

# PRIMARY SCHOOL ACTION FOR BETTER HEALTH



## Rift Valley School and Community Responsiveness Surveys

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## **EXECUTIVE SUMMARY**

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### **School Responsiveness Survey**

#### *Training:*

- Schools that self-selected into training (target schools) tended to:
  - Be larger in size;
  - Have a higher proportion of female teachers;
  - Be sponsored by a religious organization (whereas control schools were more likely to be sponsored by District Education Boards); and,
  - Have a Head Teacher who was PRISM trained.

#### *Structural Changes:*

- Structural changes were more likely to have taken place in target than control schools as evidenced by the presence of health clubs, question boxes, peer support activities and the presence and use of HIV/AIDS class texts and readers.
  - Target schools were more likely to access a health professional to help with answering questions from pupils.
  - In target schools with peer supporters, one of their main roles was to lead the school health club.
  - Barriers to PSABH activities were:
    - Lack of training in control schools; and,
    - Teaching difficulties in target schools (e.g., tight schedules/lack of time).

#### *Messages:*

- 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 virtually no difference between target and control schools in the content of HIV/AIDS related messages found in teacher and pupil work, in answers to question, or on posters in the school.
  - The factual messages provided were most often slogans (e.g., ‘AIDS kills’ or ‘AIDS exists’).
  - Behaviour change messages often addressed issues only marginally and indirectly related to HIV/AIDS (e.g., ‘Avoid alcohol’ or ‘Girls and boys walk in groups of their sex’).
  - Condom messages were only provided when specifically asked.
- Condom questions:
  - As a group, target schools were more likely to report that condom questions had been asked.
  - There were no differences in the content or potential content of answers about condoms between target and control schools.

#### *Up-take:*

- There were no statistically significant differences between target and control schools with respect to the role of the community representative.
- In multivariate analysis the amount of training received by the school was the single most influential factor for:
  - Global up-take;
  - Presence and content of messages; and,
  - Activities engaged in.
- Whether a school was a target or a control was the most influential factor in the presence and use of books.

### **Community Responsiveness Survey**

#### *Target-Control*

- 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, elder and/or head of the Parent Association (PA).

#### *Parent Association Meetings*

- PA meetings were reported in almost all communities.
- HIV and 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 and AIDS in Community Events and Meetings*

- Youth groups, churches, women's groups and other public meetings about HIV and AIDS have been held in the majority of communities sampled.
- Most communities reported addressing HIV and AIDS in community festivals or ceremonies, particularly at cultural celebrations.
- Reasons given for not including HIV and AIDS issues in community events were personal in nature.
- Community participants considered factual messages about HIV and AIDS and abstinence messages most important for children to hear.

#### *Churches*

- Most communities have at least one church in the community or within a relatively short distance. It is common for multiple churches of different Christian denominations to exist in a community.
- Churches are actively involved in HIV and AIDS initiatives, including programmes and activities that target youth.
- Church leaders are most likely to focus on messages about sexual morality.

### *Health Services*

- Most communities have a clinic or health station in the area and the majority of these provide free services to children and youth without notifying their parents.
- Clinics typically provide condoms and treatment for STIs; though few provide testing and treatment for HIV and AIDS.

### *Condom Availability*

- Condoms are available for sale and for free in most communities.
- In the majority of communities primary school pupils can access condoms.

### *AIDS in the Community*

- Almost all communities reported 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 social events and lack of family or social conditions such as poverty posed the greatest HIV risk to their community.

### *Barriers to PSABH Implementation*

- Problems with personal attitudes and lack of resources were the most commonly identified barriers to PSABH implementation.

### **Conclusion for SRS and CRS**

- There is evidence of up-take.
- The main messages being delivered focus on abstinence.
- In all communities there are problems associated with conveying messages supportive of condom use.

### **Rift Valley and Nyanza Comparisons**

- Differences in the sample of schools in Rift Valley and Nyanza Province must be noted in making any comparisons.
- Few differences were found between responses on the Community Responsiveness Survey in Rift Valley and Nyanza.
- A greater number of differences were found on items in the School Responsiveness Survey.
  - Rift Valley schools tended to incorporate a greater variety of topics in their school-level training, while presenting this information primarily at staff meetings.
  - Of the 15 different measures of implementation, Nyanza schools had a greater percentage of schools scoring at the highest level on 9 of these indicators, with Rift Valley schools scoring at the highest level on the other 6.
  - In Rift Valley, more control schools scored at the highest level on the condom indicators than their target school counterparts. There was no difference between target and control in Nyanza Province.
  - The Somer's d measure of differentiation suggests that the difference between target and control schools on implementation of PSABH activities is greater in Rift Valley than in Nyanza.

