q26b_19 Adultery is a sinful behaviour before God & the result is death Q26b_20 Condoms promote sexual intercourse among students Q26b_22 Condoms can expire Q26b_23 Condoms can burst

**ANCON26C** Would tell re C: Anti-condom messages q26c

Note: This variable is created from a subsample of schools in which condom questions were not raised or respondents did not know if condom questions were raised or respondents did not respond to this survey component (q26a= 2 (no), q26a= 3 (dk/na))

Coding

Value	Label	Derived From
Count	None	Q26c_1 Some have expired Q26c_2 Not safe since they have pores Q26c_6 When a school pupil is seen with it, they're termed immoral Q26c_7 The pupils should be discouraged from using condoms as it promotes pre-marital sex Q26c_13 Condoms are not 100% safe as they could burst Q26c_16 Not the solution to AIDS prevention Q26c_22 Should be faithful because their bodies are holy for God

**NODIS26B** Told re C: No Discussion q26b

Note: This variable is created from a subsample of schools in which condom questions were raised (q26a=1)

Coding

Value	Label	Derived From
Count	None	Q26b_9 The trained staff were advised not to talk about condoms to children Q26b_12 No such discussion Q26b_24 Young aged, they haven't asked

**ABST26B** Told re C: Abstain q26b

Note: This variable is created from a subsample of schools in which condom questions were raised (q26a=1)

Coding

Value	Label	Derived From
Count	None	Q26b_4 Avoid sex at an early stage (abstain from pre-marital sex)

**ABST26C** Would tell re C: Abstain q26c

Note: This variable is created from a subsample of schools in which condom questions were not raised or respondents did not know if condom questions were raised or respondents did not respond to this survey component (q26a= 2 (no), q26a= 3 (dk/na))

## Coding

Value	Label	Derived From
Count	None	Q26c_5 Wait until marriage/abstain from pre-marital sex

**POS26B** Told re C: Positive condom messages q26b

Note: This variable is created from a subsample of schools in which condom questions were raised (q26a=1)

## Coding

Value	Label	Derived From
Count	None	Q26b_1 If one must have sex, condom should be used Q26b_2 To prevent STI's & unwanted pregnancies Q26b_5 Better to be used by adults Q26b_8 Condoms are used by married couples who want to plan their families or protected sex Q26b_14 M.O.H personnel explained to the pupils explicitly Q26b_15 Can be used by persons who are HIV positive Q26b_16 Condoms are got free in hospitals or bought in shops Q26b_17 Use condoms once Q26b_18 Condoms should be used consistently & as the last resort Q26b_21 How condom is used Q26b_25 To use them when advised by the medical personnel Q26b_26 Individual advise when necessary & to use them correctly

**POS26C** Would tell re C: Positive condom messages q26c

Note: This variable is created from a subsample of schools in which condom questions were not raised or respondents did not know if condom questions were raised or respondents did not respond to this survey component (q26a= 2 (no), q26a= 3 (dk/na))

## Coding

Value	Label	Derived From
Count	None	Q26c_3 Meant for family planning Q26c_4 Condom reduces risks of HIV infection when used properly Q26c_8 Don't pick used/unused condoms & play with them Q26c_9 They are for adults who are married who want to play sex Q26c_10 They are available in health centres & hospitals Q26c_11 Procedure of using a condom Q26c_15 Condoms can be free or bought Q26c_18 Should be used once Q26c_21 If you must play sex, use condoms Q26c_23 Safe disposal of condoms Q26c_24 Condoms may be used to check the spread of AIDS

**NEG26B** Told re C: Negative condom messages q26b

Note: This variable is created from a subsample of schools in which condom questions were raised (q26a=1)

Coding

Value	Label	Derived From
Count	None	Q26b_3 Abstain from using condoms Q26b_6 Not real protection against AIDS Q26b_7 Condoms are not 100% safe Q26b_9 The trained staff were advised not to talk about condoms to children Q26b_11 Condoms can't help because they're porous even if added with polythenes Q26b_13 Used by adults who are not faithful to their partners Q26b_19 Adultery is a sinful behaviour before God & the result is death Q26b_20 Condoms promote sexual intercourse among students Q26b_22 Condoms can expire Q26b_23 Condoms can burst

**NEG26C** Would tell re C: Negative condom messages q26c

Note: This variable is created from a subsample of schools in which condom questions were not raised or respondents did not know if condom questions were raised or respondents did not respond to this survey component (q26a= 2 (no), q26a= 3 (dk/na))

Coding

Value	Label	Derived From
Count	None	Q26c_1 Some have expired Q26c_2 Not safe since they have pores Q26c_6 When a school pupil is seen with it, they're termed immoral Q26c_7 The pupils should be discouraged from using condoms as it promotes pre-marital sex Q26c_12 Condoms can be used by adults who are involved in prostitution Q26c_13 Condoms are not 100% safe as they could burst Q26c_16 Not the solution to AIDS prevention Q26c_17 Should be used if a student is infected with STI Q26c_22 Should be faithful because their bodies are holy for God Q26c_27 Abstinence is better than condom use

**PYN\_26B** pos26b dichotomized

Note: This variable is created from a subsample of schools in which condom questions were raised (q26a=1)

Coding

Value	Label	Derived from
0	No	
1	Yes	Q26b_1 If one must have sex, condom should be used Q26b_2 To prevent STI's & unwanted pregnancies Q26b_4 Avoid sex at an early stage (abstain from pre-marital sex) Q26b_5 Better to be used by adults Q26b_8 Condoms are used by married couples who want to plan their families or protected sex Q26b_14 M.O.H personnel explained to the pupils explicitly

		Q26b_16 Condoms are got free in hospitals or bought in shops Q26b_17 Use condoms once Q26b_18 Condoms should be used consistently & as the last resort Q26b_21 How condom is used Q26b_25 To use them when advised by the medical personnel Q26b_26 Individual advise when necessary & to use them correctly
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**PYN\_26C** pos26c dichotomized

Note: This variable is created from a subsample of schools in which condom questions were not raised or respondents did not know if condom questions were raised or respondents did not respond to this survey component (q26a= 2 (no), q26a= 3 (dk/na))

Coding

Value	Label	Derived from
0	No	
1	Yes	Q26c_3 Meant for family planning Q26c_4 Condom reduces risks of HIV infection when used properly Q26c_5 Wait until marriage/abstain from pre-marital sex Q26c_8 Don't pick used/unused condoms & play with them Q26c_9 They are for adults who are married who want to play sex Q26c_10 They are available in health centres & hospitals Q26c_11 Procedure of using a condom Q26c_15 Condoms can be free or bought Q26c_18 Should be used once Q26c_21 If you must play sex, use condoms Q26c_23 Safe disposal of condoms Q26c_24 Condoms may be used to check the spread of AIDS Q26c_25 AIDS has no cure Q26c_26 They should be told of STDs & chances of contracting HIV/AIDS Q26c_27 Abstinence is better than condom use

**NYN\_26B** neg26b dichotomized

Note: This variable is created from a subsample of schools in which condom questions were raised (q26a=1)

Coding

Value	Label	Derived from
0	No	
1	Yes	Q26b_3 Abstain from using condoms Q26b_6 Not real protection against AIDS Q26b_7 Condoms are not 100% safe Q26b_9 The trained staff were advised not to talk about condoms to children Q26b_11 Condoms can't help because they're porous even if added with polythenes Q26b_12 No such discussions have been carried out Q26b_13 Used by adults who are not faithful to their partners Q26b_15 Can be used by persons who are HIV positive Q26b_19 Adultery is a sinful behaviour before God & the result is death Q26b_20 Condoms promote sexual intercourse among students Q26b_22 Condoms can expire Q26b_23 Condoms can burst Q26b_24 Young aged, they haven't asked

**NYN\_26C** neg26c dichotomized

Note: This variable is created from a subsample of schools in which condom questions were not raised or respondents did not know if condom questions were raised or respondents did not respond to this survey component (q26a= 2 (no), q26a= 3 (dk/na))

Coding

Value	Label	Derived from
0	No	
1	Yes	Q26c_1 Some have expired Q26c_2 Not safe since they have pores Q26c_6 When a school pupil is seen with it, they're termed immoral Q26c_7 The pupils should be discouraged from using condoms as it promotes pre-marital sex Q26c_12 Condoms can be used by adults who are involved in prostitution Q26c_13 Condoms are not 100% safe as they could burst Q26c_16 Not the solution to AIDS prevention Q26c_17 Should be used if a student is infected with STI Q26c_22 Should be faithful because their bodies are holy for God

**POSQ26** Total Positive messages q26

Coding

Value	Label	Derived From
Count	None	Sum of pos26b and pos26c

**NEGQ26** Total Negative messages q26

Coding

Value	Label	Derived From
Count	None	Sum of neg26b and neg26c

**Q26POSB** Condoms: Any positive condom messages

Coding

Value	Label	Derived From
0	No	Posq26= 0
1	Yes	Posq26= 1,2,3...

**Q26NEGB** Condoms: Any negative condom messages

Coding

Value	Label	Derived From
0	No	Negq26= 0
1	Yes	Negq26= 1,2,3...

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

Note: 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) <i>or</i> q26b_9=1 The trained staff were advised not to talk about condoms to children <i>or</i> q26b_12=1 No such discussions have been carried out <i>or</i> q26b_24=1 Young aged, they haven't asked <i>or</i> q26c_19=1 Don't talk about condoms
1	anti	<i>any of the following</i> q26b_6=1 Not real protection against AIDS q26b_7=1 Condoms are not 100% safe q26b_11=1 Condoms can't help because they're porous even if added with polythenes q26b_10=1 Oil in the condom act as a lubricant during sexual intercourse & kills sperms q26b_20=1 Condoms promote sexual intercourse among students q26c_2 Not safe since they have pores q26c_6=1 When a school pupil is seen with it, they're termed immoral q26c_16=1 Not the solution to AIDS prevention
2	low	<i>any of the following</i> q26b_3=1 Abstain from using condoms q26b_4=1 Avoid sex at an early stage (abstain from pre-marital sex) q26b_22=1 Condoms can expire q26b_23=1 Condoms can burst q26c_1=1 Some have expired q26c_3=1 Meant for family planning q26c_5=1 Wait until marriage/abstain from pre-marital sex q26c_7=1 The pupils should be discouraged from using condoms as it promotes pre-marital sex q26c_8=1 Don't pick used/unused condoms & play with them q26c_12=1 Condoms can be used by adults who are involved in prostitution q26c_13=1 Condoms are not 100% safe as they could burst q26c_14=1 They will be told everything about condoms q26c_26=1 They should be told of STDs & chances of contracting HIV/AIDS q26c_27=1 Abstinence is better than condom use
3	medium	<i>any of the following</i> q26a=1 Any questions asked about condoms q26b_5=1 Better to be used by adults q26b_8=1 Condoms are used by married couples who want to plan their families or protected sex q26b_13=1 Used by adults who are not faithful to their partners q26b_15=1 Can be used by persons who are HIV positive q26b_25=1 To use them when advised by the medical personnel q26c_9=1 They are for adults who are married who want to play sex q26c_17=1 Should be used if a student is infected with STI
4	high	<i>any of the following</i> q26a=1 Any questions asked about condoms q26b_1=1 If one must have sex, condom should be used q26b_2=1 To prevent STI's & unwanted pregnancies q26b_14=1 M.O.H personnel explained to the pupils explicitly q26b_16=1 Condoms are got free in hospitals or bought in shops q26b_17=1 Use condoms once q26b_18=1 Condoms should be used consistently & as the last resort

		q26b_21=1 How condom is used q26b_26=1 Individual advise when necessary & to use them correctly q26c_4=1 Condom reduces risks of HIV infection when used properly q26c_10=1 They are available in health centres & hospitals q26c_11=1 Procedure of using a condom q26c_15=1 Condoms can be free or bought q26c_18=1 Should be used once q26c_21=1 If you must play sex, use condoms q26c_23=1 Safe disposal of condoms q26c_24=1 Condoms may be used to check the spread of AIDS
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### Accessibility of Health Professionals

**NAVAL27C** Why no health prof: professional not available or interested

Coding

Value	Label	Derived From
Count	None	Q27c_1 Remoteness of the area (school) Q27c_2 Negative attitude of the professionals towards the area Q27c_3 Negligence of the area by the local leaders Q27c_9 The technician had commitments & there's need to have him at the right time Q27c_13 The school is located far from any health facility Q27c_26 Health professional invited but never turned up Q27c_28 The health centre is understaffed Q27c_30 No health professionals within the community who can be contacted for assistance

**NINST27C** Why no health prof: not instructed to look for a professional

Coding

Value	Label	Derived From
Count	None	Q27c_5 The school HT/RT aren't trained so they don't realize the need to access a health professional Q27c_6 They have not been advised to find one Q27c_7 They haven't been sensitized to look for professionals

**MONEY27C** Why no health prof: funding is lacking

Coding

Value	Label	Derived From
Count	None	Q27c_11 Funds are lacking Q27c_14 The private clinic demand payment

**DK27C** Why no health prof: anomalous reply

Coding

Value	Label	Derived From
Count	None	Q27c_8 The professionals will visit schools & answer all questions the pupils might ask Q27c_12 The professionals have been able to answer questions asked by the pupils because they've been difficult for teachers Q27c_15 The trained personnel is still undecided whether to use books or not Q27c_27 The school hasn't established the system of the box

**NEQUP27C** Why no health prof: school not equipped

## Coding

Value	Label	Derived From
Count	None	Q27c_17 The school is understaffed Q27c_19 Health action plan hasn't been implemented Q27c_22 The former headteacher (HT) was the only trained one but he died

**NINT27C** Why no health prof: teachers/school not interested in bringing health professional in

## Coding

Value	Label	Derived From
Count	None	Q27c_10 Stakeholders have not taken any initiative to invite professionals Q27c_21 Teachers are only concerned about formal education Q27c_31 The school has not come up/introduced question box

**FUTUR27C** Why no health prof: not yet, but maybe in the future

## Coding

Value	Label	Derived From
Count	None	Q27c_4 The programme was just started so they have got no relevant questions Q27c_16 Time for health clubs has not yet reached Q27c_18 Questions requiring professionals haven't been asked Q27c_20 They're in the process of looking for one Q27c_23 Questions asked weren't too difficult to need professionals assistance Q27c_24 The teachers continue with their own research on HIV/AIDS Q27c_25 The trained teachers have enough information on their pupils level of questions Q27c_32 Headteacher recently trained

<b>Peer Support</b>
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The following are indicators for **Peer Supporters**

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

Note: 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? <i>and any of the following for q30 and q31</i> q30_2=1Peer supporters leading - Other school activities (specify) q31_1=1Sports q31_2=1Sharing learning resources q31_3=1School garden records



		q31_4=1Minutes/member lists of scouting/girl guide club/health club/other clubs meetings q31_8=1Adventist Youth Organization q31_13=1Guidance & counselling teachers/introduced to me/interviewed q31_15=1Demonstration plots q31_16=1Positive contributions from the staff & pupils & positive behaviour change q31_17=1Signed in school visitors book q31_20=1Members of club interviewed q31_21=1Uniformed members of the club q31_22=1Group work - discussion (peer) - with records/work books q31_25=1School dropout cases minimised - premarital pregnancies reduced/not experienced q31_26=1Present but no impact created
2	High	q28=1 Had peer support training? <i>and any of the following for q30 and q31</i> q30_1=1 Peer supporters leading - School Health Club q30_3=1 Peer supporters leading - Peer counselling q31_5=1Trained peer support group leaders q31_6=1Question box q31_7=1Songs/poems/drama items performed with an HIV/AIDS theme message q31_9=1Note in the pupils exercise books - individually HIV AIDS lessons q31_10=1Discipline & behaviour change q31_11=1Financial support (levies) given to orphaned pupils q31_12=1School health club & officials elected - club file - register q31_14=1Posters/handouts, pamphlets/charts containing HIV-AIDS information STDs/STIs q31_18=1Pupils & teachers freely discuss HIV/AIDS & able to answer questions - knowledge on HIV/AIDS increased q31_19=1Girls say no to sexual requests by boys q31_23=1Condoms from the CBDs and CHWs are frequently taken by pupils - increased use of condoms

**Peer Support Training Led By:**

**CHUR28A** Peer support training: Church  
Coding

Value	Label	Derived From
0	No	
1	Yes	Q28a_2 Scripture Union of Kenya (SU) Q28a_7 SDA Church & youth organization (AYS) Q28a_8 Roman Catholic Church Q28a_10 Mercy orphans of St Camillus Q28a_13 Churches (in general)/church leaders Q28a_35 Angel of Love (AOL) - Religious Q28a_40 Christian Health Association of Kenya (CHAK)

**SCHL28A** Peer support training: School  
Coding

Value	Label	Derived From
0	No	

1	Yes	Q28a_5 School health club Q28a_6 Drama club Q28a_19 Teachers in school/HT/DHT
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**CFBT28A** Peer support training: CfbT, PSABH, HAPAC  
Coding

Value	Label	Derived From
0	No	
1	Yes	Q28a_4 HAPAC Q28a_9 CFBT Q28a_34 PSABH

**CYORG28A** Peer support training: Community Organizations  
Coding

Value	Label	Derived From
0	No	
1	Yes	Q28a_14 Community Q28a_17 Maendeleo Ya Wanawake Organization Q28a_26 Kuria Family Helper Project (CCF)

**GOVT28A** Peer support training: Govt Health/AIDS Bureau  
Coding

Value	Label	Derived From
0	No	
1	Yes	Q28a_18 NASCOP (National AIDS/STD control programme) Q28a_28 MOH Q28a_41 Nurses/clinical officers/health workers from health centre

**OTHCN28A** Peer support training: Other countries  
Coding

Value	Label	Derived From
0	No	
1	Yes	Q28a_1 SANAA promotions (Department for international development) Q28a_27 American Embassy Q28a_29 GTZ (German Technological Zone)

**OTHER28A** Peer support training: Other  
Coding

Value	Label	Derived From
0	No	
1	Yes	Q28a_3 PIMM - Participatory Interactive Media Model Q28a_12 ADRA Q28a_16 Female Guide Organization - NGO Q28a_32 Clear project Q28a_37 KAACR

**Evidence of Peer Support:**

**ORG31** Evidence Peer Sup: organizational  
Coding

Value	Label	Derived From
0	No	
1	Yes	Q31_1 Sports Q31_5 Trained peer support group leaders Q31_6 Question box Q31_8 Adventist Youth Organization Q31_15 Demonstration plots Q31_26 Present but no impact created Q31_21 Uniformed members of the club

**RECORD31** Evidence Peer Sup: peer support records of meetings interview  
Coding

Value	Label	Derived From
0	No	
1	Yes	Q31_3 School garden records Q31_4 Minutes/member lists of scouting/girl guide club/health club/other clubs meetings Q31_12 School health club & officials elected - club file - register Q31_13 Guidance & counseling teachers/introduced to me/interviewed Q31_17 Signed in school visitors book Q31_20 Members of club interviewed Q31_22 Group work - discussion (peer) - with records/work books

**AVAIL31** Evidence Peer Sup: availability of HIV/AIDS info thru peer supporters  
Coding

Value	Label	Derived From
0	No	
1	Yes	Q31_2 Sharing learning resources Q31_7 Songs/poems/drama items performed with an HIV/AIDS theme message Q31_9 Note in the pupils exercise books - individually HIV AIDS lessons Q31_14 Posters/handouts, pamphlets/charts containing HIV-AIDS information STDs/STIs Q31_18 Pupils & teachers freely discuss HIV/AIDS & able to answer questions - knowledge on HIV/AIDS increased

**BEHAV31** Evidence Peer Sup: improved behaviour attributed to peer support  
Coding

Value	Label	Derived From
0	No	
1	Yes	Q31_10 Discipline & behaviour change Q31_16 Positive contributions from the staff & pupils & positive behaviour change Q31_24 Disco banned Q31_25 School dropout cases minimized - premarital pregnancies reduced/not experienced

**CONDOM31** Evidence Peer Sup: increased condom use attributed to peer support

## Coding

Value	Label	Derived From
0	No	
1	Yes	Q31_23 Condoms from the CBDs and CHWs are frequently taken by pupils - increased use of condoms

**ABSTA31** Evidence Peer Sup: abstinence attributed to peer support

## Coding

Value	Label	Derived From
0	No	
1	Yes	Q31_19 Girls say no to sexual requests by boys

**ORPHAN31** Evidence Peer Sup: orphaned pupils financial support

## Coding

Value	Label	Derived From
0	No	
1	Yes	Q31_11 Financial support (levies) given to orphaned pupils

<b>Books &amp; Book Boxes</b>
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The following are indicators that pertain to the existence, accessibility, use, and content of the **Project Book Box (q32 to q36)**

**NOBKS33** Evidence of books: none

## Coding

Value	Label	Derived From
0	No	
1	Yes	Q33_17 Book boxes not collected from DEOs office

**DKBKS33** Evidence of books: DK

Note: Books are present but no evidence of use

## Coding

Value	Label	Derived From
0	No	
1	Yes	Q33_2 Books safely stored in the school cupboard Q33_3 Lists of receipts & issues of the books - inventories Q33_4 Books are logged - different titles - library referencing Q33_9 Date of arrival of book box seen Q33_15 Book issued for a short time then withdrawn from pupils Q33_16 Arrived recently not yet in use

**USEBK33** Evidence of books: books used

## Coding

Value	Label	Derived From

0	No	Q33_1 Books issued to teachers/pupils - present in class - increased leadership Q33_6 Records of borrowing & returning of books - library/class records (both teachers/pupils) Q33_7 Books have been covered by the pupils/look used - not new Q33_8 Teachers & pupils use knowledge from the books to plan with them (events/activities) Q33_10 Schemes available having infusion & integration Q33_12 HIV/AIDS lesson on the time table - books used Q33_13 Books displayed everywhere in the school Q33_14 Pupils Note in their exercise books - STIs/STDs/HIV/AIDS/Information
1	Yes	

**KNOW33** Evidence of books: know content of books

Coding

Value	Label	Derived From
0	No	Q33_5 Questions & answers by pupils - indicating behaviour change & increased awareness Q33_11 Good response on HIV/AIDS awareness when pupils interviewed
1	Yes	

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

Note: 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) <i>or</i> q34a_2=0Has HIV/AIDS class text books(0=no) <i>or</i> q34a_3=0Has HIV/AIDS reader(0=no) <i>or</i> q33_16=1Arrived recently not yet in use <i>or</i>
1	Low	q34a_1=1 Has HIV/AIDS teachers reference books <i>or</i> <i>and any of the following for q34a and q34b</i> 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 <i>or</i> <i>and any of the following for q34a and q34b</i> 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 <i>and</i> q34b_3=1 HIV/AIDS readers easily accessible

**BOOKWHER** indicator for where books evident

Note: 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) <i>or</i> q32=3(3=dk/na) <i>or</i> q33_16=1 Arrived recently not yet in use <i>or</i> q33_17=1 Book boxes not collected from DEOs office
1	Low	Q32=1 Whether school has a project book box <i>and</i> q33_2=1 Books safely stored in the school cupboard <i>or</i> q33_3=1 Lists of receipts & issues of the books – inventories <i>or</i> q33_9=1 Date of arrival of book box seen <i>or</i> q33_10=1 Schemes available having infusion & integration
2	Medium	Q32=1 Whether school has a project book box <i>and</i> q33_4=1 Books are logged - different titles - library referencing <i>or</i> q33_5=1 Questions & answers by pupils - indicating behaviour change & increased awareness <i>or</i> q33_6=1 Records of borrowing & returning of books - library/class records (both teachers/pupils) <i>or</i> q33_11=1 Good response on HIV/AIDS awareness when pupils interviewed
3	High	Q32=1 Whether school has a project book box <i>and</i> <i>any of the following for q33</i> q33_1=1 Books issued to teachers/pupils - present in class - increased leadership q33_7=1 Books have been covered by the pupils/look used - not new q33_8=1 Teachers & pupils use knowledge from the books to plan with them (events/activities) q33_12=1 HIV/AIDS lesson on the time table - books used q33_14=1 Pupils Note in their exercise books - STIs/STDs/HIV/AIDS/Information q33_15=1 Book issued for a short time then withdrawn from pupils

**BOOKFREQ** indicator for frequency of book use

Note: 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
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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) q33_16=1 Arrived recently not yet in use(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 q34c_1=1 Frequency use HIV/AIDS teachers reference books 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

**BOOKUSE** indicator for how books are used

Note: 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) <i>or</i> q33_16=1 Arrived recently not yet in use
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 <i>and any of the following for q35a</i> q35a_1=1 Infusion & integration q35a_3=1 Teachers get functional information (ref) from the books - to develop HIV/AIDS syllabus, scheming & lesson planning q35a_5=1 Head teacher talks to teachers about HIV/AIDS <i>or any of the following for q35b</i> 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	<i>any of the following for q35a,b,c</i> q35a_4=1 General reading - both pupils & teachers q35a_6=1 As library books - borrowing records - both teachers & pupils - for ref 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_8=1 Questions asked about AIDS after reading books increased

		awareness & answered by teachers/peer counsellor q35b_9=1 Discussion groups/in clubs q35c_1=1 Lessons in HIV/AIDS q35c_3=1 General reading - both pupils & teachers q35c_4=1 As library books - borrowing records - both teachers & pupils - for ref q35c_5=1 Exchanged by class members in upper classes q35c_6=1 Pupils use HIV/AIDS terminologies with ease & conversant with book context q35c_7=1 Drama/songs/poems on HIV/AIDS themes & other activities q35c_8=1 Questions asked about AIDS after reading books increased awareness & answered by teachers/peer counsellor q35c_9=1 Discussion groups/in clubs
3	High	<i>any of the following for q35bandc</i> 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_8=1 Questions asked about AIDS after reading books increased awareness & answered by teachers/peer counsellor q35b_9=1 Discussion groups/in clubs q35c_1=1 Lessons in HIV/AIDS q35c_3=1 General reading - both pupils & teachers q35c_4=1 As library books - borrowing records - both teachers & pupils - for ref q35c_5=1 Exchanged by class members in upper classes q35c_6=1 Pupils use HIV/AIDS terminologies with ease & conversant with book context q35c_7=1 Drama/songs/poems on HIV/AIDS themes & other activities q35c_8=1 Questions asked about AIDS after reading books increased awareness & answered by teachers/peer counsellor q35c_9=1 Discussion groups/in clubs

### Community Representative

The following are indicators for **Community Representative**

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

Note: 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 Community Rep - Responding to Question box(0=no) q37_2=0 Community Rep - Sensitising PTA(0=no)



		q37_3=0 Community Rep - Contacting NGOs(0=no) q37_4=0 Community Rep - Other(0=no) q37_5=0 Community Rep - Counselling teachers, pupils(0=no) q37_6=0 Community Rep - Presiding over public functions (churches, baraza, funerals, meetings, women groups) (0=no) q37_7=0 Community Rep - Providing the physical facilities(0=no) q37_8=0 Community Rep - Creating awareness on HIV/AIDS (Pupils, community) (0=no) q37_9=0 Community Rep - Sensitizing PAS(0=no) q37_10=0 Community Rep - Involved in SDP(0=no) q37_12=0 Community Rep - Development projects & curriculum implementation(0=no) q37_13=0 Community Rep - Counselling with resource personnel(0=no)
1	Low	q37_3=1 Community Rep - Contacting NGOs <i>or</i> q37_7=1 Community Rep - Providing the physical facilities <i>or</i> q37_4=1 Community Rep - Other
2	Medium	q37_6=1 Community Rep - Presiding over public functions (churches, baraza, funerals, meetings, women groups) <i>or</i> q37_9=1 Community Rep - Sensitizing <i>or</i> q37_10=1 Community Rep - Involved in SDP
3	Moderate	Q37_2=1 Community Rep - Sensitizing
4	High	q37_1=1 Community Rep - Responding to Question box <i>or</i> q37_5=1 Community Rep - Counselling teachers, pupils <i>or</i> q37_8=1 Community Rep - Creating awareness on HIV/AIDS (Pupils, community) <i>or</i> q37_12=1 Community Rep - Development projects & curriculum implementation <i>or</i> q37_13=1 Community Rep - Counselling with resource personnel

## Messages

The following are indicators of the existence, location and content of **Factual and Behaviour Change Messages**

**FMESSCON** indicator for content of factual messages 39

Note: 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 - Question box q40_11=0 Factual messages - PA minutes box q40_12=0 Factual messages - Video shows q40_13=0 Factual messages - Health clubs q40_14=0 Factual messages - Information corner q40_16=0 Factual messages - Assemblies q40_17=0 Factual messages - Poems, songs <i>or</i> q39_20=1 Peer counsellor addressing parents in general
1	Low	<i>Any of the following for q39</i> q39_3=1 AIDS is a killer disease/ has no cure, no bias q39_6=1 Help stop AIDS-stand up against AIDS - fight AIDS q39_12=1 Posters/charts put up on the walls-on HIV/AIDS - in formation corner q39_14=1 AIDS is no longer a myth, not witchcraft q39_15=1 Motivational messages e.g. life hurdles won't stop me, I will break through
2	Medium	<i>Any of the following for q39</i> q39_1=1 Abstinence q39_2=1 One partner faithfulness - wife inheritance q39_8=1 Some community members have died of AIDS q39_11=1 Way of HIV/AIDS STI/STD transmission q39_24=1 Assisting the affected people with HIV/AIDS, don't stigmatise them q39_29=1 Apply ABCS of HIV/AIDS information
3	High	<i>Any of the following for q39</i> q39_4=1 We can do without sex q39_5=1 Sex can wait till marriage q39_7=1 Girls have the right to say no to sex q39_23=1 Condoms not encouraged to practice safe sex by both teachers and parents, total abstinence q39_30=1 Do away with traditional practises to prevent yourself from HIV/AIDS

**FMESSLOC** indicator for location of factual messages 40

Note: 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 Note, minutes
- moderate – information corner
- high – pupil workbooks, Note
- 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 - Question box Q40_11=0 Factual messages - PA minutes box Q40_12=0 Factual messages - Video shows Q40_13=0 Factual messages - Health clubs Q40_14=0 Factual messages - Information corner Q40_16=0 Factual messages - Assemblies Q40_17=0 Factual messages - Poems, songs
1	Low	<i>Any of the following for q40</i> Q40_1=1 Factual messages - Pupils textbooks Q40_3=1 Factual messages - Teachers reference books Q40_7=1 Factual messages - Posters
2	Medium	<i>Any of the following for q40</i> Q40_4=1 Factual messages - Teachers schemes of work Q40_5=1 Factual messages - Lesson plans Q40_11=1 Factual messages - Co curricular activities
3	Moderate	<i>Any of the following for q40</i> Q40_12=1 Factual messages - Video shows Q40_13=1 Factual messages - Health clubs Q40_14=1 Factual messages - Information corner Q40_16=1 Factual messages - Assemblies Q40_17=1 Factual messages - Poems, songs
4	High	<i>Any of the following for q40</i> Q40_2=1 Factual messages - Pupils workbooks Q40_6=1 Factual messages - Co curricular activities Q40_10=1 Factual messages - Question box

### Factual Messages

#### ABSTN39 EG Fact: Abstinence/ waiting until marriage/faithfulness in Coding

Value	Label	Derived From
Count	None	Q39_1 Abstinence Q39_2 One partner faithfulness - wife inheritance Q39_4 We can do without sex Q39_5 Sex can wait till marriage Q39_7 Girls have the right to say no to sex Q39_23 Condoms not encouraged to practice safe sex by both teachers and parents, total abstinence

#### TRANSM39 EG Fact: transmission information Coding

Value	Label	Derived From
Count	None	Q39_11 Way of HIV/AIDS STI/STD transmission Q39_12 Posters/charts put up on the walls-on HIV/AIDS - in formation corner Q39_16 General awareness about HIV/AIDS/STDS/STI is good-from the pupils interviewed Q39_21 Drastic reduction in girls circumcision-FGM passing HIV AIDS message Q39_25 Pupils Note on STIs/STDs/HIV/AIDS information Q39_30 Do away with traditional practises to prevent yourself from HIV/AIDS

**EXIST39** EG Fact: AIDS exists, don't stigmatize

## Coding

Value	Label	Derived From
Count	None	Q39_3 AIDS is a killer disease/ has no cure, no bias Q39_8 Some community members have died of AIDS Q39_14 AIDS is no longer a myth, not witchcraft Q39_24 Assisting the affected people with HIV/AIDS, don't stigmatise them

**MOTIV39** EG Fact: motivational messages

## Coding

Value	Label	Derived From
Count	None	Q39_6 Help stop AIDS-stand up against AIDS - fight AIDS Q39_15 Motivational messages e.g. life hurdles won't stop me, I will break through

**WHERE39** EG Fact: location--message content not specified

## Coding

Value	Label	Derived From
Count	None	Q39_9 Teachers reference books Q39_10 Guidance and counselling minute book Q39_13 Records of visitors seen-from visitors book Q39_17 Minutes of last committee meeting/club file Q39_18 Schemes of work /lesson plan Q39_19 Discipline and behaviours change while answering questions Q39_20 Peer counsellor addressing parents in general Q39_22 Question box and question samplers Q39_26 Verbal message Q39_27 Co-curricula activities-(not specified) Q39_28 Video shows during seminars/workshop

**ABC39** EG Fact: apply ABCs of HIV/AIDS information

## Coding

Value	Label	Derived From
Count	None	Q39_29 Apply ABCS of HIV/AIDS information

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

Note: 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

		<p>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 - Its discussed by the staff/PA meetings discussions  Q42_10=0 Behaviour change - Tags put by some pupils  Q42_11=0 Behaviour change - Preachers, sermons/church/sports meetings/barazas  Q42_12=0 Behaviour change - Question box  Q42_13=0 Behaviour change - Poems/shairi/role plays/miming  Q42_14=0 Behaviour change - Video shows  Q42_15=0 Behaviour change - Health clubs  Q42_16=0 Behaviour change - Information corner  Q42_18=0 Behaviour change - SDA doctrinal books  Q42_19=0 Behaviour change - Guidance &amp; counselling books  Q42_20=0 Behaviour change - Verbal reports by pupils  Q42_21=0 Behaviour change - Assemblies  Q42_22=0 Behaviour change – Syllabus <i>or</i>  Q41_30=1 Drug abuse /alcoholism</p>
1	Low	Q41_3=1 Songs, poem, plays composed by student on HIV/AIDS & co-curricula activities
2	Medium	<p><i>Any of the following for q41</i>  Q41_6=1 Poster, pamphlets,charts-with HIV/AIDS/STI/STDs information displayed by pupils &amp; teachers  Q41_11=1 Education fist before marriage -priority -improved performance - class, exams  Q41_14=1 Women fear being inherited  Q41_19=1 Sound/good discipline /behaviours/ attitude change, reduced immorality/sex by pupils avoiding bad company  Q41_20=1 Accept / assist those affected (orphans) infected with AIDS  Q41_21=1 Reduction in girl circumcision - FGM  Q41_23=1 Modes /way of transmitting and preventing HIV/AIDS/STI/STDs  Q41_27=1 Use of sterilised piercing object /care taken with any sharp /cutting object  Q41_31=1 Reduce early marriages thus reduce dropout in schools</p>
3	Moderate	<p>Q41_2=1 Smart boys(girls) say to sex by marriage <i>or</i>  Q41_7=1 Abstinence (before marriage)to avoid AIDS which kills</p>
4	High	<p><i>Any of the following for q41</i>  Q41_1=1 Say no to sexual request and fight sexual harassment  Q41_13=1 In SDA marriages, both partners must be tested on HIV /AIDS before marriage  Q41_22=1 Practise safe sex by encouraging use of condoms  Q41_29=1 Be faithful to one partner only  Q41_32=1 Increased use of condoms by pupils</p>