**Tentative Conclusion on Differences between Rift Valley and Nyanza**

- Self-selected Rift Valley target schools are not necessarily performing better than schools in Nyanza assigned as target schools.
- There may be greater differentiation between target and control schools in Rift Valley due to self-selection (i.e., all schools that are most likely to take action have selected themselves into training leaving those schools least likely to take action as control schools).

## INTRODUCTION

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Primary School Action for Better Health (PSABH) is an HIV/AIDS prevention programme being implemented by the Centre for British Teachers (CfBT). PSABH II was under a contract from Futures Groups Europe (FGE), DFID's managing agent for the HIV/AIDS Prevention and Care (HAPAC) project. PSABH III is under direct contract to DFID. The University of Windsor has been subcontracted to advise on evaluation and research design and to conduct relevant analyses for all components of PSABH.

PSABH is being piloted in both Nyanza and Rift Valley provinces respectively.

This report is the 3<sup>rd</sup> in the evaluation series being completed in Rift Valley. The prior reports included:

- Pre-Programme Self-Completion Survey: Rift Valley Schools, Dec. 2002;
- Pre-Programme Interviews and Focus Groups: Rift Valley Schools, Apr. 2003.

The current report synthesizes information gained from School and Community Responsiveness Surveys collected by Zonal Inspectors (ZIs) in the 40 study schools and communities in Rift Valley.

The School (SRS) and Community (CRS) Responsiveness Surveys were designed to assess:

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

The report is divided into 8 sections:

- Introduction
- Method
- School Responsiveness Survey (SRS)
- Rift Valley-Nyanza SRS Comparison
- Community Responsiveness Survey (CRS)
- Rift Valley-Nyanza CRS Comparison
- Content Common to SRS and CRS
- Conclusion
- Appendices including coding details and copies of both the SRS and CRS

## **METHOD**

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### **Sample**

Schools were selected using a matched case experimental-control design. Schools in Rift Valley were each invited to send two teachers and a community representative to a weeklong PSABH training programme. Of those schools that chose to participate, 20 were chosen as target or experimental schools. An additional 20 schools matched by zone and geographical characteristics (e.g., location on an agricultural farm, military or police base, urban, rural) were selected as controls.

This differed substantially from sampling in Nyanza Province where 80 target and 80 matched control schools were randomly selected from lists divided by zone and academic performance.

Since target schools in Rift Valley self-selected into training and were able to pay towards training, the potential exists for there to be differences between target and control groups, a characteristic which limits the comparability of the two groups. The random selection of both target and control schools in Nyanza insured the comparability of these two groups.

### **Data Collection**

Attempts were made to collect data from the 40 schools (20 target, 20 control) in Rift Valley taking part in PSABH III Evaluation. Trained Zonal Inspectors (ZIs) administered the SRS and CRS in March of 2003. Survey completion usually required two visits to each community.

The SRS was completed in 41 schools. This included data from an additional school (e.g., Milimani) not originally part of the sample. The CRS was completed in 40 schools. This also included Milimani, however, data were not collected for Kamothai, a target school that was part of the original sample.

The SRS and CRS can be found in Appendix B.

### **1Data Adjustments**

Preliminary screening of responses to the SRS indicated that:

- 8 of the control schools had at least 2 teachers who attended both training courses (A & B).
- As well, there were 3 target schools, which indicated that they had no trained teachers or community leaders.

This information was then compared with the list of schools that had sent representatives for training and, based on this information, schools were moved from target to control or vice versa. In particular,

- 2 schools were moved from target to control because there was no record of teachers having attended the training sessions; and,
- 8 schools were moved from control to target because their attendance at training was verified.

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 in number (27 target schools and 14 control schools in the SRS database and 26 target and 14 control in the CRS database) and reduced the number of schools in the control group below what is generally considered ideal for cross-tabular statistical analysis. Consequently, results must be interpreted with caution.