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

Note: 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 Note, minutes
- moderate – information corner
- high – pupil workbooks, Note
- schools are scored at their highest possible rating

Coding

Value	Label	Derived from
0	None	Q42_1 thru q42_22 = 0 (as labeled above for bcmmescon = none or irrelevant info.)
1	Low	<i>Any of the following for q42</i> Q42_1=1 Behaviour change - Pupils textbooks Q42_3=1 Behaviour change - Teachers reference books Q42_7=1 Behaviour change - Posters Q42_19=1 Behaviour change - Guidance & counselling books Q42_22=1 Behaviour change – Syllabus
2	Medium	<i>Any of the following for q42</i> Q42_4=1 Behaviour change - Teachers schemes of work Q42_5=1 Behaviour change - Lesson plans Q42_9=1 Behaviour change - Its discussed by the staff/PA meetings discussions
3	Moderate	<i>Any of the following for q42</i> Q42_13=1 Behaviour change - Poems/shairi/role plays/miming Q42_14=1 Behaviour change - Video shows Q42_15=1 Behaviour change - Health clubs Q42_16=1 Behaviour change - Information corner Q42_21=1 Behaviour change – Assemblies
4	High	<i>Any of the following for q42</i> Q42_2=1 Behaviour change - Pupils workbooks Q42_6=1 Behaviour change - Co curricular activities Q42_10=1 Behaviour change - Tags put by some pupils Q42_12=1 Behaviour change - Question box Q42_20=1 Behaviour change - Verbal reports by pupils

**Behaviour Change Messages**

**ABSTN41** EG Beh Change: abstinence

Coding

Value	Label	Derived From
Count	None	Q41_1 Say no to sexual request and fight sexual harassment Q41_2 Smart boys(girls) say to sex by marriage Q41_4 Boys-girls relationship are minimal and not in school-fewer love letters written Q41_7 Abstinence (before marriage)to avoid AIDS which kills Q41_29 Be faithful to one partner only

**TALK41** EG Beh Change: HIV/AIDS talked about

Coding

Value	Label	Derived From
Count	None	Q41_3 Songs, poem, plays composed by student on HIV/aid them &co-curricula activities Q41_5 Pupils teachers freely discuss HIV/AIDS/STI/STDs-matters-in class, at assembly Q41_6 Poster, pamphlets,charts-with HIV/AIDS/STI/STDs information displayed by pupils & teachers Q41_15 Strong panel of guidance & counselling present and few groups formed Q41_16 Schemes of work and lesson plans, infusion & interaction in the curricula - master time table Q41_18 HIV/AIDS questions asked in the school question box and answered

		by teachers, peer counsellors Q41_25 Presence of health club Q41_28 Teachers change of attitude towards HIV/AIDS & teaching it
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**EDU41** EG Beh Change: Prioritise education over finding a partner  
Coding

Value	Label	Derived From
Count	None	Q41_8 Dozing in class during class lesson has reduced Q41_9 Pregnancy cases aren't there/minimal -dropout rate reduced Q41_11 Education first before marriage -priority -improved performance - class, exams Q41_24 Pregnant school girls present in school Q41_31 Reduce early marriage thus reduce dropout in school

**KNOW41** EG Beh Change: Knowledge regarding transmission  
Coding

Value	Label	Derived From
Count	None	Q41_12 General awareness on HIV/AIDS increase in pupils -response to HIV/AIDS question impressive Q41_14 Women fear being inherited Q41_21 Reduction in girl circumcision - FGM Q41_23 Modes /way of transmitting and preventing HIV/AIDS/STI/STDs Q41_27 Use of sterilised piercing object /care taken with any sharp /cutting object

**TEST41** EG Beh Change: testing required before marriage  
Coding

Value	Label	Derived From
Count	None	Q41_13 In SDA marriages, both partners must be tested on HIV /AIDS before marriage

**BEHAV41** EG Beh Change: lifestyle change messages  
Coding

Value	Label	Derived From
Count	None	Q41_10 No of pupils in guidance and counselling has reduced Q41_19 Sound/good discipline /behaviours/ attitude change, reduced immorality/sex by pupils avoiding bad company Q41_26 More pupils go to church /CU &reduce frequent to dances/discos Q41_30 Drug abuse /alcoholism

**CONDOM41** EG Beh Change: use condoms message  
Coding

Value	Label	Derived From
Count	None	Q41_22 Practise safe sex by encouraging use of condoms Q41_32 Increased use of condoms by pupils

**ORPHAN41** EG Beh Change: Accept assist orphans infected with HIV/AIDS  
Coding

Value	Label	Derived From
Count	None	Q41_20 Accept / assist those affected (orphans) infected with AIDS

**OTHER41** EG Beh Change: Maintenance of sanitation facilities in school

## Coding

Value	Label	Derived From
Count	None	Q41_17 Maintenance of sanitation facilities in schools

**Actions/Risks**

The following are indicators for action taken when there is **Suspected Adult-Child Sex**

**ACTSEX** indicator for action on adult-child sex 42a

Note: This variable was created using the following criteria.

no action- no case has occurred or no action was taken

low- ineffective solutions

moderate- blame the child

semi-moderate- involve authorities

medium- discuss openly

high- positive intervention (medical or other)

-schools are scored at their highest possible rating

## Coding

Value	Label	Derived from
0	No action	Q42a_10=1No serious action taken <i>or</i> q42a_11=1Such a case has not happened
1	Low	Q42a_12=1Suspect given strong warning
2	Moderate	No variables
3	Semi-moderate	<i>Any of the following for q42a</i> Q42a_2=1Parents are called and informed <i>or</i> Q42a_4=1Follow basic legal action/appropriate action Q42a_7=1Headteacher informs provincial administration Q42a_5=1Investigate
4	Medium	Q42a_1=1The matter is discussed in the school committee <i>or</i> Q42a_9=1Meeting held by staff, pupils and parents
5	High	Q42a_3=1Guiding and counselling <i>or</i> Q42a_6=1Do HIV/AIDS, STI test <i>or</i> Q42a_8=1Pupils taken to hospitals <i>or</i> Q42a_13=1Use of role model

**SCHCM42A** Suspect pupil play sex: Discuss in school setting

## Coding

Value	Label	Derived From
0	No	
1	Yes	Q42a_1 The matter is discussed in the school committee



**PAR42A** Suspect pupil play sex: Parents involved

## Coding

Value	Label	Derived From
0	No	
1	Yes	Q42a_2 Parents are called and informed Q42a_9 Meeting held by staff, pupils and parents

**GUIDE42A** Suspect pupil play sex: Provide guidance/speak to pupil

## Coding

Value	Label	Derived From
0	No	
1	Yes	Q42a_3 Guiding and counseling Q42a_12 Suspect given strong warning Q42a_13 Use of role model

**FORAC42A** Suspect pupil play sex: Take formal action

## Coding

Value	Label	Derived From
0	No	
1	Yes	Q42a_4 Follow basic legal action/appropriate action Q42a_7 Headteacher informs provincial administration

**MED42A** Suspect pupil play sex: Medical steps taken

## Coding

Value	Label	Derived From
0	No	
1	Yes	Q42a_6 Do HIV/AIDS, STI test Q42a_8 Pupils taken to hospitals

**INVES42A** Suspect pupil play sex: Investigate

## Coding

Value	Label	Derived From
0	No	
1	Yes	Q42a_5 Investigate

**NONE42A** Suspect pupil play sex; No serious action taken

## Coding

Value	Label	Derived From
0	No	
1	Yes	Q42a_10 No serious action taken

**NOTHP42A** Suspect pupil play sex: Not happened here

## Coding

Value	Label	Derived From
0	No	
1	Yes	Q42a_11 Such a case has not happened

The following are indicators for **HIV Risk Activity**

**SOCIAL43** Risk nearby from: social activities

Coding

Value	Label	Derived From
Count	None	Q43_1 Disco, night parties/ festivals/ music bands Q43_6 Influence of drug taking /drunkenness/bars/lodges Q43_19 Football play in the evening Q43_30 Floor management of leisure time

**CYEVEN43** Risk nearby from: community events

Coding

Value	Label	Derived From
Count	None	Q43_2 Funeral,meetings/barazas Q43_5 Church function (kukeshu)

**RBEH43** Risk nearby from: high risk behaviours

Coding

Value	Label	Derived From
Count	None	Q43_8 Promiscuity/sex before marriage Q43_14 Ear piecing/unsterilized object Q43_27 Misuse of condoms

**POV43** risk nearby from: poverty

Coding

Value	Label	Derived From
Count	None	Q43_10 Poverty induce girls with money Q43_31 Child labour

**MEDIA43** Risk nearby from: media

Coding

Value	Label	Derived From
Count	None	Q43_25 Poster and bill boards

**CULT43** Risk nearby from: cultural practices

Coding

Value	Label	Derived From
Count	None	Q43_4 Spouse inheritance Q43_11 Polygamy Q43_16 Traditional rituals and beliefs Q43_26 Circumcision ceremony Q43_28 Local mid-wives/unauthorised doctors

**ENVIR43** Risk nearby from: environment

Coding

Value	Label	Derived From
Count	None	Q43_15 Being exposed to lake beaches Q43_20 Markets working up to late Q43_24 Child abuse

**INFLU43** Risk nearby from: influence of others

## Coding

Value	Label	Derived From
Count	None	Q43_17 Peer pressure Q43_21 Community attitude /parents ignorance Q43_32 Lack of role models

**WORK43** Risk nearby from: work

## Coding

Value	Label	Derived From
Count	None	Q43_3 Idle cane cutters with a lot of money Q43_12 Employees staying away from families Q43_13 Hydro-power station constructions Q43_18 Petty trade/businesses Q43_22 Gold mining Q43_23 Tankers drivers

**OTHER43** Risk nearby from: other

## Coding

Value	Label	Derived From
Count	None	Q43_7 School dropouts Q43_29 Very little negative influence Q43_33 Indecent attire

<b>Posters</b>
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The following are indicators that pertain to the existence and content of **Posters**

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

Note: 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? (0= none) Or Q44a=3
1	Low	<i>Any of the following for q44c</i> Q44c_8=1 AIDS has no cure /AIDS kill Q44c_12=1 Think twice think AIDS Q44c_15=1 AIDS is not chira Q44c_32=1 AIDS is not witchcraft

		Q44c_16=1 You are dear to your family Q44c_19=1 Youth counselling programme Q44c_26=1 Anybody can get AIDS
2	Medium	<i>Any of the following for q44c</i> Q44c_5=1 Method of HIV transmission /major - sex Q44c_14=1 Signs/symptoms of STI Q44c_25=1 Chain from health, infection and death
3	Moderate	<i>Any of the following for q44c</i> Q44c_3=1 Chain from health, infection and death Q44c_4=1 Method of HIV transmission /major - sex Q44c_6=1 Methods of avoiding contracting the disease unsterilized objects Q44c_7=1 Rights of the child/care of orphans Q44c_13=1 Treat infection due to HIV/AIDS Q44c_20=1 Home based care/danger of careless work cleanliness with meals Q44c_22=1 VCT/to be tested for HIV /AIDS & STI Q44c_23=1 To win a match good defending is a must /be on the winning team Q44c_27=1 Reproductive health
4	High	<i>Any of the following for q44c</i> Q44c_1=1 Responsive changes /behaviour changes Q44c_2=1 Using condoms for sex /prevention against STD AIDS use condom /fight AIDS Q44c_9=1 Sex can wait/say no to sex before marriage Q44c_11=1 Girls have right to say no to sex Q44c_17=1 Stand up for your future/ protect yourself from STI Q44c_24=1 Protect our children student to secure our future/go for maternal child health clinic Q44c_28=1 Completion of education /sex can wait education first Q44c_29=1 Girls have got right to education Q44c_30=1 You have power over AIDS can prevent Q44c_31=1 Condoms are not safe

**MOE44B** Poster resources: MoE, MOH

Coding

Value	Label	Derived From
0	No	
1	Yes	Q44b_5 Ministry of education science & technology Q44b_9 GOK/MOH Q44b_10 Ministry of health Q44b_26 National AIDS control council/ programme Q44b_30 NASCOP

**CFBT44B** Poster resources: CfBT, DFID or related

Coding

Value	Label	Derived From
0	No	
1	Yes	Q44b_15 Development fund international (DFID) Q44b_19 CFBT Q44b_21 Future group europe Q44b_27 HIV awareness prevention and care(HAPAC) Q44b_33 PSABH Q44b_41 British government fund for international development

**RSPSXQ44** Posters - responsible sex

## Coding

Value	Label	Derived From
Count	None	Q44c_2 Using condoms for sex /prevention against STD AIDS use condom /fight AIDS Q44c_9 Sex can wait/say no to sex before marriage Q44c_11 Girls have right to say no to sex Q44c_12 Think twice think AIDS Q44c_17 Think twice think AIDS Q44c_28 Completion of education /sex can wait education first

**EMPOWQ44** Posters - empowering messages (re:sex)

## Coding

Value	Label	Derived From
Count	None	Q44c_1 Responsive changes /behaviour changes Q44c_16 You are dear to your family Q44c_23 To win a match good defending is a must /be on the winning team Q44c_30 You have power over AIDS can prevent

**AFINFQ44** Posters - affected/infected

## Coding

Value	Label	Derived From
Count	None	Q44c_3 Taking care of victims /show them love Q44c_7 Rights of the child/care of orphans Q44c_20 Home based care/danger of careless work cleanliness with meals

**FACTSQ44** Posters - AIDS facts

## Coding

Value	Label	Derived From
Count	None	Q44c_4 Method of HIV transmission /major - sex Q44c_5 Facts about AIDS/ AIDS risk/awareness Q44c_6 Methods of avoiding contracting the disease unsterilized objects Q44c_8 AIDS has no cure /AIDS kill Q44c_14 Signs/symptoms of STI Q44c_15 AIDS is not chira Q44c_22 VCT/to be tested for HIV /AIDS & STI Q44c_25 Chain from health, infection and death Q44c_26 Anybody can get AIDS Q44c_32 AIDS is not witchcraft

**PROCQ44** Posters - Pro condom

## Coding

Value	Label	Derived From
Count	None	Q44c_2 Using condoms for sex /prevntion against STD AIDS use condom /fight AIDS

**ANTICQ44** Posters - Anti-condom

## Coding

Value	Label	Derived From
Count	None	Q44c_31 Condoms are not safe

**HLTHQ44** Poster - Generic Health messages

## Coding

Value	Label	Derived From
Count	None	Q44c_10 Care for your teeth Q44c_13 Treat infection due to HIV/AIDS Q44c_18 Elimination of female circumcision Q44c_19 Youth counselling programme Q44c_27 Reproductive health Q44c_33 We care for your family health /health messages Q44c_34 Avoid abortion

**FUTURQ44** Poster - Connection with the future

## Coding

Value	Label	Derived From
Count	None	Q44c_21 Shared right, shared responsibilities pooling resources for continuation of education Q44c_24 Protect our children student to secure our future/go for maternal child health clinic Q44c_29 Girls have got right to education

**POSQ44** total Positive messages q44c

## Coding

Value	Label	Derived From
Count	None	All of Q44c except q44c_23,31

**NEGQ44** total Negative messages q44c

## Coding

Value	Label	Derived From
Count	None	Q44c_31 Condoms are not safe

<b>Obstacles</b>
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The following are indicators of PSABH **Obstacles**

**NOTRN46** Not implement: lack of training

## Coding

Value	Label	Derived From
Count	None	Q46_7 Lack of trained facilitators /personnel/teachers Q46_9 Ignorance from community /no sensitisation/no awareness Q46_10 Lack of trained community representatives/inspectors Q46_13 Ignorance about PSABH programme Q46_14 Ignorance about PSABH programme Q46_18 Few schools target for for course A/not tested in exams/teaching guides

**CULT46** Not implement: cultural beliefs and practices

## Coding

Value	Label	Derived From
Count	None	Q46_2 Lack of awareness facilities reference materials

		Q46_6 Lack of tangible activities Q46_15 Lack of finance/sponsors not supportive/resources Q46_19 Myth about HIV /AIDS cultural beliefs Q46_24 Lack of posters to sent messages Q46_37 Lack of factual films
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**MONEY46** Not implement: finances

Coding

Value	Label	Derived From
Count	None	Q46_26 illicit brews/drug abuse Q46_39 Expensive health personnel Q46_46 Expensive to have workshop/seminars

**SOCACT46** Not implement: negative social activities

Coding

Value	Label	Derived From
Count	None	Q46_16 Prevalence of immorality/not ready to change behaviour/discos Q46_29 Poor students attitude towards the lessons

**ATTIT46** Not implement: negative attitudes

Coding

Value	Label	Derived From
Count	None	Q46_8 Negative attitude by teachers /teachers not ready to adopt facts Q46_28 Difficulty in scheming HIV/AIDS Q46_30 Resistance to HIV/AIDS issue no fear Q46_48 Negative attitude by SMC/provincial administration

**DIFFT46** Not implement: teaching difficulties

Coding

Value	Label	Derived From
Count	None	Q46_4 Congestion programmes /schedules /programme not yet used Q46_17 Shy in discussing HIV/AIDS through sex parents not discuss with their children Q46_23 Parents not attending PA meetings/role and commitment/insensitive Q46_33 Illiteracy of parents Q46_34 Lack of enough man power Q46_38 Stigmatisation of infected and affected Q46_40 Do not announce that a person died of AIDS Q46_41 Non availability of NGOs dealing with HIV/AIDS Q46_42 Lack of community mobilisation Q46_44 Under staffing Q46_47 Lack of time

**PARENT46** Not implement: parents

Coding

Value	Label	Derived From
Count	None	Q46_1 Communication /lack of counselling Q46_20 Lack of health institution within the school community /facilities like buildings Q46_49 Some churches discourage use of condoms

**DENY46** Not implement: denial and stigma

Coding

Value	Label	Derived From
Count	None	Q46_43 Lack of monitoring Q46_45 Laziness or none

**EXTRES46** Not implement: not linked to external resources

Coding

Value	Label	Derived From
Count	None	Q46_35 High competition Q46_36 None

**RELIG46** Not implement: religion

Coding

Value	Label	Derived From
Count	None	Q46_32 Sickness and death

**COMMUN46** Not implement: communication

Coding

Value	Label	Derived From
Count	None	Q46_25 Water problem/latrines

**STUDIS46** Not implement: students issues

Coding

Value	Label	Derived From
Count	None	Q46_5 Train personnel not being a role model/lack communication Q46_21 School dropouts - orphans /poverty/early marriage

**LIMRES46** Not implement: limited resources

Coding

Value	Label	Derived From
Count	None	Q46_31 Gender bias

### Proportion of Staff

The following indicators were created in order to assess the effects of staffing upon programme implementation

**PORPFT** interval variable for proportion of female teachers

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



**PORPFT2** proportion of female teachers

Note: This variable was derived from porpft

Coding

Value	Label	Porpft values
1	low	0 thru 29.9
2	high	30 or greater

**PORSTAF** interval variable for proportion of staff

Note: This variable was derived from t\_studen and t\_teach: t\_studen/t\_teach

**PORSTAF2** proportion of students to teachers

Note: Derived from porstaf, the variable was divided into three percentiles: low, moderate, and high categories each contain approximately 33.33% of the cases.

Coding

Value	Label	Porstaf values
1	Low	39.89 or greater
2	Moderate	28.92 thru 39.83
3	High	0 thru 28.82

### 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.

**HAP2** standardized hap

Computed: hap/2

**SCH2** standardized sch

Computed: sch/3

**QBOX2** standardized qbox

Computed: qbox/4

**CONDOM2** standardized condom

Computed: condom/4

**PEER2** standardized peer

Computed: peer/2

**BOOKEV2** standardized bookev

Computed: bookev/3

**BOOKWHE2** standardized bookwher

Computed: bookwher/3

**BOOKFRE2** standardized bookfreq

Computed: bookfreq/3

**BOOKUSE2** standardized bookuse

Computed: bookuse/3

**COMREP2** standardized comprep

Computed: comprep/4

**FMESCON2** standardized fmesscon

Computed: fmesscon/3

**FMESLOC2** standardized fmessloc

Computed: fmessloc/4

**BMESCON2** standardized bmescon

Computed: bmescon/4

**BMESLOC2** standardized bmesloc

Computed: bmesloc/4

**ACTSEX2** standardized actsex

Computed: actsex/5

**POSTERS2** standardized posters

Computed: posters/4

### **Impact Scales**

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

**INDSCALE** score for all impact indicators

Computed: (sum hap2 thru posters2)/16) x 100

**BOOKSCAL** score for impact of books

Computed: (bookev2 + bookwhe2 + bookfre2 + bookuse2)/4) X 100

**ACTSCALE** score for level of program action

Computed:  $(sch2 + qbox2 + hap2 + comprep2)/4) \times 100$

**MESSCALE** score for impact of messages

Computed:  $(fmescon2 + fmesloc2 + bmescon2 + bmesloc2 + posters2)/5) \times 10$

## Codebook for Community Responsiveness Survey Variables Created From or Added to Database

### Background Variables

#### School

**TAR\_CON** Target/Control

Notes: Indicates whether or not school has a PASBH training programme (target = yes; control = no )

Value Label

- 1 Target
- 2 Control

**TOP\_BOT** Top/Bottom

Notes: Indicates the level of academic performance in school (as determined through standardized test conducted by KCPE)

Value Label

- 1 Top
- 2 Bottom

#### People Interviewed

**P\_INTA** Parent  
Coding

Value	Label	Derived From
0	No	
1	Yes	P_int2 Parent of Std. 6 P_int3 Parent of Std. 7 P_int4 Parent of Std. 8 P_int9 Std 4 parent P_int11 Std 5 parent P_int18 Parents of nursery P_int24 Std 1 parent P_int25 Parent (others) P_int26 Std 3 parent P_int27 Std 2 parent

**P\_INTB** Teacher  
Coding

Value	Label	Derived From
0	No	
1	Yes	P_int6 Deputy headteacher P_int7 Headteacher P_int8 Resource teacher P_int33 Senior teacher

**P\_INTC** School Administrator/Staff

## Coding

Value	Label	Derived From
0	No	
1	Yes	P_int12 School chairman P_int14 Staff members P_int21 Treasurer P_int23 Provincial administration P_int28 Watchman P_int41 Chairman

**P\_INTD** Community Elder

## Coding

Value	Label	Derived From
0	No	
1	Yes	P_int10 Village elders P_int16 Area assistance chief P_int17 Community chairman/community rep (not trained) P_int20 Clan elders P_int30 Community member P_int36 Chief

**P\_INTE** Church Member/Leader

## Coding

Value	Label	Derived From
0	No	
1	Yes	P_int13 Church representative P_int31 Pastor P_int32 Church elder P_int42 Church treasurer

**P\_INTF** Pupil

## Coding

Value	Label	Derived From
0	No	
1	Yes	P_int34 Pupil

**P\_INTG** Community Rep

## Coding

Value	Label	Derived From
0	No	
1	Yes	P_int1 Community representative (trained) P_int15 Sponsor representative P_int19 SMC P_int22 Chairperson of SMC P_int29 Women group/MYWO leader P_int35 Committee member/committee P_int37 EGD representative P_int38 TBA P_int39 C.H.W P_int40 CBD

**NUP\_INTA** Number of Parents Interviewed

## Coding

Value	Label	Derived From
Count	None	P_int2 Parent of Std. 6 P_int3 Parent of Std. 7 P_int4 Parent of Std. 8 P_int9 Std 4 parent P_int11 Std 5 parent P_int18 Parents of nursery P_int24 Std 1 parent P_int25 Parent (others) P_int26 Std 3 parent P_int27 Std 2 parent

**NUP\_INTB** Number of Teachers Interviewed

## Coding

Value	Label	Derived From
Count	None	P_int6 Deputy headteacher P_int7 Headteacher P_int8 Resource teacher P_int33 Senior teacher

**NUP\_INTC** Number of Administration or Staff Interviewed

## Coding

Value	Label	Derived From
Count	None	P_int12 School chairman P_int14 Staff members P_int21 Treasurer P_int23 Provincial administration P_int28 Watchman P_int41 Chairman

**NUP\_INTD** Number of Community Elders Interviewed

## Coding

Value	Label	Derived From
Count	None	P_int10 Village elders P_int16 Area assistance chief P_int17 Community chairman/community rep (not trained) P_int20 Clan elders P_int30 Community member P_int36 Chief

**NUP\_INTE** Number of Church Member/Leaders Interviewed

## Coding

Value	Label	Derived From
Count	None	P_int13 Church representative P_int31 Pastor P_int32 Church elder P_int42 Church treasurer

**NUP\_INTF** Number of Students Interviewed

## Coding

Value	Label	Derived From
Count	None	P_int34 Pupil

**NUP\_INTG** Number of Trained Community Reps Interviewed

## Coding

Value	Label	Derived From
Count	None	P_int1 Community representative (trained)

**NUP\_ING1** Number of Community Reps Interviewed (training not specified)

## Coding

Value	Label	Derived From
Count	None	P_int15 Sponsor representative P_int19 SMC P_int22 Chairperson of SMC P_int29 Women group/MYWO leader P_int35 Committee member/committee P_int37 EGD representative P_int38 TBA P_int39 C.H.W P_int40 CBD

<b>Parent Teacher Meetings</b>
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**RESQ3** Discussed in Pta: Resource/Finance/Administration Issues

## Coding

Value	Label	Derived From
0	No	
1	Yes	Q3_1 Discipline Q3_2 School finances Q3_3 School expansion Q3_7 Text books Q3_8 Physical facilities Q3_12 Fundraising for construction/school development programme Q3_13 DFID/GOK books project Q3_14 Staffing Q3_19 Holiday tuition Q3_24 Open secondary school Q3_25 Counselling Q3_26 Co-operation with teachers Q3_27 PTA TR Q3_28 Prep Q3_31 Desk Q3_33 Having uniform Q3_36 Nursery school

**CIRQ3** Discussed in PTA: Curriculum/Academic Issues  
Coding

Value	Label	Derived From
0	No	
1	Yes	Q3_4 Academic performance (KCPE results) Q3_9 Education Q3_15 Curriculum Q3_16 Rate of school dropout Q3_35 Promoting pupils to next classes

**EXTQ3** Discussed in PTA: Extracurricular Activities  
Coding

Value	Label	Derived From
0	No	
1	Yes	Q3_11 Fencing Q3_21 School farm Q3_29 Ent/tour

**HELTHQ3** Discussed in PTA: Health and Safety Issues  
Coding

Value	Label	Derived From
0	No	
1	Yes	Q3_17 School hygiene Q3_34 Spiritual development

**HIVQ3** Discussed in PTA: HIV/AIDS Related Issues  
Coding

Value	Label	Derived From
0	No	
1	Yes	Q3_5 HIV/AIDS and related issues Q3_18 Plan to create more awareness Q3_20 Relationship

**CONDO3** Discussed in PTA: Use of Condoms  
Coding

Value	Label	Derived From
0	No	
1	Yes	Q3_22 Use of condoms

**ORPHQ3** Discussed in PTA: Orphans  
Coding

Value	Label	Derived From
0	No	
1	Yes	Q3_23 Orphans

**PREGQ3** Discussed in PTA: Pregnancy  
Coding

Value	Label	Derived From
0	No	
1	Yes	Q3_10 Pregnancies



The following indicate what specifically was discussed in schools where HIV/AIDS issues were discussed in parent/teacher meetings (q4)

**HIVQ5** Discussed in PTA: What STIs, HIV, and AIDS

Coding

Value	Label	Derived From
0	No	
1	Yes	Q5_1 What STIs, HIV and AIDS are

**TRANSQ5** Discussed in PTA: How they are transmitted

Coding

Value	Label	Derived From
0	No	
1	Yes	Q5_2 How they are transmitted Q5_13 Factors promoting spread of HIV /aids -alcohol Q5_19 Drug abuse

**PREVQ5** Discussed in PTA: How can they be prevented

Coding

Value	Label	Derived From
0	No	
1	Yes	Q5_3 How they can be prevented Q5_15 To go for check-ups Q5_17 Awareness Q5_20 Teaching orally not minuted Q5_22 Doctors to be specified on disease affecting a person

**PROTQ5** Discussed in PTA: How we can help our children to protect themselves

Coding

Value	Label	Derived From
0	No	
1	Yes	Q5_4 How we can help our children to protect themselves against HIV infection Q5_16 Close parental care

**CAREQ5** Discussed in PTA: Caring for people with AIDS at home and in the community

Coding

Value	Label	Derived From
0	No	
1	Yes	Q5_5 Caring for people with AIDS at home and in the community Q5_12 How to get healthy workers Q5_21 Feeding the HIV/ aids patients

**CULTQ5** Discussed in PTA: HIV, Culture and Behaviour

Coding

Value	Label	Derived From
0	No	
1	Yes	Q5_8 Step wife inheritance Q5_9 Leisure/disco Q5_10 Faithfulness Q5_11 Spiritual intervention

		Q5_14 Commercial sex workers Q5_23 Behaviour of trailer drivers
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**Q1\_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 Q5_20=1 Teaching orally not minuted
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_16=1 Close parental care q5_17=1 Awareness q5_18=1 Education orphan 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_14=1 Commercial sex workers q5_21=1 Feeding the HIV/ aids patients 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> q5_10=1 Faithfulness

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) <i>and</i> q3_22=1 Use of condoms <i>or</i> q5_24=1 Use of condoms
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The following are derived from q6a1b, q6b2d, q6c2, q6d2, q6e2 and grouped as follows.

**GRPQ6A1D** Date of last meeting held by youth where HIV/AIDS was discus

Value Label

- 1 Aug 2002
- 2 July 2002
- 3 June 2002
- 4 Jan-May 2002
- 5 Before Jan 2002

**GRPQ6B2D** Date of last meeting held by religious group where HIV/AIDS

Value Label

- 1 Aug 2002
- 2 July 2002
- 3 June 2002
- 4 Jan-May 2002
- 5 Before Jan 2002

**RPQ6C2** Date of last women's meeting where HIV/AIDS was discussed

Value Label

- 1 Aug 2002
- 2 July 2002
- 3 June 2002
- 4 Jan-May 2002
- 5 Before Jan 2002

**GRPQ6D2** Date of last public meeting where HIV/AIDS was discussed

Value Label

- 1 Aug 2002
- 2 July 2002
- 3 June 2002
- 4 Jan-May 2002
- 5 Before Jan 2002

**GRPQ6E2** Date of last meeting by other groups where HIV/AIDS was disc

Value Label

- 1 Aug 2002
- 2 July 2002
- 3 June 2002
- 4 Jan-May 2002
- 5 Before Jan 2002

**HIV/AIDS in Community Festivals**

The following indicate which festivals had HIV/AIDS education.

**EG10B** HIV in festivals: Regular activities

Coding

Value	Label	Derived From
Count	None	Q10b_1 Sports/games Q10b_10 Fundraising Q10b_15 Marketing places Q10b_19 Women group meetings/Women group dancers Q10b_23 Poems Q10b_24 Local brewing drinking Q10b_25 Parties Q10b_32 Youth camp

**CULC10B** HIV in festivals: Cultural celebrations

Coding

Value	Label	Derived From
Count	None	Q10b_2 Funeral/burial Q10b_5 Music festivals/competitions/drama/dances/songs Q10b_8 Public holiday celebrations/shows/christmas festivals Q10b_9 Marriage ceremonies/weddings Q10b_37 Gongera Q10b_38 The world food day celebration Q10b_39 Entertainment on the closing day

**CULA10B** HIV in festivals: Cultural activities

Coding

Value	Label	Derived From
Count	None	Q10b_11 Initiation ceremonies Q10b_16 Circumcision ceremonies Q10b_20 Visit of a suitor Q10b_21 Wife initiation Q10b_22 Birth ceremony Q10b_27 Wife inheritance Q10b_29 Kenya cultural activities in January Q10b_30 Tero buru

**POL10B** HIV in festivals: political activities

## Coding

Value	Label	Derived From
Count	None	Q10b_3 Political /meeting /rallies Q10b_7 Chiefs meeting baraza Q10b_14 Community meetings/social gatherings/public gatherings Q10b_31 Inauguration ceremonies Q10b_34 Annual elders meetings

**AIDS10B** HIV in festivals: AIDS activities

## Coding

Value	Label	Derived From
Count	None	Q10b_4 Aids day at divisional level/Aids sensitisation programmes Q10b_28 Activities which facilitate risky behaviours Q10b_35 Prevention measures Q10b_36 Way of acquiring the virus

**SCHL10B** HIV in festivals: school based activities

## Coding

Value	Label	Derived From
Count	None	Q10b_6 Parents day at school/PTA meeting at school/prize giving day Q10b_17 School education days/District education day Q10b_18 Co-curriculum activities

**CRCH10B** HIV in festivals: church based activities

## Coding

Value	Label	Derived From
Count	None	Q10b_12 Religion camps/religions ceremonies Q10b_13 Church/church choirs Q10b_26 Dorcas member in the church

The following indicate reasons why HIV/AIDS were not addressed in community festivals or ceremonies.

**NOFES10C** HIV not in festivals: no festivals

## Coding

Value	Label	Derived From
0	No	
1	Yes	Q10c_1 Community doesn't organise festivals and ceremonies Q10c_6 People are nowadays saved so they have discarded some of these traditions Q10c_7 They have no time to attend to such festivals Q10c_12 No organisation has come up to fund such functions in the community Q10c_13 It is a migrant community with no back ground Q10c_14 There has not been any festivals Q10c_16 These festivals no longer exist in the community

**AIDS10C** HIV not in festivals: AIDS awareness issues

## Coding

Value	Label	Derived From
0	No	

1	Yes	Q10c_2 Lack of sensitisation on HIV/AIDS /Awareness is still minimal Q10c_9 Belief that getting HIV/AIDS is an accident hence no need of taking care Q10c_3 To control STIs and to control the spread of HIV Q10c_8 They were recently sensitised/education recently introduced
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**PRSNL10C** HIV not in festivals: personnel issues

Coding

Value	Label	Derived From
0	No	
1	Yes	Q10c_4 Lack of trained community representatives Q10c_10 The trained personnel on sensitising people are reluctant Q10c_11 Ignorance of leaders (ignorance) Q10c_15 Laziness of the provincial administration

**Messages**

The following represent responses to:

Q11. What do you consider to be the most important message to get to children about HIV and AIDS?

Q12. What do you consider to be the second most important message...