### **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 curricula and community activities. Responses to open-ended questions were grouped in two different ways. First, responses were coded by themes with respect to the answers. Where multiple responses were provided to a question, all responses were assigned to their appropriate themes.

The second coding mirrored the process established during the analysis of the SRS and CRS from Nyanza province. Specifically, sixteen scalar measures were developed from SRS responses each indicative of the degree of up-take 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) indicative of the degree of up-take. Highest scores were assigned when there was evidence that the activity was in place and reaching pupils and/or teachers (e.g., readers were being used by pupils, health action plan was posted in the staff work room, questions in the question box were responded to on a weekly basis) and that the content of information conveyed to pupils was accurate and supportive of personal behaviour change in a direction that could decrease the 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., "they will not be told the truth about condoms"), or they were not supportive of personal behaviour change. For scoring of questions that involved information or messages about condoms, appropriate information and/or support of condom use by sexually active adolescents was privileged with a higher rating than the rating given to exclusive support of abstinence. The scalar indicators assessing school up-take were:

- Health Action Plan
- School Health Club
- Question Box
- Peer Supporter Training & Activity
- Which HIV/AIDS Books Present
- Location of HIV/AIDS Books

- Frequency of Use of Books
- How Books are Used
- Community Representative Role
- Location of Factual Messages
- Content of Factual Messages
- Location of Behaviour Change Messages
- Content of Behaviour Change Messages
- Condom Questions
- Posters
- Handling Adult-Pupil Sexual Contact

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

The third set of measures was created using principle component factor analysis. This produced a smaller number of indicators of school up-take with each indicator covering a cluster of similar activities. Scoring on the 16 scalar indicators of school up-take 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 procedures. The three subscales measured:

- Up-take of **activities** including: Health Action Plan, Question Box, School Health Club, Peer Supporters and Community Representative Role.
- Presence and content of **messages/information relevant to HIV/AIDS** including: location and content of factual messages, location and content of behaviour change messages and responses to condom questions.
- Appropriate **book use** including: which books are in the schools, location of books, frequency of book use and how books are 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 up-take that comprised an additive scale of the 16 up-take measures.

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

- Thematic measures provide a yes/no indication of whether certain themes or activities were present or absent in schools. There were a large number of thematic measures for each area of programme up-take. These were used in contingency table analysis (chi-square tests of statistical significance) and provided information on specific areas of target-control school difference within each broad programmatic area.

- Ordinal scales created from clusters of questions provided indicators for how well schools were doing in meeting various PSABH goals. Scales included:
  - 15 on specific areas of programme up-take;
  - 1 on the most important message for youth;
  - 2 on messages coming from churches; and,
  - 1 on actions taken when pupil-adult sexual contact is suspected.
- These measures were suitable for contingency table analysis with Somer's d used to assess not only statistical significance of difference between control and target schools but also the degree to which target schools 'out ranked' control schools in each area of up-take.
- Three subscales provided interval-like measures of degree of change/difference between control and target schools. In addition, all indicators were combined into a single global measure of school up-take. All four of these measures were suitable for correlation and regression analysis. This method of analysis provided 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 up-take.

## **Independent Variables**

### **Churches**

During the analysis of data from Nyanza Province, it was established that churches were powerfully present and active within both communities and schools. Consequently, details about their presence and activity were sought in the SRS and CRS.

Overall, 13 different types of churches were listed as sponsors for schools in Rift Valley and 20 were identified as part of the communities. Parallel to the process established during the Nyanza analysis, these churches were grouped into three categories:

- Catholic;
- Mainline Protestant; and,
- Protestant Breakaway/Traditional.

The last of these groups is composed of churches that started as mainline but, over time, broke away from formal affiliation, typically to facilitate incorporation of certain aspects of traditional customs and practices into their belief systems or style of worship and/or to foster a distinct, more African, identity. The difference between Breakaway and Traditional churches lies in the degree to which traditional beliefs and practices are present, however, prior research has found no major statistical differences between these groups. Accordingly, they have been combined here to balance their small numbers.

### **Analysis**

Analyses were based on 27 target and 14 control schools for the SRS and 26 target and 14 control schools for the CRS.

Analyses consisted of:

- Cross-tabulation and chi-square tests of significance 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-tabulation and Somer's d tests conducted to compare target and control schools on the sixteen ordinal **indicators of up-take** of programme areas.
- Regression analyses conducted with control and target schools dummy coded to assess the impact of PSABH training on up-take using the 3 **subscales** and the **global** indicator.

## **SRS RESULTS**

## SCHOOL CHARACTERISTICS

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### **Profile of Rift Valley Schools**

An overall profile of the demographic information with respect to the schools in Rift Valley suggests that the schools are fairly large, but somewhat understaffed, with an average of 49 pupils per teacher. Interestingly, the presence of female teachers in these schools is rather noticeable, including one school with only female teachers.

*School Size and Characteristics – Rift Valley*

	<b>Mean</b>	<b>Median</b>	<b>Range</b>
Total number of students	646	559	160-2500
Total number of boys	322	278	79-1200
Total number girls	327	288	76-1300
Number of Streams	16	16	3-50
Total number of Teachers	14	14	3-35
Total number of male Teachers	6	5	0-16
Total number of female teachers	7	6	0-31
Pupil-Teacher Ratio	49	46	10-112
Proportion of Female Teachers	46	43	0-100

ZIs rated all control schools and the majority of target schools (70%) as understaffed. However, calculation of the pupil-teacher ratio revealed that, for control schools, there was a staffing range of 10-80 pupils per teacher, while for target schools that range was, 25-112 pupils per teacher (according to the SRS, the school that has 25 pupils per teacher is considered overstaffed).

### **Target-Control Comparison**

Independent samples t-tests were used to assess whether mean differences existed between target and control schools with respect to the number of pupils and teachers within the schools. It was found that targets schools tended to have:

- More students, in particular male students;
- Larger staff sizes; and,
- Greater number and proportion of female teachers.

In particular, 63% of target schools had more female than male teachers, with one school having no male teachers at all. This compares to only 14% of control schools that had more female than male teachers, and 3 control schools with no female teachers. In addition, 7 out of the 8 control schools that were re-assigned as target schools had a majority of female teachers. The statistical significance of these target-control differences despite the small sample size, together with a parallel result for control schools that later sought out training suggests that the presence of a higher number and proportion of female teachers in schools motivates schools to participate in PSABH.

*Target-Control Comparisons on School Size and Characteristics*

Size Characteristics	Target (n=27)	Control (n=14)
Mean Number of Students	740	464*
Mean Number of Boys	371	230*
Mean Number of Girls	556	448
Mean Number of Teachers	15	10*
Mean Number of Male Teachers	5	7
Mean Number of Female Teachers	10	3***
Mean Ratio of Pupils to Teachers	50	49
Mean Proportion of Female Teachers	57	25***

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

Logistic regression was used to further determine which of the factors in the above table influenced the potential for the school to be either a target or control. The results confirmed that the proportion of female teachers had a significant influence on whether a school self-selected for PSABH training. This influence held even when controlling for other factors (i.e., pupil teacher ratio, school size, and sponsorship). Specifically, the higher the proportion of female teachers, the more likely the school would attend the training.

**Profile of People Interviewed**

ZIs attempted to collect data from all target and control schools by administering the SRS and CRS to people in an interview format. People affiliated with the school and present on the scheduled day of interviewing were most often selected by ZIs to complete the interview. For the most part these people consisted of a combination of either:

- Head or Deputy Head Teacher;
- Other Teacher;
- School Committee Member;
- Other Staff; and/or,
- Pupils.

In the 41 schools where ZIs interviewed people:

- In the majority, 4 or more different types of individuals were interviewed, 3 of of these types were most often teachers.
- The most frequently interviewed individual was the Head Teacher.
- There were no target-control differences with respect to who was interviewed.

*Types of People interviewed*

Type of Person Interviewed	Number of Schools	Percentage (n=41)
Head Teacher	30	73%
Deputy Head Teacher	21	51%
Senior Teacher	26	63%
Resource Teacher	23	56%
School Committee Member	21	51%
Pupils	19	46%
Other Staff	20	49%

*Number of Different Types of People and Teachers Interviewed*

Number of types of <i>people</i> interviewed	Number of Schools	Number of types of <i>teachers</i> interviewed	Number of Schools
0	6	0	6
1	4	1	8
2	2	2	3
3	5	3	10
4	3	4	14
5	7	5	0
6	8	6	0
7	6	7	0
Total number of schools	41	Total number of schools	41

**School Sponsorship**

- Approximately 88% or 36 schools had a sponsor.
- Of those schools that had a sponsor:
  - Target schools were more likely sponsored by religious institutions while control schools were more likely sponsored by DEB (i.e., District Education Board).
  - Catholic and Protestant churches sponsored an equal number of schools (6 each).