**Q1112FCT** Important message: factual re AIDS

Coding

Value	Label	Derived From
Count	None	Q11_1 HIV kills Q11_2 HIV has no cure Q11_5 Ways of HIV transmission Q11_6 HIV is real - no witchcraft/not a cure Q11_9 Healthy people can be carriers of HIV - All that glitters is not gold Q11_10 General information on HIV /AIDS/STI/STD awareness via different avenues i.e. video posters film Q11_12 HIV/AIDS how it affects the society-how it affects the community-leaves orphans, poverty/economy negative affected etc Q11_13 Ways of HIV prevention/avoided Q11_14 AIDS has no bias Q12_1 HIV kills Q12_2 HIV has no cure Q12_5 Ways of HIV transmission Q12_6 Aids has no bias Q12_8 General information on HIV/AIDS/STD's/SIT - spread prevention /disease management Q12_13 HIV is real , not witchcraft not a curse or myth Q12_14 Effect of AIDS in society/poverty/financial drain orphan Q12_15 Ways of HIV prevention Q12_16 Cutting piercing should not be shared /treated sterilised before use/boy circumcision in hospitals

**Q1112BEH** Important message: behaviour change

Coding

Value	Label	Derived From
Count	None	Q11_3 Behaviour change Q11_7 Develop self respect/discipline/good dignity

		Q11_8 Religious messages matters on sex-respect our bodies/obey God /the bible/commandments Q11_11 Avoid bad company/risky situation, practices, habits - ape good mentors - use leisure time wisely Q11_17 Education a priority before anything else Q11_21 Get proper health care/visit VCT centre/not quacks Q12_10 Avoid bad company - risky situations/practices/alcohol/drugs - use leisure time wisely Q12_21 Get proper health care ( not quacks ) visit VCT centre get tested for STI/STD'S Q12_22 Priority given to education first , sex later Q12_23 Discourage/stop female circumcision
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**Q112ABS** Important message: abstain/faithful after marriage

Coding

Value	Label	Derived From
Count	None	Q11_4 Complete absence from sex before marriage Q11_22 Faithfulness in marriage (to your partner) Q12_3 Behavioural change - morality Q12_4 Complete abstinence from sex before marriage Q12_11 Faithfulness to one partner - in marriage & testing before marriage Q12_20 Religion messages - pretty encouraged - obedience to God the bible on sex related issues

**Q112NOC** Important message: don't use condoms

Coding

Value	Label	Derived From
Count	None	Q11_15 Condoms are not 100% effective in HIV/AIDS prevention-discourage Q12_17 Discourage use of condoms

**Q112YC** Important message: use condoms

Coding

Value	Label	Derived From
Count	None	Q11_18 Condoms encouraged Q12_9 Use of condoms encourage - safe sex

**Q112TLK** Important message: talk about it

Coding

Value	Label	Derived From
Count	None	Q11_19 Counselling by leaders/parents teachers/CRS to be effectively carried out - youth to ape them Q11_20 Peer support groups to encouraged to raise HIV/AIDS awareness in school - church groups free discussion on AIDS issues 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

**Q12PLWA** Important message: Orphans / more acceptance for PLWA

## Coding

Value	Label	Derived From
Count	None	Q11_16 Support/care for PLWA affected people - orphans, widows, widowers Q12_7 Caring for the victims PLWA

**Q12ABC** Important message: ABCs

## Coding

Value	Label	Derived From
Count	None	Q12_24 Use the ABC methods - generally to prevent AIDS/HIV

**Q11AND12** Indicator of most important messages for youth to receive about HIV/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 Q11_17 Education a priority before anything else 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 Q12_22 Priority given to education first , sex later
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_12 HIV/AIDS how it effect the society-how it affects the community-leaves orphans, poverty/economy negative affected etc Q11_16 Support/care for PLWA affected people - orphans, widows, widowers Q11_19 Counselling by leaders/parents teachers/CRS to be effectively carried out - youth to ape them Q11_20 Peer support groups to encouraged to raise HIV/AIDS awareness in school - church groups free discussion on AIDS issues 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_9 Healthy people can be carriers of HIV - All that glitters is not gold Q11_13 Ways of HIV prevention/avoided Q11_21 Get proper health care/visit VCT centre/not quacks 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 hospitals Q12_21 Get proper health care ( not quacks ) visit VCT centre get tested for STI/STD'S Q12_23 Discourage/stop female circumcision Q12_24 Use the ABC methods - generally to prevent AIDS/HIV
4	General Behaviour, positive attitude	Q11_7 Develop self respect/discipline/good dignity Q11_8 Religious messages matters on sex-respect our bodies/obey God /the bible/commandments 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 Q12_20 Religion messages - pretty encouraged - obedience to God the bible on sex related issues
5	Abstinence for youth	Q11_4 Complete absence from sex before marriage Q11_15 Condoms are not 100% effective in HIV/AIDS prevention-discourage Q12_4 Complete abstinence from sex before marriage Q12_17 Discourage use of condoms
6	Pro-condom message	Q11_18 Condoms encouraged Q12_9 Use of condoms encourage - safe sex

### Focus on Churches

#### SP\_GRP Sponsorship Group

Notes: This variable was derived from q4 in the SRS (School Responsive ness Survey). The following are churches that sponsor schools.

#### Coding

Value	Label	Derived From
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 Shririkisho 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
4	Traditional	Q4 = Legio Maria Nomiya Roho Voice of Salvation & Healing Roho Ruwe Roho Msalaba Miracle Wonders Roho Moyie
5	Muslim	Q4 = Muslim

**CATAIDS6** Number Catholic Churches with Meetings on AIDS  
Coding

Value	Label	Derived From
Count	None	q6b1_1 Catholic q6b1_12 Orthodox Church

**PRTAIDS6** Number Mainline Protestant Churches with Meetings on AIDS      Coding

Value	Label	Derived From
Count	None	q6b1_2 Anglican q6b1_3 CPK q6b1_8 SDA q6b1_11 PAG q6b1_13 IFC q6b1_14 Church of God q6b1_16 ELCK q6b1_17 Free Pentecostal q6b1_18 Full Gospel q6b1_20 Interfelk q6b1_21 Salvation Army q6b1_22 Lyahuka q6b1_25 Shririkisho q6b1_24 Mennonite q6b1_26 Apostolic Church q6b1_28 CUC q6b1_29 Redeemed Gospel Church q6b1_31 Pentecostal Churches

**BTAIDS6** Number Breakaway/Traditional Churches with Meetings on AIDS

## Coding

Value	Label	Derived From
Count	None	q6b1_4 CCA q6b1_5 AIC q6b1_10 PEFA q6b1_15 Holy Trinity Church of Africa q6b1_23 IGM q6b1_30 Divine Church q6b1_32 Power of Jesus around the world q6b1_6 Legio Maria q6b1_19 Nomiya q6b1_27 Roho q6b1_33 Voice of Salvation & Healing

**BRAIDS6** Number Breakaway Churches with Meetings on AIDS

## Coding

Value	Label	Derived From
Count	None	q6b1_4 CCA q6b1_5 AIC q6b1_10 PEFA q6b1_15 Holy Trinity Church of Africa q6b1_23 IGM q6b1_30 Divine Church q6b1_32 Power of Jesus around the world

**TRDAIDS6** Number Traditional Churches with Meetings on AIDS

## Coding

Value	Label	Derived From
Count	None	q6b1_6 Legio Maria q6b1_19 Nomiya q6b1_27 Roho q6b1_33 Voice of Salvation & Healing

**TOTAIDS** Total number of Churches with meetings on AIDS

## Coding

Value	Label	Derived From
Count	None	The Sum of q6b1_1 to q6b1_33

**CATMTG6** Dichotomous Catholic churches meeting on HIV/AIDS

## Coding

Value	Label	Derived From
0	No	
1	Yes	q6b1_1 Catholic q6b1_12 Orthodox Church

**PRTMTS** Dichotomous Mainline Protestant churches meeting on HIV/AIDS

## Coding

Value	Label	Derived From
0	No	
1	Yes	q6b1_2 Anglican

		q6b1_3 CPK q6b1_8 SDA q6b1_11 PAG q6b1_13 IFC q6b1_14 Church of God q6b1_16 ELCK q6b1_17 Free Pentecostal q6b1_18 Full Gospel q6b1_20 Interfelk q6b1_21 Salvation Army q6b1_22 Lyahuka q6b1_25 Shririkisho q6b1_24 Mennonite q6b1_26 Apostolic Church q6b1_28 CUC q6b1_29 Redeemed Gospel Church q6b1_31 Pentecostal Churches
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**BRKMTG6** Dichotomous Breakaway churches meeting on HIV/AIDS  
Coding

Value	Label	Derived From
0	No	
1	Yes	q6b1_4 CCA q6b1_5 AIC q6b1_10 PEFA q6b1_15 Holy Trinity Church of Africa q6b1_23 IGM q6b1_30 Divine Church q6b1_32 Power of Jesus around the world

**TRDMTG6** Dichotomous Traditional churches meeting on HIV/AIDS  
Coding

Value	Label	Derived From
0	No	
1	Yes	q6b1_6 Legio Maria q6b1_19 Nomiya q6b1_27 Roho q6b1_33 Voice of Salvation & Healing

**BRTDMTG6** Dichotomous Breakaway/Traditional churches meeting on HIV/AI  
Coding

Value	Label	Derived From
0	No	
1	Yes	q6b1_6 Legio Maria q6b1_19 Nomiya q6b1_27 Roho q6b1_33 Voice of Salvation & Healing q6b1_6 Legio Maria q6b1_19 Nomiya q6b1_27 Roho q6b1_33 Voice of Salvation & Healing

**Churches in the Community**

**TOT\_CRCH** Total number of named churches

Coding

Value	Label	Derived From
Count	None	Q15_1 to q15_51
		Catholic Anglican CPK CCA AIC Legio Maria Muslim CPK Others PEFA PAG Maranatha Mission Kenya of Kenya Orthodox Church IFC (International Fellowship Church) F.A.M Chuch of God (COD) ELCK (Evangelical Lutheran church of Kenya) Free Pentacost Full Gospel Church of Kenya Nomiya Church Salvation Army Lyahuka IGM church Menonite Shirikisho Apostolic church Roho C.U.C - Christian Union Church Redeemed Gospel Church ADC Pentecostal Churches Friends Holy Ghost M.E.M.I Power of Jesus around the world Voice of salvation & healing God's last appeal church Roho Ruwe AFSHYA C.P.A Pentecostal Independent Church Truth of God Roho Msalaba HTCA St. Meshack Miracle wonders Methodist C.H.C.A (Jong'wono) Baptist

		P.C.E.A Roho Moyie
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**CRCH17A** Kind of activities in church: Sermons, SS, etc.

Coding

Value	Label	Derived From
0	No	
1	Yes	Q17a1_1 Sermons preached at worship services Q17a1_14 Sunday school Q17a1_30 Church

**CLEAD17A** Kind of activities in church: by church leaders

Coding

Value	Label	Derived From
0	No	
1	Yes	Q17a1_2 Public speaking by church leaders Q17a1_8 Church leaders speaking at school Q17a1_25 Pastor (religious) conferences/activities

**MEET17A** Kind of activities in church: meetings/programs

Coding

Value	Label	Derived From
0	No	
1	Yes	Q17a1_3 Information meetings for adults Q17a1_4 Information meetings for youth Q17a1_5 Information meetings for children Q17a1_6 Programmes for youth or children Q17a1_16 Family life education Q17a1_23 Life skills value Q17a1_26 Behaviour change

**ART17A** Kind of activities in church: artistic presentations

Coding

Value	Label	Derived From
0	No	
1	Yes	Q17a1_12 Choir competitions Q17a1_13 Drama Q17a1_15 Songs Q17a1_21 Poems/songs

**IDS17A** Kind of activities in church: AIDS based activities

Coding

Value	Label	Derived From
0	No	
1	Yes	Q17a1_10 Prevent and control of HIV/AIDS Q17a1_27 Open day

**CULT17A** Kind of activities in church: cultural activities

Coding

Value	Label	Derived From
0	No	
1	Yes	Q17a1_11 funeral Q17a1_17 Open day Q17a1_20 Chiefs baraza/public forum

**PRSNL17A** Kind of activities in church: personnel

Coding

Value	Label	Derived From
0	No	
1	Yes	Q17a1_18 NGOs Q17a1_28 CR. (community representative) trained Q17a1_29 Medics Q17a1_31 MOH

**PBLC17A** Kind of activities in church: public relations

Coding

Value	Label	Derived From
0	No	
1	Yes	Q17a1_7 Counselling Q17a1_19 Discipline Q17a1_22 Co-curricular activities meeting

The following are derived from q17b1, q17b2, q17b3, q17b4, q17b5, q17b6, q17b7, q17b8, and q17b9 and grouped as follows.

**GRPQ17B1** Date of Sermons Preached on AIDS

Value Label

- 1 Aug 2002
- 2 July 2002
- 3 June 2002
- 4 Jan-May 2002
- 5 Before Jan 2002

**GRPQ17B2** Date of Public Speaking by Church Elders

Value Label

- 1 Aug 2002
- 2 July 2002
- 3 June 2002
- 4 Jan-May 2002
- 5 Before Jan 2002

**GRPQ17B3** Date of information meeting for adults

Value Label

- 1 Aug 2002
- 2 July 2002
- 3 June 2002
- 4 Jan-May 2002
- 5 Before Jan 2002

**GRPQ17B4** Date of information meeting for youth

Value	Label
1	Aug 2002
2	July 2002
3	June 2002
4	Jan-May 2002
5	Before Jan 2002

**GRPQ17B5** Date of information meeting for children

Value	Label
1	Aug 2002
2	July 2002
3	June 2002
4	Jan-May 2002
5	Before Jan 2002

**GRPQ17B6** Date of programmes for youth and children

Value	Label
1	Aug 2002
2	July 2002
3	June 2002
4	Jan-May 2002
5	Before Jan 2002

**GRPQ17B7** Date for counselling

Value	Label
1	Aug 2002
2	July 2002
3	June 2002
4	Jan-May 2002
5	Before Jan 2002

**RPQ17B8** Date for church leader speaking at school

Value	Label
1	Aug 2002
2	July 2002
3	June 2002
4	Jan-May 2002
5	Before Jan 2002

**GRPQ17B9** Date for other activities

Value	Label
1	Aug 2002
2	July 2002
3	June 2002
4	Jan-May 2002
5	Before Jan 2002



**Important Messages** from the church's perspective:

Uses 18a (most important) and 18b (2<sup>nd</sup> most important message)

**BEH18AB** Important church message: general behaviour messages

Coding

Value	Label	Derived From
Count	None	Q18a_3 Behaviour change Q18a_13 Avoid bad company/risky situation practices e.g. alcohol, drugs - use leisure time wisely Q18a_15 Put priority on education Q18b_3 Behaviour change 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_20 Encourage active participation in creating AIDS awareness eg in co-curricular activities - poems, songs, dances - for the school in general

**TP18AB** Important church message: transmission and prevention

Coding

Value	Label	Derived From
Count	None	18a_5 Ways of transmission 18a_12 Testing before marriage 18a_18 Ways of HIV/AIDS prevention 18a_20 Visit VCT centre/get proper health care (not quacks) 18a_21 HIV/AIDS has no cure 18b_5 Ways of HIV transmission 18b_19 Cutting/piercing objects should not be shared - treated & sterilised before use 18b_23 People encouraged to go for HIV/AIDS tests

**COUN18AB** Important church message: counselling & support

Coding

Value	Label	Derived From
Count	None	Q18a_10 Guiding/counselling - by parents, community leaders, elders, teachers to set good example to youth Q18b_7 Caring for the victims (PLWA) Q18b_21 Peer support - free discussions in HIV/AIDS/STDs/STIs - in church/school counselling Q18b_22 Guiding/counselling given by community leaders /elders/parents/teachers to be taken seriously especially on sexual matters/HIV/AIDS/STDs/STIs

**SXMR18AB** Important church message: sexual morality messages

Coding

Value	Label	Derived From
Count	None	Q18a_4 Complete abstinence from sex (before marriage) Q18a_6 Sex is for reproductive purpose in marriage 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

		Q18b_4 Complete abstinence from sex (before marriage) Q18b_13 Those with AIDS go to hell/not to heaven Q18b_15 Religion messages on matter related to sex -pretty encouraged in obedience to God /bible Q18b_16 Testing before marriage staying faithful to that partner Q18b_17 Danger of love for money
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**ANCN18AB** Important church messages: anti-condom

Coding

Value	Label	Derived From
Count	None	Q18a_14 Discourage use of condoms Q18b_18 Condoms used is discouraged

**PRCN18AB** Important church messages: pro-condom

Coding

Value	Label	Derived From
Count	None	Q18a_19 Condoms use encouraged Q18b_9 Use of condoms - encouraged

**AIDS18AB** Important church message: other AIDS info

Coding

Value	Label	Derived From
Count	None	Q18a_1 HIV kills Q18a_2 HIV has no cure Q18a_8 Creating awareness - general information on HIV/AIDS/STIs/disease management etc Q18a_11 Effects of HIV/AIDS - poverty, orphans, financial drain in society Q18a_16 HIV/AIDS is real - not witchcraft, myth Q18a_21 Aids has no cure Q18b_1 HIV kills Q18b_2 HIV has no cure Q18b_6 Aids has no bias Q18b_8 Creating awareness - General information on HIV/AIDS/STDs/STIs prevention /disease/ management Q18b_10 HIV is real - not witchcraft/myth Q18b_14 Effects of HIV/AIDS - financial drains, poverty Orphans, widows, widowers in the society

**18\_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_15 Put priority on education 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

		<p>Q18b_13 Those with AIDS go to hell/not to heaven</p> <p>Q18b_17 Danger of love for money</p> <p>Q18b_18 Condoms used is discouraged</p>
2	General messages	<p>Q18a_3 Behaviour change</p> <p>Q18a_8 Creating awareness - general information on HIV/AIDS/STIs/disease management etc</p> <p>Q18a_10 Guiding/counselling - by parents, community leaders, elders, teachers to set good example to youth</p> <p>Q18a_11 Effects of HIV/AIDS - poverty, orphans, financial drain in society</p> <p>Q18a_17 Support/care help the PLWA</p> <p>Q18b_3 Behaviour change</p> <p>Q18b_7 Caring for the victims (PLWA)</p> <p>Q18b_8 Creating awareness - General information on HIV/AIDS/STDs/STIs prevention /disease/ management</p> <p>Q18b_14 Effects of HIV/AIDS - financial drains, poverty Orphans, widows, widowers in the society</p> <p>Q18b_19 Cutting/piercing objects should not be shared - treated &amp; sterilised before use</p> <p>Q18b_20 Encourage active participation in creating AIDS awareness eg in co-curricular activities - poems, songs, dances - for the school in general</p> <p>Q18b_22 Guiding/counselling given by community leaders /elders/parents/teachers to be taken seriously especially on sexual matters/HIV/AIDS/STDs/STIs</p>
3	General Transmission and Prevention	<p>Q18a_5 Ways of transmission</p> <p>Q18a_18 Ways of HIV/AIDS prevention</p> <p>Q18b_5 Ways of HIV transmission</p>
4	Personal "future-oriented" messages	<p>Q18a_6 Sex is for reproductive purpose in marriage</p> <p>Q18a_7 Religion messages on matters related to sex - 7th commandment, obey bible , God, respect our bodies, piety encouragement</p> <p>Q18a_9 Faithfulness to one partner in marriage</p> <p>Q18a_12 Testing before marriage</p> <p>Q18a_20 Visit VCT centre/get proper health care (not quacks)</p> <p>Q18b_16 Testing before marriage staying faithful to that partner</p> <p>Q18b_23 People encouraged to go for HIV/AIDS tests</p>
5	personal "present-oriented", youth messages	<p>Q18a_4 Complete abstinence from sex (before marriage)</p> <p>Q18a_13 Avoid bad company/risky situation practices e.g. alcohol, drugs - use leisure time wisely</p> <p>Q18b_4 Complete abstinence from sex (before marriage)</p> <p>Q18b_11 Avoid bad company/risky situations /practices eg alcohol, drugs - use leisure time wisely</p> <p>Q18b_12 Develop self respect /self dignity/self discipline</p> <p>Q18b_15 Religion messages on matter related to sex -pretty encouraged in obedience to God /bible</p> <p>Q18b_21 Peer support - free discussions in HIV/AIDS/STDs/STIs - in church/school counselling</p>
6	personal, condom messages	<p>Q18a_19 Condoms use encouraged</p> <p>Q18b_9 Use of condoms - encouraged</p>