<b>Sponsor</b>	<b>Target (n=25)</b>	<b>Control (n=11)</b>
Religious organizations	52%	9%*
DEB	12%	90%***
Other groups	36%	0%*

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

- In approximately 92% of the schools, the sponsor served in some administrative capacity (on the management committee and/or selection of Head Teacher).
- Virtually all (89%) of the schools sponsored by 'other' groups (i.e., private sponsors) indicated that the sponsor owned the school compound, while only 15% of the DEB and 21% of the Religious sponsors owned the school compound.
- Almost all of the religiously sponsored schools (93%) indicated that the sponsor provided spiritual counselling, while only 8% of those sponsored by DEB and 11% of those sponsored by 'other' groups stated that the sponsor provided spiritual counselling.
- Because there was such a high percentage of administrative involvement in both target and control schools, there were no significant differences with respect to the role played by the sponsor.

*Nature of School Sponsorship for all types of Sponsors*

<b>Nature of sponsorship</b>	<b>Percentage of Schools (n=36)</b>
School Management Committee Member	86%
Co-opted position on Management Committee	83%
Financial Contribution	42%
Spiritual Contribution (counselling)	42%
Owner of School Compound	36%
Selection of Head Teacher	28%
Past involvement	19%
Staff Development	3%
Medical Assistance	3%
Inmates provide free labour	3%

### **Head Teacher – Tenure**

- Although not significant statistically, it is notable that 56% of target school Head Teachers held their post for more than 2 years, compared to only 43% of control schools. As well, only 7% of target schools had Head Teachers who had been present for 3 months or less, compared to 36% of control schools. Such findings suggest that it is schools whose Head Teachers have been in place for a longer time period that have self-selected into training.

### **PRISM Training**

- Most schools (approximately 83%) had at least one teacher and/or the Head Teacher who was PRISM trained.

*Number of Teachers PRISM Trained*

<b>Number of PRISM trained staff members</b>	<b>Percentage of Schools (n=31)</b>
None	6%
1	52%
2	29%
3	13%

- In 78% of the schools the Head Teacher had been PRISM trained, with
  - 68% having gone to course A
  - 68% having gone to course B
- 45% of the schools had at least one other trained staff member.
- There were significantly more target schools (89%) with PRISM trained Head Teachers than control schools (57%).

### **Characteristics of Self-Selected Schools**

Collectively, analyses on school characteristics suggest that self-selected schools share a distinct profile. This profile includes 4 main characteristics:

- Higher proportions of female teachers;
- Religious sponsorship;
- Head Teachers holding their position for a longer term; and,
- Head Teachers being prism trained.

## PSABH STAFF TRAINING

### PSABH Trained Staff

- After recategorization, only one control school claimed to have PSABH trained teachers and a Head Teacher who had received course A training.
- In terms of gains and losses:
  - 3 target schools and 1 control school claimed to have lost one PSABH trained teacher; and,
  - 2 target schools and 1 control school reported gaining a PSABH trained teacher.
- 93% of target schools sent at least 2 teachers (the majority being the Head Teacher and a Resource Teacher) for training however, not all teachers received both courses A and B. Consequently, only 63% of target schools had two or more teachers who were fully trained.
- Community representatives frequently did not participate in training. In fact, in 44% of the target schools, a community representative did not attend either course A or B, while one was present for both in only 18% of the communities.

### *Teachers and Community Representatives Trained by PSABH*

Type of teacher	A and B	A only	B only	Same A&B
Head Teacher	70%	18%	4%	70%
Deputy Head	0%	4%	4%	0%
Resource 1	70%	18%	4%	69%
Resource 2	11%	4%	11%	4%
Community Rep	18%	30%	7%	15%
Total # Teachers sent for training	59			
Total # Com. Reps. sent for training	15			

### **School Level Training**

- School level training was held in 85% of the target schools.
- Of those schools where training was held, all used staff meetings as the forum for training. This was generally one or two sessions lasting, on average, 2-3 hours. There were some schools where seminars and workshops were also used.