**Messages** from church leaders:

**DONT19** church leaders say: Don't Use Condoms

Coding

Value	Label	Derived From
Count	None	Q19_1 Condoms should not be used, it encourages promiscuity/Immorality Q19_4 Condoms are not safe/can't control AIDS can bust Q19_5 It is sinful to use condoms /Catholics don't recommend Q19_8 Condoms have the HIV virus Q19_9 Condoms encourage sex/ spread of AIDS Q19_11 Condoms should not be sold locally Q19_16 Condoms are dirty and evil Q19_29 Reduces trust between the couples Q19_30 Encourages curiosity before marriage Q19_39 Practice natural methods to your partners Q19_40 It will reduce curiosity in youth and adult Q19_46 Overlooking African culture Q19_47 It encourages immorality in children Q19_50 Sex is for enjoyment Q19_52 Condoms spread HIV/AIDS Q19_53 Condoms are unhealthy Q19_54 Good things need not to be protected Q19_55 Condoms are a waste of money if bought Q19_57 Condoms indicate bad behaviour to young ones Q19_62 Sex is for procreation

**COND\_19** church leaders say: Conditional use of Condoms

Coding

Value	Label	Derived From
Count	None	Q19_2 Condoms should only be used for family planning Q19_17 Condoms should be considered as last action /when there is no other alternative Q19_18 Condoms are not for children Q19_27 Condoms is for married people Q19_31 Some encourage but to individuals Q19_35 Condoms are for adults only

**STGMA\_19** church leaders say: Condom use by stigmatizing people

Coding

Value	Label	Derived From
Count	None	Q19_3 Condoms may be used for the already sick Q19_15 Condoms is for commercial sex /immoral people

**USE\_19** church leaders say: Use condoms

Coding

Value	Label	Derived From
Count	None	Q19_10 Proper use of condoms is encouraged Q19_13 It is safe and curbs spread of AIDS Q19_14 Curbs early pregnancies Q19_41 Encourage its use Q19_48 Importance of safe sex

**INFO\_19** church leaders say: Information about condoms

## Coding

Value	Label	Derived From
Count	None	Q19_19 Careless disposal of used condoms by children Q19_20 Users have not been train on the use Q19_21 Poor disposal of condoms can spread more diseases Q19_28 Talk to children about it Q19_45 Condoms can be misused

**ABST\_19** church leaders say Abstain

## Coding

Value	Label	Derived From
Count	None	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_49 Prevention is better than cure Q19_51 Sex is for married couples

**REL\_19** church leaders say: Specific religious messages

## Coding

Value	Label	Derived From
Count	None	Q19_25 The bible says you should produce Q19_26 Condoms falls short of Gods ideal for joy of sexual fulfilment in marriage/reproduction Q19_34 They stress holiness to God Q19_43 Observe Gods commandments

**OTALK19** church leaders say: Don't talk about condoms

## Coding

Value	Label	Derived From
Count	None	Q19_44 They don't talk about condoms/talk little about it

**OTHER\_19** church leaders say about condoms: Other messages around AIDS

## Coding

Value	Label	Derived From
Count	None	Q19_7 Should not use unsterilised objects Q19_22 Be aware of the scourge Q19_32 Open discussion on HIV/AIDS Q19_33 Schools should not talk about condoms Q19_42 Shy off from peer group influence Q19_56 Condoms to be introduced in secondary Q19_58 Medical check up before marriage Q19_59 Aids kills and has no cure Q19_60 Aids has no medicine Q19_61 Live with people who are infected

**MISC\_19** church leaders say: Statements not related to AIDS or condom  
Coding

Value	Label	Derived From
Count	None	Q19_36 No active workforce Q19_38 Social frustration

**NEGMSG19** Total number of negative condom messages in question

Notes: The following pertain to messages communicated by church leaders  
Coding

Value	Label	Derived From
Count	None	Q19_1 Condoms should not be used, it encourages promiscuity/Immorality Q19_3 Condoms may be used for the already sick Q19_4 Condoms are not safe/can't control AIDS can bust Q19_5 It is sinful to use condoms /Catholics don't recommend Q19_8 Condoms have the HIV virus Q19_9 Condoms encourage sex/ spread of AIDS Q19_11 Condoms should not be sold locally Q19_15 Condoms is for commercial sex /immoral people Q19_16 Condoms are dirty and evil Q19_18 Condoms are not for children Q19_20 Users have not been trained on use Q19_25 The bible says you should produce Q19_26 Condoms falls short of Gods ideal for joy of sexual fulfilment in marriage/reproduction Q19_29 Reduces trust between the couples Q19_30 Encourages curiosity before marriage Q19_33 Schools should not talk about condoms Q19_35 Condoms are for adults only Q19_39 Practice natural methods to your partners Q19_40 It will reduce curiosity in youth and adult Q19_44 They don't talk about condoms/talk little about it Q19_46 Overlooking African culture Q19_47 It encourages immorality in children Q19_50 Sex is for enjoyment Q19_52 Condoms spread HIV/AIDS Q19_53 Condoms are unhealthy Q19_54 Good things need not to be protected Q19_55 Condoms are a waste of money if bought Q19_56 Condoms to be introduced in secondary Q19_57 Condoms indicate bad behaviour to young ones Q19_62 Sex is for procreation

**POSMSG19** Total number of positive condom messages in question

Notes: The following pertain to messages communicated by church leaders  
Coding

Value	Label	Derived From
Count	None	Q19_2 Condoms should only be used for family planning Q19_10 Proper use of condoms is encouraged Q19_12 Be faithful to one another/partner 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_22 Be aware of the scourge Q19_23 Be self responsible on sexual matters Q19_27 Condoms is for married people Q19_28 Talk to children about it Q19_31 Some encourage but to individuals Q19_32 Open discussion on HIV/AIDS Q19_41 Encourage its use Q19_42 Shy off from peer group influence
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**Q19\_ORD** Ordinal Coding what church leaders say about condoms  
Coding

Value	Labels	Derived From
0	Not about condoms/no messages	Q19_7 Should not use unsterilised objects Q19_22 Be aware of the scourge Q19_25 The bible says you should produce Q19_32 Open discussion on HIV/AIDS Q19_34 They stress holiness to God Q19_36 No active workforce Q19_37 No economic development Q19_38 Social frustration Q19_42 Shy off from peer group influence Q19_43 Observe Gods commandments Q19_44 They don't talk about condoms/talk little about it Q19_58 Medical check up before marriage Q19_59 Aids kills and has no cure Q19_60 Aids has no medicine Q19_61 Live with people who are infected
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_8 Condoms have the HIV virus Q19_9 Condoms encourage sex/ spread of AIDS Q19_11 Condoms should not be sold locally Q19_16 Condoms are dirty and evil Q19_30 Encourages curiosity before marriage Q19_47 It encourages immorality in children Q19_52 Condoms spread HIV/AIDS Q19_53 Condoms are unhealthy Q19_55 Condoms are a waste of money if bought
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_19 Careless disposal of used condoms by children Q19_20 Users have not been train on the use Q19_21 Poor disposal of condoms can spread more diseases 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_28 Talk to children about it Q19_29 Reduces trust between the couples Q19_33 Schools should not talk about condoms Q19_45 Condoms can be misused

		Q19_46 Overlooking African culture Q19_54 Good things need not to be protected Q19_57 Condoms indicate bad behaviour to young ones
3	Conditional Approval	Q19_2 Condoms should only be used for family planning Q19_3 Condoms may be used for the already sick Q19_15 Condoms is for commercial sex /immoral people Q19_18 Condoms are not for children Q19_27 Condoms is for married people Q19_31 Some encourage but to individuals Q19_35 Condoms are for adults only Q19_56 Condoms to be introduced in secondary
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_40 It will reduce curiosity in youth and adult Q19_41 Encourage its use

### Health Information and Services

#### TRADQ20H Medical advice from traditional practitioners

##### Coding

Value	Label	Derived From
0	No	
1	Yes	Q20h_1 Herbal doctors Q20h_9 Witch doctors Q20h_10 Traditional midwife

#### CLNCQ20H Medical advice from clinical practitioners

##### Coding

Value	Label	Derived From
0	No	
1	Yes	Q20h_2 Mobile clinics Q20h_4 Private clinics Q20h_11 Mobile treatments Q20h_14 Retired clinical officers

#### CRCHQ20H Medical advice from church practitioners

##### Coding

Value	Label	Derived From
0	No	
1	Yes	Q20h_7 Religious sects/prayer Q20h_8 Herbs offered by elders of SDA church



**QSTQ20H** Medical advice from 'questionable' practitioners

## Coding

Value	Label	Derived From
0	No	
1	Yes	Q20h_5 Quacks Q20h_15 Unskilled health workers

**ROADQ21** condoms free: roadside/beach

## Coding

Value	Label	Derived From
0	No	
1	Yes	Q21_9 Beaches Q21_13 By the roadside Q21_14 Along the footpath Q21_18 Along the footpath

**CLINCQ21** condoms free: Clinics, Health Stations

## Coding

Value	Label	Derived From
0	No	
1	Yes	Q21_1 Clinic or health station Q21_11 Care Kenya trainers Q21_12 Health workers Q21_15 Agents Q21_16 HBC

**PHARMQ21** condoms free: Pharmacy, Shops

## Coding

Value	Label	Derived From
0	No	
1	Yes	Q21_2 Shops Q21_3 Market Q21_10 Pharmacies/Chemist

**HOTELQ21** condoms free: Bars/Hotels

## Coding

Value	Label	Derived From
0	No	
1	Yes	Q21_6 Bars Q21_7 Lodgings/hotels

**NGOQ21** condoms free: NGOs, Chief

## Coding

Value	Label	Derived From
0	No	
1	Yes	Q21_8 NGOS Q21_19 Chiefs office Q21_17 Community based distributors (CBD)

**NOAVQ21** condoms free: Not available for free

Coding

Value	Label	Derived From
0	No	
1	Yes	Q21_5 Not available for free in this community

**CLINQ22** condoms sold: clinics, health stations

Coding

Value	Label	Derived From
0	No	
1	Yes	Q22_1 Clinic or health station Q22_9 Health workers

**PHARMQ22** condoms sold: Pharmacy or Shops

Coding

Value	Label	Derived From
0	No	
1	Yes	Q22_2 Shops Q22_3 Market Q22_8 Pharmacies/Chemist Q22_11 Kiosks

**HOTELQ22** condoms sold: Bars/Hotels

Coding

Value	Label	Derived From
0	No	
1	Yes	Q22_6 Bars Q22_7 Lodgings/hotels

**NGOQ22** condoms sold: NGOs, Private Organizations

Coding

Value	Label	Derived From
0	No	
1	Yes	Q22_10 Private clinics Q22_12 Private sponsored Q22_13 Community based distributors (CBD)

**NOAVQ22** condoms sold: Not Available

Coding

Value	Label	Derived From
0	No	
1	Yes	Q22_5 Not available for sale in this community

**ROADQ23** pupils get condoms: Clinics or Health Stations

Coding

Value	Label	Derived From
0	No	
1	Yes	Q23_9 Beaches Q23_21 By the roadside Q23_24 In town

**CLINCQ23** pupils get condoms: Health Workers  
Coding

Value	Label	Derived From
0	No	
1	Yes	Q23_1 Clinic or health station Q23_15 Health workers Q23_18 Health centres Q23_23 Agents

**PHARMQ23** pupils get condoms: Pharmacy, Shops  
Coding

Value	Label	Derived From
0	No	
1	Yes	Q23_2 Shops Q23_3 Market Q23_10 Pharmacies/Chemist Q23_19 Kiosk

**HOTELQ23** pupils get condoms: Bars/Hotels  
Coding

Value	Label	Derived From
0	No	
1	Yes	Q23_6 Bars Q23_7 Lodgings/hotels Q23_22 Entertainment places Q23_26 Discos

**NGOQ23** pupils get condoms: NGOs, Private Organizations  
Coding

Value	Label	Derived From
0	No	
1	Yes	Q23_8 NGOS Q23_17 Private clinics Q23_25 Community based distributor (CBD)

**TRADQ23** pupils get condoms: Traditional Healers  
Coding

Value	Label	Derived From
0	No	
1	Yes	Q23_13 Bushdoctors Q23_14 Quacks

**FAMQ23** pupils get condoms: Family and Friends  
Coding

Value	Label	Derived From
0	No	
1	Yes	Q23_11 Friends Q23_12 Family/older siblings Q23_16 Home Q23_20 Older brothers

**NOAVQ23** pupils get condoms: Not Available

Coding

Value	Label	Derived From
0	No	
1	Yes	Q23_5 Not available to primary school children

### Activities and HIV Risk

The following are activities that present an HIV risk

**Q27TRAD** Traditional Practices

Coding

Value	Label	Derived From
Count	None	Q27_1 Wife inheritance/cultural practises Q27_4 Funeral festivities Q27_16 Circumcision festivals Q27_29 Polygamy Q27_31 Wedding ceremony (traditional) Q27_40 Traditional beliefs and rites

**Q27SOCIL** Social Events

Coding

Value	Label	Derived From
Count	None	Q27_2 Night parties/disco/get together Q27_3 Drug abuse/alcohol abuse Q27_14 Urban form of lifestyle harbouring many youths Q27_34 Un-organised youth groups Q27_36 Day school night preps Q27_37 Sports

**Q27SXL** Sexual Behaviours

Coding

Value	Label	Derived From
Count	None	Q27_5 Rampant immorality/promiscuity along the beaches unprotected sex Q27_9 Marriage before testing /Forced marriage Q27_15 Permissions/freedom Q27_18 Commercials/prostitution Q27_23 Rape Q27_26 Temporary contracts (come we stay) Q27_44 Poor disposal of condoms

**Q27WORK** Work

Coding

Value	Label	Derived From
Count	None	Q27_6 Gold mining/quarry mining Q27_11 Unemployment /poverty /idleness/mis-management of leisure Q27_20 Women labour in sugarcane plantation Q27_27 Business (stone carving) Market day influence /shopping centre Q27_32 Development projects e.g. Sondu miriu hydropower project Q27_35 Tobacco growing

		Q27_39 Fishing Q27_41 Immigration of other communities into the locality/those from towns Q27_43 Tea factory
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**Q27SHAR** Risks with Sharps or Blood

Coding

Value	Label	Derived From
Count	None	Q27_8 Ear piercing Q27_19 Quacks Q27_21 Use of unsterilised sharp instrument/Sharing sharp objects Q27_22 Blood transfusion

**Q27INFL** Influence of Others

Coding

Value	Label	Derived From
Count	None	Q27_25 Negative attitude Q27_38 Peer influence

**Q27OTHER** Other

Coding

Value	Label	Derived From
Count	None	Q27_12 Not respecting cultural beliefs Q27_28 Lack of facts about HIV/AIDS - ignorance Q27_30 Dropping out of school

**Q27MEDIA** Media Influences

Coding

Value	Label	Derived From
Count	None	Q27_7 Mobile cinemas/video shows Q27_24 Pornographic literature/materials of pornography

**Q27NOFAM** Lack Family

Coding

Value	Label	Derived From
Count	None	Q27_13 Divorce/separation Q27_33 Abandoning children Q27_42 Children disobedience to parents

**Q27CYEV** Community Events

Coding

Value	Label	Derived From
Count	None	Q27_10 Youth overnight prayer /church overnight prayers (kesha) crusades/church activities at night Q27_17 Political activities

**What needs to happen to more effectively address the problem of HIV/AIDS:**

**Q28MEDIC** Needs to happen: medical response  
Coding

Value	Label	Derived From
Count	None	Q28_1 AIDS test /HIV/AIDS screening before marriage Q28_18 Medical services to be provided treatment of STIs Q28_27 Infected people to be used for campaigns against HIV/AIDS Q28_36 Encourage people to visit VCT centres Q28_38 People with HIV/AIDS should be restricted in hospitals Q28_52 Discourage sharing of sharp objects Q28_53 Provide facilities for testing HIV/AIDS Q28_54 Circumcision to be done in hospitals Q28_65 HIV/consultation office

**Q28IMPED** Needs to happen: Improve education about HIV/AIDS issues  
Coding

Value	Label	Derived From
Count	None	Q28_3 Mass sensitization on drug use and abuse Q28_4 Open discussions/sensitisation on HIV/seminars/counselling Q28_6 Audio-visual sensitization to be encouraged/started Q28_19 Display of aids message in public places posters Q28_26 Correct dissemination of aids information Q28_28 HIV/AIDS to be a mandatory topic in social gathering Q28_29 Conveying public barazas/provincial administrator addressing public baraza Q28_31 Avail funds for sensitization Q28_39 All stake holders should be involved in HIV/AIDS awareness Q28_40 Use of songs and dramas Q28_41 Good communication Q28_61 Sensitize parents