### *Training Other Teachers*

	Target (n=27)
Training Held	85%
Staff Meetings	100%
Seminars	13%
Workshops	9%

Number of Training Sessions	Staff Meetings (n=23)	Seminars (n=23)	Workshops (n=23)		Length of Training Sessions	Staff Meetings (n=23)	Seminars (n=3)	Workshops (n=2)
1	35%	4%	0%		1 hour	26%	67%	50%
2	39%	4%	9%		2-3 hours	65%	0%	50%
3	17%	4%	0%		4 hours +	4%	33%	0%

- Of the 15 topics identified, the total number of topics covered in training sessions ranged from 8 to 15 with a mean of 12.5 and median of 13.
- Facts about STIs/HIV/AIDS were addressed in all schools, which conducted school-level training, with infusion, integration, lesson plans, question box and schemes of work covered in almost all of the schools.
- The least frequently addressed topics related to communication approaches (56%) and life skills and values activities (56%).

*Topics Covered in Training Sessions*

<b>Topic</b>	<b>Percentage of Schools (n=23)</b>
Facts about STIs/HIV/AIDS	100%
Infusion	96%
Integration	96%
Lesson Plans	96%
Question Box	96%
Schemes of Work	96%
One AIDS lesson per week	91%
Adolescent Health and Security	87%
Counselling	87%
Guidance	83%
Life Skills and Values	74%
Emerging Issues	70%
Action Plan	65%
Communication Approaches	56%
Life Skills and Values Activities	56%

When all of the information related to training was combined into a single scale, a significant mean difference was found between target (mean=5) and control (mean=0.1) schools ( $t=13$ ,  $p \leq .000$ ). In regression analysis, this scale had the greatest influence on how schools scored on most of the other implementation variables, including the global impact scale. This suggests that the amount of training that takes place in a school is among the best indicators of program implementation.

## **HIV AND AIDS PROGRAMMING IN SCHOOLS**

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### **School Development Plan**

There were no differences between target and control schools with respect to the presence of a School Development Plan. Approximately 71% of all schools reported having one.

### **Health Action Plan**

- Only 37% of the schools had a Health Action Plan (44% of target schools and 21% of control schools), while 54% had an Action Plan for other projects and 10% had no action in their development plans.
- Of those schools with a Health Action Plan, 80% of schools reported that all teachers knew about the plan and 20% indicated that only some of the teachers knew about the plan.
- All of the control schools, and all but one of the target schools indicated that the plan was being implemented.
- There were no significant target-control differences with respect to the Health Action Plan. This includes the ordinal indicator where 33% of target schools and 21% of control rated high, while 59% of target schools and 79% of control rated low.

(Note: with only 15 schools having a Health Action Plan and questions not answered on many of the sub-questions, it is extremely difficult to obtain statistical significance).

### **School Health Club**

- Target schools (69%) were significantly more likely than control schools (17%) to have a School Health Club.
- Of schools that did have health clubs:
- School Health Clubs seemed to be more likely to meet regularly in target than in control schools (NOTE: since only 2 control schools had a School Health Club, statistical significance cannot be calculated).
- Target schools in particular, reported health clubs being evidenced by minutes of the meetings and lists of committee members. Only one of the 2 control schools with a health club provided information on evidence of this club, specifically, the presence of questions and answers in a folder.

#### *Evidence of School Health Club*

<b>Evidence</b>	<b>Target &amp; Control (n=20)</b>
Minutes of the Meetings	35%
List of Committee Members	30%
File for club	15%
Question Box	10%
Club Meetings	10%
Questions & Answers in folder (control)	5%
Compound Clean	5%
Poems & Songs w/ HIV/AIDS messages	5%
Behaviour Change	5%

- All 10 of the control schools cited lack of PSABH training as the reason they did not have a School Health Club. In contrast, the 8 target schools, which did not have a health club cited scheduling as a barrier and/or indicated that “plans were underway” as the primary reason for the current absence of the club.

*Reasons for Not Having a School Health Club*

Reason	Target & Control (n=18)
No PSABH training (all of control schools)	56%
Tight School Schedules (target schools only)	17%
Plans Underway to start one (target schools only)	11%

- With respect to the ordinal indicator for School Health Club up-take, since the majority of control schools did not have a health club at all, and the remaining control schools did not meet the minimum criteria for up-take of this measure, all of the control schools were scored as not having a health club (‘No SHC’). Simultaneously, target schools had a more comprehensive range for this measure. This meant that target schools were significantly more likely to score better than control schools on this indicator.

*Up-take of School Health Club*

Up-Take Score	Target (n=27)	Control (n=14)
No SHC or hasn't met	44%	100%
Low	4%	0%
Moderate	41%	0%
High	11%	0%

Somer's d = .556; p<0.001 for target-control differences.

**Question Box**

- Target schools were significantly more likely than control schools to have a Question Box and to have PSABH trained staff and/or health professionals involved in answering the questions.
- Among those schools that did not have a Question Box, the most common reason cited by control schools was lack of PSABH training. Other reasons given for not having a question box included: still in the workshop, lack of enough information, it has not been returned, and reluctance from staff. These were reported in fewer than 5% of schools.

### *Question Box*

	<b>Target</b>	<b>Control</b>
Have a Question Box	85%	31%***
<b>For Schools with a Question Box</b>	<b>(n=23)</b>	<b>(n=4)</b>
Question Box is Accessible	100%	75%*
<b>Evidence of Question Box:</b>		
Questions in Box	56%	50%
Questions kept in Head Teacher's Office	4%	0%
Questions answered once per week	13%	0%
Book of Questions Addressed	17%	0%
Questions Answered at least weekly	78%	25%
<b>Schools without a question box</b>	<b>(n=4)</b>	<b>(n=9)</b>
Reason no question box		
No training	0%	89%**

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

### **Questions asked**

- The most common questions asked by pupils did not differ between target and control schools. In 70% of schools (n=27), questions were asked about HIV/AIDS transmission with requests for factual HIV and AIDS information sought in 52% of schools. Questions were also raised about each of the following topics in 4% of the schools:
  - Abstaining/playing sex;
  - Condoms; and,
  - Sex education.
- The reasons given for not responding to questions from the question box included: questions not suitable, staff not trained, children stopped putting questions in, and Head Teacher now at school. Only one school provided each of these responses.

### **Answering Questions in the Box**

- Overall, 87% of target schools and 25% of control schools that had Question Boxes indicated that someone trained in PSABH determined the content of answers to questions. When “who responds to questions” was further elaborated, it was suggested that these ‘trained’ individuals were most often teachers.

### *Who Decides Content of Answers*

	<b>Target (n=23)</b>	<b>Control (n=4)</b>
PSABH trained teachers	78%	0%**
Untrained teachers	0%	75%***
Untrained Community Rep.	0%	25%
Health Club Patron	4%	0%

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

- Among target schools with a Question Box, 52% indicated that health professionals were involved in composing answers to the questions. None of the control schools indicated that they referenced health professionals for this task.
- The only reasons given by control schools for not using health professionals were their unavailability or lack of interest. Target schools did not access health

professional because they were confident in the ability of school staff to answer the questions.

*Why Health Professional not Involved in Answering Questions*

	<b>Target (n=23)</b>	<b>Control (n=4)</b>
Professional not available or not interested	13%	75%
Confidence in the school	22%	0%

- When all responses to questions about a Question Box were combined into an indicator of school up-take, there were significant differences between target and control schools. This was due, in part, to the absence of a Question Box in 75% of the control schools. It should also be noted that there was room for improvement among target schools given that only 4% scored in the very highest category of up-take.

*Up-take of Question Box*

	<b>Target (n=27)</b>	<b>Control (n=12)</b>
No Question Box	15%	75%
Low	7%	17%
Medium	37%	0%
Moderate	37%	8%
High	4%	0%

Somer's d = .698, p ≤ .001

**Peer Supporter Training**

The majority of target schools had received some form of peer supporter training, while only one control school reported such training. Of these schools, most reported that 2 boys and 2 girls attending PSABH (CfBT) peer supporter training. The most prominent evidence for peer supporters was their leadership role in the School Health Club.