**Q28TRAIN** Needs to happen: increase and improve training  
Coding

Value	Label	Derived From
Count	None	Q28_10 More trained personnel on HIV/AIDS involvement of trained people Q28_21 Teachers should effectively handle HIV/AIDS lessons /curriculum Q28_35 People should not be paid for attending HIV/AIDS seminars Q28_42 More training programmes to be started /diverse mode of training Q28_43 More training materials to be availed/develop community library Q28_60 Train leaders/teachers

**Q28PHA** Needs to happen: Focus on PHA

## Coding

Value	Label	Derived From
Count	None	Q28_15 Attention to those with HIV/AIDS affected to be helped Q28_32 Home based care programmes be initiated Q28_57 Home to home visits/frequent visit by health officials Q28_62 Train people on how to live with HIV/AIDS patients

**Q28STOP** Needs to happen: social practices that should be stopped

## Coding

Value	Label	Derived From
Count	None	Q28_2 Termination of social activities that engage people at night Q28_7 Customary law should be amended/cultural behaviours Q28_11 Eradication of corruption Q28_16 Stop child labour Q28_17 Stop wife inheritance Q28_20 Stop illicit brew /alcohol /provincial admin to address alcoholism/drug abuse Q28_44 Stop female circumcision Q28_45 Do away with women in beer joints Q28_56 Abolish night preps Q28_58 Pornographic materials to be abolished Q28_63 Abolish migration Q28_64 Stop camping at the beaches

**Q28SCHOO** Needs to happen: What schools should do

## Coding

Value	Label	Derived From
Count	None	Q28_46 Set peer support Q28_47 Schools should mobilise people Q28_48 Sex education

**Q28START** Needs to happen: Social practices to be started or improved

## Coding

Value	Label	Derived From
Count	None	Q28_5 Income generating activities to be started to avoid idleness/economic empowerment Q28_12 Co-operation between members of community and provincial administration Q28_23 Involve youth in co-curricular activities/keep them busy Q28_30 Frequent and constant monitoring Q28_33 Formation of health clubs/peer group on health/women group Q28_37 AIDS/HIV people to be made public/death from AIDS be publicized/AIDS victims to address people publicly Q28_55 Encourage girls education

**Q28POSCM** Needs to happen: encourage condoms

## Coding

Value	Label	Derived From
Count	None	Q28_13 Provision of condoms in schools Q28_25 Use condoms/Have safe sex/promote safe sex Q28_34 Free distribution of condoms

**Q28ABSTA** Needs to happen: abstinence/ monogamy/sexual behaviour change  
Coding

Value	Label	Derived From
Count	None	Q28_8 Behaviour changes/encourage good morals Q28_24 Be faithful to one partner your spouse Q28_51 Abstinence

**Obstacles**

The following are indicators of PSABH **Obstacles**

**Q29PHYS** Obstacles PSABH: Lack of physical or financial resources  
Coding

Value	Label	Derived From
Count	None	Q29_2 Lack of awareness facilities/Reference materials /books Q29_15 Lack of financial sponsors not supportive/resources Q29_19 Lack of health institution within the school community and facilities like buildings Q29_21 Distance from education office/expensive to travel Q29_23 Lack of posters to sent messages Q29_34 Non availability of NGOs dealing with HIV/AIDS Q29_43 Expensive to have workshops/seminars Q29_48 Lack of transport

**Q29PROAT** Obstacles PSABH: Problems of attitude  
Coding

Value	Label	Derived From
Count	None	Q29_3 Change of mood - withdrawal/ not workable plan Q29_5 Trained personnel not being a role model/ lack of commitments Q29_8 Negative attitude by teachers /not ready to accept the fact Q29_22 Parents not attending PA meeting /roles and commitments/insensitive Q29_27 Poor students and others - attitude towards the lesson Q29_39 Lack of community mobilisation Q29_42 Laziness Q29_45 Negative attitude of SMC/provincial administration Q29_54 Negative attitude towards message - that is not motivated with public attitudes

**Q29HUMAN** Obstacles PSABH: Lack of Human resources/training/personnel  
Coding

Value	Label	Derived From
Count	None	Q29_1 Communication/lack of counselling Q29_7 Lack of trained facilitators/personnel/teachers Q29_9 Ignorance from community /no sensitization/awareness Q29_10 Lack of trained community representatives Q29_13 Ignorance about PSABH programmes Q29_14 No sensitization to the staff/training



		Q29_31 Lack of enough skilled manpower Q29_41 Under staffing Q29_46 Lack of health personnel to sensitise the community
--	--	---

**Q29PROG** Obstacles PSABH: perceived problems with the program

Coding

Value	Label	Derived From
Count	None	Q29_6 Lack of tangible activities Q29_40 Lack of monitoring Q29_49 Curriculum is examination oriented Q29_51 Neighbouring schools don't take the programme - bring temptation Q29_52 Poor attendance of seminars

**Q29TIME** Obstacles PSABH: lack of time

Coding

Value	Label	Derived From
Count	None	Q29_4 Congested programs/schedules /programs not yet used Q29_44 Lack of time

**Q29HIVAT** Obstacles PSABH: Negative attitudes about HIV/AIDS

Coding

Value	Label	Derived From
Count	None	Q29_17 Shy in discussing HIV/AIDS through sex /parents can't discuss with children Q29_18 Myths about HIV/AIDS/cultural beliefs Q29_26 Difficult in scheming HIV/AIDS Q29_28 Resistance to HIV/AIDS issues Q29_33 Don't announce that a person died of AIDS Q29_35 People get scared when you talk of HIV/AIDS Q29_36 Those who talk about HIV/AIDS are believed to have money to give out Q29_37 The current law prevent the exposure of those who have died of AIDS Q29_38 Resistance to HIV/AIDS issues Q29_47 Fear of knowing one has HIV/AIDS Q29_50 Widows and orphans are rejected Q29_53 People don't speak the truth

**Q29BEHAV** Obstacles PSABH: Practices and behaviours that form barriers

Coding

Value	Label	Derived From
Count	None	Q29_11 Negative peer group influence/age barriers Q29_12 Negative cultural practices/Cultural conflict Q29_16 Prevalence of immorality/not ready to change behaviour/discos Q29_24 Illicit brews Q29_25 Wife inheritance

**Q29ILLPO** Obstacles to PSABH: Poverty/ illness

## Coding

Value	Label	Derived From
Count	None	Q29_20 School drop out - orphans/poverty/early marriages Q29_29 Sickness and death Q29_30 Illiteracy of parents

**Q29NONE** Obstacles to PSABH: No problems identified

## Coding

Value	Label	Derived From
Count	None	Q29_32 None/not able to identify

**Action**

The following are indicators for action taken when there is **Suspected Adult-Child Sex**

**Q30EDU** Action adult-pupil sex: educational

## Coding

Value	Label	Derived From
Count	None	Q30_3 Guiding and counselling Q30_11 Suspect given a strong warning Q30_17 The adult is sensitized by the resource person Q30_19 Other students cautioned/sensitized Q30_20 Need for peer support Q30_23 Community sensitization Q30_24 Sensitization on HIV/AIDS transmission

**Q30LEGAL** Action adult-pupil sex: legal action

## Coding

Value	Label	Derived From
Count	None	Q30_4 Follow legal action /appropriate action Q30_7 Inform provincial administration/community representatives Q30_13 Suspect be jailed

**Q30MED** Action adult-pupil sex: Medical action

## Coding

Value	Label	Derived From
Count	None	Q30_6 Do HIV/AIDS/STI test Q30_8 Pupil taken to hospital

**Q30TALK** Action adult-pupil sex: talk about it

## Coding

Value	Label	Derived From
Count	None	Q30_1 The matter is discussed in the school committee Q30_2 Parents are called and informed Q30_5 Investigation Q30_9 Meeting held by staff pupils and parents Q30_12 Inform relatives of the adult man and wife

**Q30DENY** Action adult-pupil sex: such a case has not occurred

## Coding

Value	Label	Derived From
Count	None	Q30_10 Such a case has not occurred

**Q30STUD** Action adult-pupil sex:Control or punish the student

## Coding

Value	Label	Derived From
Count	None	Q30_15 Tighten school rules and regulations to curb indiscipline of school children Q30_16 Expulsion Q30_18 Remove the child from the school

**Q30ADULT** Action adult-pupil sex: Adult or teacher is reported/transfer

## Coding

Value	Label	Derived From
Count	None	Q30_14 School teacher to be reported to the employer Q30_21 Teachers are transferred Q30_22 Adults get responsibility for born child

**Q30SCALE** indicator for adult/child sex

## Coding

Value	Label	Derived From
0	No action	Q30_10 Such a case has not occurred
1	Low	Q30_11 Suspect given a strong warning Q30_12 Inform relatives of the adult man and wife Q30_17 The adult is sensitized by the resource person Q30_21 Teachers are transferred Q30_22 Adults get responsibility for born child
2	Moderate	Q30_2 Parents are called and informed Q30_15 Tighten school rules and regulations to curb indiscipline of school children Q30_16 Expulsion Q30_18 Remove the child from the school
3	Semi-moderate	Q30_4 Follow legal action /appropriate action Q30_5 Follow legal action /appropriate action Q30_7 Inform provincial administration/community representatives Q30_13 Suspect be jailed Q30_14 School teacher to be reported to the employer
4	Medium	Q30_1 The matter is discussed in the school committee Q30_9 Meeting held by staff pupils and parents Q30_19 Other students cautioned/sensitized Q30_23 Community sensitization
5	High	Q30_3 Guiding and counselling Q30_6 Do HIV/AIDS/STI test Q30_8 Pupil taken to hospital Q30_20 Need for peer support Q30_24 Sensitization on HIV/AIDS transmission



## **APPENDIX B**

### **School and Community Responsiveness Surveys**



**HIV and AIDS Education Programmes  
Evaluation of School Responsiveness  
(ORIGINAL)**

\*

*This questionnaire is to be completed by the Zonal School Inspector based on a school visit and interviews with relevant staff. DO NOT WRITE IN THE BOXES MARKED \*. FOR OFFICIAL USE*

**SCHOOL DETAILS**

Name of School: \_\_\_\_\_      \*

District: \_\_\_\_\_   \*      Division: \_\_\_\_\_   \*      Zone: \_\_\_\_\_   \*

Total no. of students:          No. of Boys:          No. of Girls:

Number of streams:

Total no. of Teachers:        No. of Male Teachers:        No. of Female Teachers:

Is this school .....?  
 Understaffed                       Staffed adequately                       Overstaffed

Q1. People interviewed? (**write in number of each type of person spoken to**)

<input type="text"/> <input type="text"/> Head Teacher	<input type="text"/> <input type="text"/> Pupils
<input type="text"/> <input type="text"/> Deputy Head	<input type="text"/> <input type="text"/> School committee member
<input type="text"/> <input type="text"/> Senior teacher	<input type="text"/> <input type="text"/> Resource Teacher (trained)
<input type="text"/> <input type="text"/> Other Staff	

Q2. Does the school have a sponsor?

Yes       No

Q3. **IF YES:** What kind of sponsor?

Religious institution  
 NGO  
 DEB  
 Private body  
 Other (specify) \_\_\_\_\_ \*

Q4. **IF RELIGIOUS INSTITUTION:** Which religion?

Catholic  
 Anglican  
 CPK  
 CCA  
 AIC  
 Legio Maria  
 Muslim  
 Seventh Day Adventist  
 Other (specify) \_\_\_\_\_ \*



Q5. What role has the sponsor played in this school in the last year?

**MULTIPLE ANSWERS POSSIBLE. TICK ALL THAT APPLY**

- Financial contribution to buildings and teaching/learning resources
- Position of the School Management Committee
- Owner of the school compound
- Selection of the Headteacher
- Co-opted member of the School Management Committee
- Past involvement, not currently involved
- Spiritual contribution (counselling)
- Other (specify) \_\_\_\_\_ \*

Q6. How long has the headteacher been in his/her current post?

- 3 months or less > **GO TO Q7**
- 4 - 6 months > **GO TO Q7**
- 7 - 12 months
- 13 - 24 months
- Over 2 years

Q7. Where was his/her previous station? **(IF IN THE POST FOR LESS THAN 7 MONTHS)**

Zone: \_\_\_\_\_ \*

School: \_\_\_\_\_ \*

Q8a. Is the head teacher PRISM trained?

- Yes
- No
- Don't Know

Q8b. **IF YES**, did they attend

- |          |                          |                          |
|----------|--------------------------|--------------------------|
|          | Yes                      | No                       |
| Course A | <input type="checkbox"/> | <input type="checkbox"/> |
| Course B | <input type="checkbox"/> | <input type="checkbox"/> |

Q9. How many other staff are PRISM trained?

 

Don't know

Q10a. Who has attended course A or B of PSABH?

Q10b. Was this the **same person** in both cases A&B. Tick Yes or No.

**HAS ATTENDED PSABH**

	Q10a	
	Course A	Course B
Head teacher	<input type="checkbox"/>	<input type="checkbox"/>
Deputy Head	<input type="checkbox"/>	<input type="checkbox"/>
Resource Teacher 1	<input type="checkbox"/>	<input type="checkbox"/>
Resource Teacher 2	<input type="checkbox"/>	<input type="checkbox"/>
Community Representative	<input type="checkbox"/>	<input type="checkbox"/>

**SAME PERSON IN A & B**

	Q10b	
	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>





Q10c. How many teachers who attended the PSABH workshop have left the school in the past 1 year?  
 Q10d. How many new teachers who have attended the PSABH workshop have joined the school in the past 1 year?

**Q10c. TEACHERS WHO LEFT THE SCHOOL**

- 1
- 2
- More than 2
- None

**Q10d. NEW TEACHERS IN THE SCHOOL**

- 1
- 2
- More than 2
- None

The following questions ask about how PSABH trained staff have trained other school staff

Q11a. Have the PSABH staff held any training sessions with other staff members?

- Yes        No

> IF NO, GO TO Q12

**IF YES IN Q11a ASK:**

Q11b. How was the training done?  
 Q11c. How many training sessions were they?  
 Q11d. On average, how long was each training session?

**Q11b HOW TRAINING WAS DONE**

	Yes	No
Staff meetings	<input type="checkbox"/>	<input type="checkbox"/>
Seminars	<input type="checkbox"/>	<input type="checkbox"/>
Workshops	<input type="checkbox"/>	<input type="checkbox"/>

**Q11c NO. OF SESSIONS**

1	2	3 & above
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q11d LENGTH OF EACH SESSION**

1 hr	2-3 hr	4 hr +
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q12. What was covered in any of the training sessions?

	Yes	No
Action Plan .....	<input type="checkbox"/>	<input type="checkbox"/>
Adolescent Health and Sexuality...	<input type="checkbox"/>	<input type="checkbox"/>
Communication Approaches .....	<input type="checkbox"/>	<input type="checkbox"/>
Counselling.....	<input type="checkbox"/>	<input type="checkbox"/>
Emerging issues.....	<input type="checkbox"/>	<input type="checkbox"/>
Facts about STIs, HIV/AIDS .....	<input type="checkbox"/>	<input type="checkbox"/>
Guidance.....	<input type="checkbox"/>	<input type="checkbox"/>
Infusion.....	<input type="checkbox"/>	<input type="checkbox"/>
Integration.....	<input type="checkbox"/>	<input type="checkbox"/>
Lesson plans.....	<input type="checkbox"/>	<input type="checkbox"/>
Life skills and values.....	<input type="checkbox"/>	<input type="checkbox"/>
Life skills and values activities.....	<input type="checkbox"/>	<input type="checkbox"/>
One AIDS lesson per week.....	<input type="checkbox"/>	<input type="checkbox"/>
Question Box .....	<input type="checkbox"/>	<input type="checkbox"/>
Schemes of work.....	<input type="checkbox"/>	<input type="checkbox"/>



**PROJECT: KEY FEATURES OF RESPONSIVENESS**

Q13a. Does the school have a School Development Plan? Yes  No

Q13b. If **YES**, does the School Development Plan have the following for this term?

- Health Action Plan
- Action Plan for other projects  No action on development plans

**For those with a Health Action Plan**

Q14. How many teachers know the Health Action Plan?

- All teachers
- Some teachers
- No teachers

Q15a. Where is the Health Action Plan displayed?

\_\_\_\_\_ \*

Q15b. Is the Health Action Plan being implemented?

Yes  No

Q16. Does the school have a School Health Club?

Yes   
No

Q17. **IF YES**, how regularly do School Health Club meetings take place?

- Once a week
- Once every 2 weeks
- Irregularly
- The club has not yet met

Q18. **IF YES**, what evidence did you see of such a club?

\_\_\_\_\_ \*    
\_\_\_\_\_ \*

Q19. **If No**, why is there no school Health Club?

\_\_\_\_\_ \*    
\_\_\_\_\_ \*

Q20. Does the school have a Question Box?

- Yes > **Go to Q22**
- No > **Go to Q21**



Q21. If there is no Question Box, why not?

\*

GO TO Q26a

Q22. If Yes, is the box in an accessible place?

Yes  No

Q23. If there is a Question box, what evidence of it being used did you see?

\*

Q24a. On average, how often are questions answered?

Daily  Once a week  Once every 2 weeks  Once a month  Not yet

Q24b. IF LESS than once a month, why?

- Don't know the answer to the questions put in the box
- No time in the time table
- Questions are unsuitable
- No trained staff
- Others (specify) \_\_\_\_\_

\*

Q25: What is the most commonly asked question?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*    
\*    
\*

Q25b. Who decides the contents of the answers to the questions?

\_\_\_\_\_  
\_\_\_\_\_

\*    
\*

Q25c. Was this the person trained in PSABH?

Yes  No

Q26a. Have the pupils asked any questions about condoms ?