*Peer Supporters in Schools*

	<b>Target (n=27)</b>	<b>Control (n=14)</b>
Have peer support training	63%	7%***
<b>Source of Training</b>	<b>Target &amp; Control (n=18)</b>	
Ministry of Education	11%	
Group of Teachers	11%	
PSABH – CfBT	78%	
<b>How many boys attended</b>		
1	6%	
2	89%	
<b>How many girls attended</b>		
2	83%	
3	6%	
<b>Evidence of Peer supporters in school</b>		
Leading health club	61%	
Administrative Records	33%	
Other school activities	22%	
HIV/AIDS related activities	17%	
Peer counselling	6%	

Since only one control school had peer supporter training, when all questions on peer supporters were combined into an ordinal scale there were statistically significant differences between target and control schools.

*Up-take of Peer Support Training*

	<b>Target (n=19)</b>	<b>Control (n=13)</b>
None Trained	47%	100%
Low	26%	0%
High	26%	0%

Somer's d = .526, p ≤ .000

**Project Book Box**

The majority of target schools and one control school indicated that they had received a project book box. Books were most often found with pupils in class.

*Project Book Boxes*

	<b>Target (n=25)</b>	<b>Control (n=11)</b>
Have project book box	76%	9%***
<b>Evidence of Book box</b>	<b>Target &amp; Control (n=20)</b>	
Pupils have in class	50%	
Used for schemes/lesson prep	25%	
Records of issue/receipt by librarian	10%	
All titles available	5%	

### **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 slight difference between target and control.

All target schools indicated that the reference books were easily accessible with most suggesting daily use of such books. Although the majority of control schools did indicate that the reference books were easily accessible, fewer than half reported using them on a weekly basis. The most common use of these texts for both target and control schools was to prepare lessons. When asked why these books were not being used, the most common response from control schools was their lack of availability, while for target schools it was a failure to organize them.

#### *Teacher Reference Books*

	<b>Target (n=27)</b>	<b>Control (n=14)</b>
Have teachers reference books	93%	79%
<b>Schools that have teacher reference books</b>	<b>(n=24)</b>	<b>(n=10)</b>
Books easily accessible	100%	80%*
Books used weekly	92%	46%***
How books used		
To prepare lessons	84%	73%
As reference for counselling & questions	4%	9%
Given to pupils to read in class	8%	0%
Reason books not used		
Not available	0%	18%
Yet to organize them	4%	0%

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

### **Class Texts**

Target schools were significantly more likely than controls to have class texts. All of the target schools indicated that these texts were readily available, while only one of the control schools made the same claim. In general, the majority of schools indicated that these class texts were in use on a weekly basis, primarily for pupil reading. Where they were not used, the most commonly cited reason was the lack of availability.

#### *Class Text Books*

	<b>Target (n=27)</b>	<b>Control (n=14)</b>
Have Class texts	85%	21%***
<b>Schools that have class texts</b>	<b>(n=22)</b>	<b>(n=3)</b>
Books easily accessible	100%	33%
Books used weekly	96%	67%
How books used		
as pupil reading	48%	33%
to prepare lessons	30%	0%
as reference	17%	0%
Reason books not used		
Not available	17%	67%
Yet to organize them	4%	0%

Few in stock	4%	0%
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### **HIV/AIDS Readers**

Target schools were significantly more likely to have HIV/AIDS readers than control schools. All of the target schools indicated that these readers were readily available, while neither of the two control schools with readers made this claim. As well, the majority of target schools claimed to use the readers for pupil reading on a weekly basis. In contrast, the control schools indicated that they were used less often and provided no examples for how these books were being used. The most commonly cited reason for not using the readers was a lack of availability.

#### *HIV/AIDS Readers*

	<b>Target (n=27)</b>	<b>Control (n=14)</b>
Have HIV/AIDS Readers	59%	14%**
<b>Schools that have HIV/AIDS readers</b>	<b>(n=14)</b>	<b>(n=2)</b>
Books easily accessible	100%	0%***
Books used weekly	88%	0%*
<b>How books used</b>		
As pupil reading	62%	0%
To prepare lessons	19%	0%
<b>Reason books not used</b>		
Not available	0%	50%
Yet to organize	6%	0%

### **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 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.

Target schools scored significantly higher than control schools on all of the indicators.

#### *Indicators for Project Book Boxes*

	<b>Which books are evident</b>		<b>Where books are evident</b>		<b>Frequency of book use</b>		<b>How books are used</b>	
	<b>Target (n=27)</b>	<b>Control (n=14)</b>	<b>Target (n=27)</b>	<b>Control (n=14)</b>	<b>Target (n=27)</b>	<b>Control (n=14)</b>	<b>Target