Yes ...>GO TO Q26b  No...>GO TO Q26c

Q26b. What were students told about condoms in response to their questions?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*    
\*    
\*

Q26c. If students asked about condoms, what would they be told?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*    
\*    
\*



Q27a. Does the school have access to a health professional to help in composing answers to questions?

Yes ....> **GO TO Q27b**

No ....> **GO TO Q27c**

Q27b. When was the last time this happened? **PLEASE WRITE IN THE DATE**

D   D        M   M        Y   Y   Y   Y

		/			/				
--	--	---	--	--	---	--	--	--	--

Q27c. Why not?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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Q28. Has this school had any peer support training?

Yes

No

Q28a: If **YES**, which organization lead the Peer Support training?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_


Q29. **IF YES**, how many attended...?

Boys: 

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Girls: 

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Q30. What are Peer Supporters leading? Is it (**TICK ALL THAT APPLY**)

- 1. School Health Club
- 2. Other School activities (specify)
- 3. Peer counseling

Q31. What evidence of such a peer Supporter role did you see?

\_\_\_\_\_

\* 

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Q32. Does the school have the Project Book Box?

Yes

No

Q33. What evidence of the use of these books did you see?

\_\_\_\_\_

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Q34a. Which of the following does the school have?  
 Q34b. Are these materials easily accessible to all students/teachers?  
 Q34c. How often are these materials used?

DOES THE SCHOOL HAVE	Q34a	Q34b EASILY ACCESSIBLE		Q34c HOW OFTEN USED			
		Yes	No	Weekly	Monthly	Termly	Less often
HIV/AIDS education teacher reference books..	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HIV/AIDS class text books.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HIV/AIDS readers.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q35. Give examples of how each type of book is currently being used?

Teachers Reference \_\_\_\_\_ \*

Class text books \_\_\_\_\_ \*

HIV/AIDS Readers \_\_\_\_\_ \*

Q36. Give reasons why any of these are not used.

Teachers Reference \_\_\_\_\_ \*

Class text books \_\_\_\_\_ \*

HIV/AIDS Readers \_\_\_\_\_ \*

Q37. What role(s) does the Community Representative play? (TICK ALL THAT APPLY)

Responding to Question Box

Sensitising PTA

Contacting NGOs

Other (specify) \_\_\_\_\_ \*

Q38. When did the last such activity take place?

\_\_\_\_\_ \*

Q39. Give an example of a factual message seen.

\_\_\_\_\_ \*

Q40. Where are factual HIV and AIDS messages present? (TICK ALL THAT APPLY)

Pupils' Textbooks

Pupils' workbooks

Teachers' reference books

Teachers' schemes of work

Lesson plans

Co-curricular activities

Posters

Others (specify) \_\_\_\_\_ \*



Q41. Give an example of a behaviour change message seen.

\_\_\_\_\_  
\_\_\_\_\_

\* 

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Q42. Where are behaviour change messages present?  
**MULTIPLE ANSWERS POSSIBLE. TICK ALL THAT APPLY**

- Pupils' Textbooks
- Pupils' workbooks
- Teachers' reference books
- Teachers' schemes of work
- Lesson plans
- Co-curricular activities
- Posters
- Others (specify) \_\_\_\_\_

\* 

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Q42a: What action is taken by the school if they suspect that a pupil is involved in sex with an adult from within the school or the community?

\_\_\_\_\_  
\_\_\_\_\_


Q43. What activities take place around the school that might present an HIV risk? **PLEASE SPECIFY**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\* 

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Q44a Are poster displayed in the school ?

Yes        No

Q44b **IF YES:**Which organisations are they from ?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\* 

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\* 

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\* 

--	--

Q44c What messages do they contain ?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\* 

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\* 

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\* 

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**AS A ZONAL INSPECTOR,**

Q45a. On average, how many times have the zonal inspector visited this school in the past academic year?

- Once per term
- 2 - 3 times per term
- 3 - 6 times per term
- Over 6 times per term

Q45b. When was your last visit to the school?

- Within the last one month
- 2 - 3 months ago
- 3 - 6 months ago
- 6 - 8 months ago
- 1 year and above

Q46. What obstacles have been experienced in implementing the PSABH programme? **PLEASE SPECIFY**

_____	*	<input type="text"/>	<input type="text"/>
_____	*	<input type="text"/>	<input type="text"/>
_____	*	<input type="text"/>	<input type="text"/>
_____	*	<input type="text"/>	<input type="text"/>

**GENERAL COMMENTS BY THE MONITOR:**

Monitor's Name \_\_\_\_\_

Monitor's Signature \_\_\_\_\_

Date 

D	D	/	M	M	/	Y	Y	Y	Y
<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

School Stamp



**HIV and AIDS Education Programmes  
Evaluation of Community Responsiveness**  
Community Representative Form - ORIGINAL

Serial No

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This questionnaire is to be completed by Zonal school inspector based on a school and community visit and interview with PSABH trained community representative.

**DEMOGRAPHICS**

**(DO NOT WRITE IN BOXES MARKED \* - FOR OFFICIAL USE ONLY)**

**COMMUNITY DETAILS:**

Name of Monitor : \_\_\_\_\_ \*

Name of community (Village or estate) \_\_\_\_\_ \*

District: \_\_\_\_\_ \*   Division: \_\_\_\_\_ \*   Zone: \_\_\_\_\_ \*

**People interviewed**

- Community representative (trained)
- Parent of Std. 6
- Parent of Std 7
- Parent of Std 8
- Other (specify) \_\_\_\_\_ \*

**Name of the school represented**

\_\_\_\_\_ \*

**Number of people interviewed**

Total male     Total female

**MAIN QUESTIONNAIRE**

Q1. Does the school normally have parent and teachers meetings?

Yes  ----- Go to Q2       No ----- Go to Q6

Q2. **IF YES**, How many times has the school had a parent and teacher meeting in the last term?

**FILL IN THE NUMBER OF TIMES IN THE BOX BELOW**

Q3. In the last term which topics were discussed during the parents and teachers meeting (s) ?  
**(UNPROMPTED)**

- Discipline
- School finances
- School expansion
- Academic performance (KCPE Results)
- HIV/AIDS and related issues
- Others (specify) \_\_\_\_\_ \*

Q4. In the last term, in how many of the parents and teachers meetings were HIV/AIDS issues discussed?

**PLEASE WRITE IN THE NUMBER BELOW**





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Q5. If HIV/AIDS was discussed, what specifically was discussed? (UNPROMPTED)  
MULTIPLE ANSWERS POSSIBLE. TICK ALL THOSE THAT APPLY

- What STI's, HIV and AIDS are
- How they are transmitted and spread
- How they can be prevented
- How we can help our children to protect themselves against HIV infection
- Caring for people with AIDS at home and in the community
- Orphans
- Others (specify) \_\_\_\_\_ \*

Q6. Besides the school, which groups in the community have held meetings about HIV & AIDS?

- Youth groups
- Religious groups
- Women groups
- At public meetings
- Other groups(specify) \_\_\_\_\_ \*

ASK FOR EACH GROUP MENTIONED ABOVE

a) Youth groups

- Who sponsored these?  Church
- School
- Others (sp) \_\_\_\_\_ \*

When was the last meeting held by the youth groups where HIV/AIDS was discussed?

/   /

D D M M Y Y Y Y

b) Religious groups

- What religion?  Catholic
- Anglican
- CPK
- CCA
- AIC
- Legio Maria
- Muslim
- Seventh Day Adventist
- Others (specify) \_\_\_\_\_ \*



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Have children attended any of these meetings?

Yes

No

**IF YES:** What are their ages?

Below 5 years

5 - 7 years

8 - 10 years

11 - 15 years

16 - 18 years

19 - 22 years

When was the last meeting held by the religious groups where HIV/AIDS was discussed?

D	D		M	M		Y	Y	Y	Y
		/			/				

**c) Women group meetings**

Have children attended any of these meetings?

Yes

No

**IF YES:** What are their ages?

Below 5 years

5 - 7 years

8 - 10 years

11 - 15 years

16 - 18 years

19 - 22 years

When was the last women group meeting held where HIV/AIDS was discussed?

D	D		M	M		Y	Y	Y	Y
		/			/				

**d) At public meetings (other than barazas)**

Have children attended any of these meetings?

Yes

No

**IF YES:** What are their ages?

Below 5 years

5 - 7 years

8 - 10 years

11 - 15 years

16 - 18 years

19 - 22 years

When was the last meeting held by community leaders held where HIV/AIDS was discussed?

D	D		M	M		Y	Y	Y	Y
		/			/				



**ORIGINAL**

e) Other group (specify) \_\_\_\_\_

\*

Have children attended any of these meetings?

Yes

No

**IF YES:** What are their ages?

Below 5 years

5 - 7 years

8 - 10 years

11 - 15 years

16 - 18 years

19 - 22 years

When was the last meeting by other groups held by community leaders held where HIV/AIDS was discussed?

/   /

Q7. Has the primary school in this community received PSABH training?

Yes

No -----> **Go to Q10a**

Q8a. **IF YES:** Since the PSABH training, who have the trained people spoken to about HIV/AIDS?

	Yes	No
Youth leaders .....	<input type="checkbox"/>	<input type="checkbox"/>
Chief .....	<input type="checkbox"/>	<input type="checkbox"/>
Assistant Chief.....	<input type="checkbox"/>	<input type="checkbox"/>
Chair of Women's Group.....	<input type="checkbox"/>	<input type="checkbox"/>
Parents for School Children.....	<input type="checkbox"/>	<input type="checkbox"/>
Religious Leaders.....	<input type="checkbox"/>	<input type="checkbox"/>
Head Teacher.....	<input type="checkbox"/>	<input type="checkbox"/>
Other Teachers.....	<input type="checkbox"/>	<input type="checkbox"/>
Your Neighbours.....	<input type="checkbox"/>	<input type="checkbox"/>
Your Family .....	<input type="checkbox"/>	<input type="checkbox"/>
Elders.....	<input type="checkbox"/>	<input type="checkbox"/>



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Q8b. **IF YES:** Since the PSABH training, who have the trained people spoken to about how the community can support the school in HIV and AIDS?

	Yes	No
Youth leaders .....	<input type="checkbox"/>	<input type="checkbox"/>
Chief .....	<input type="checkbox"/>	<input type="checkbox"/>
Assistant Chief.....	<input type="checkbox"/>	<input type="checkbox"/>
Chair of Women's Group.....	<input type="checkbox"/>	<input type="checkbox"/>
Parents for School Children.....	<input type="checkbox"/>	<input type="checkbox"/>
Religious Leaders.....	<input type="checkbox"/>	<input type="checkbox"/>
Head Teacher.....	<input type="checkbox"/>	<input type="checkbox"/>
Other Teachers.....	<input type="checkbox"/>	<input type="checkbox"/>
Your Neighbours.....	<input type="checkbox"/>	<input type="checkbox"/>
Your Family .....	<input type="checkbox"/>	<input type="checkbox"/>
Elders.....	<input type="checkbox"/>	<input type="checkbox"/>

Q9a. Does the school have a trained community representative?

Yes        No > **IF NO GO TO Q10a**

Q9b. **IF YES IN Q9a:** Are they Male or Female?

Male        Female

Q9c. How old is the community representative?

- Younger than 30 yrs
- 30 - 35 yrs
- 36 - 40 yrs
- 41 - 45 yrs
- 46 - 50 yrs
- 51 - 60 yrs
- 61 - 70 yrs
- 71 and above years



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Q9d. What other role(s) does the community representative play in the community? **MULTIPLE ANSWERS POSSIBLE. TICK ALL THOSE THAT APPLY**

- Youth leader .....
  - Chief .....
  - Assistant Chief.....
  - The Chair of the Women's Group..
  - Parent .....
  - Religious Leader.....
  - Head Teacher.....
  - Elder.....
  - Head of the PA.....
  - Other (specify) .....  \*
- \_\_\_\_\_

Q9e. Does the community representative have children in the school?

- Yes  No

Q10a. Has HIV/AIDS education been incorporated into any community festivals or ceremonies?

- Yes  ..... **Go to Q10b**
- No  ..... **Go to Q10c**

Q10b. Which ones?

- 1. \_\_\_\_\_ \*
- 2. \_\_\_\_\_ \*
- 3. \_\_\_\_\_ \*
- 4. \_\_\_\_\_ \*

Q10c. Why not?

- \_\_\_\_\_ \*
- \_\_\_\_\_ \*

Q11. What do you consider to be the most important message to get to children about HIV and AIDS?

- 1st respondent \_\_\_\_\_ \*
- 2nd respondent \_\_\_\_\_ \*
- 3rd respondent \_\_\_\_\_ \*

Q12. What do you consider to be the second most important message to get to children about HIV and AIDS?

- 1st respondent \_\_\_\_\_ \*
- 2nd respondent \_\_\_\_\_ \*
- 3rd respondent \_\_\_\_\_ \*



FOCUS ON CHURCHES

Q13. Are there churches or places of worship in this community?

- Yes .....GO TO Q15
- No .....GO TO Q14

Q14. On average, how long does it take people to travel their place of worship/church? WRITE IN THE TIME TAKEN

H	H	M	M

Q15. What religion are the places of worship/churches that most people in this community go to?

PLEASE TICK ALL THOSE THAT APPLY

- Catholic
- Anglican
- CPK
- CCA
- AIC
- Legio Maria
- Muslim
- Seventh Day Adventist
- Others (specify) \_\_\_\_\_

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Q16. Do these religious groups hold any meetings or activities related to HIV/AIDS?

- Yes .....GO TO Q17a
- No .....GO TO Q18a

Q17a. What kind of activities are these?

- Sermons preached at worship services .....
- Public speaking by church leaders .....
- Information meetings for adults .....
- Information meetings for youth .....
- Information meetings for children .....
- Programmes for youth or children .....

For programmes for youth and children  
ASK: What ages were the youth and children?

- |  |  |
|--|--|
| <input type="checkbox"/> Below 5 years | <input type="checkbox"/> 5 - 7 years   |
| <input type="checkbox"/> 8 - 10 years  | <input type="checkbox"/> 11 - 15 years |
| <input type="checkbox"/> 16 - 18 years | <input type="checkbox"/> 19 - 22 years |

Which of the following do these programmes include? (TICK ALL THAT APPLY)

- Counselling .....
- Church leaders speaking at school .....
- Other(specify \_\_\_\_\_) \* 

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Q17b. When did these activities last take place?

D	D	M	M	Y	Y	Y	Y

D	D	M	M	Y	Y	Y	Y



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Q18a. From the church's perspective, what is the most important message to get to children about HIV/AIDS?

1st respondent \_\_\_\_\_ \*    
2nd respondent \_\_\_\_\_    
3rd respondent \_\_\_\_\_ \*

Q18b. From the church's perspective, what is the second most important message to get to children about HIV/AIDS?

1st respondent \_\_\_\_\_ \*    
2nd respondent \_\_\_\_\_ \*    
3rd respondent \_\_\_\_\_ \*

Q19. What have leaders in this church said about using condoms to reduce the spread of HIV/AIDS?

1st respondent \_\_\_\_\_ \*    
2nd respondent \_\_\_\_\_ \*    
3rd respondent \_\_\_\_\_ \*

**FOCUS ON ACCESS TO HEALTH INFORMATION AND SERVICES**

Q20a. Is there a clinic or health station in this community?

Yes .....GO TO Q20b       No .....GO TO Q21

Q20b. On average, how long does it take you to reach your nearest clinic or health centre?

H	H	:	M	M
<input type="text"/>	<input type="text"/>	:	<input type="text"/>	<input type="text"/>

**WRITE IN THE TIME TAKEN**

Q20c. Who sponsors this clinic or health centre?

NGO - non religious  
 NGO - religiously affiliated  
 Church sponsored  
 Private sponsored (Corporate or individual)  
 School  
 Others (specify) \_\_\_\_\_ \*

Q20d. Does this clinic or health centre provide treatment and testing for STIs?

Yes        No

Q20e. Does this clinic or health centre provide treatment and testing for HIV/AIDS?

Yes        No

Q20f. Is it possible for you to get condoms at this clinic or health centre?

Yes        No

Q20g. Does this clinic or health centre treat or provide services to children and youth without telling their parents?

Yes        No



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Q20h. Besides the treatment received from the clinic/health centre, who else treats people who are sick in this community?

- Herbal doctors
- Mobile clinics
- Others (sp) \_\_\_\_\_ \*   \*   \*

Q21. Where are condoms available for free in this community?

- Clinic or health station
- Shops
- Market
- Others(sp) \_\_\_\_\_ \*
- Not available for free in this community

Q22. Where are condoms sold in this community?

- Clinic or health station
- Shops
- Market
- Others(sp) \_\_\_\_\_ \*
- Not available for sale in this community

Q23. Where can primary school children get condoms in this community?

- Clinic or health station
- Shops
- Market
- Others(sp) \_\_\_\_\_ \*
- Not available to primary school children

Q24. What would you estimate to be the number of children in this community who are orphans (have lost both parents)?

**WRITE IN THE NUMBER**

Q25. What would you estimate is the number of people from this community who have died because of AIDS in the last 6 months?

**WRITE IN THE NUMBER**

Q26. When a person has died of AIDS in the community, is it openly said that AIDS caused the death?

Yes  No

Q27. What activities take place around the community that might present an HIV risk? **PLEASE SPECIFY**

- 1. \_\_\_\_\_ \*
- 2. \_\_\_\_\_ \*
- 3. \_\_\_\_\_ \*
- 4. \_\_\_\_\_ \*





**ORIGINAL**

Q28. What needs to happen in this community to more effectively address the problem of HIV/AIDS?

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Q29. What obstacles have been experienced in implementing the PSABH programme?

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Q30: What action is taken by the school if they suspect that a pupil is involved in sex with an adult from within the school or the community?

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**GENERAL COMMENTS FROM THE MONITOR**

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Monitor's Signature: .....

Date: 

D	D
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M	M
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Y	Y	Y	Y
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School stamp:

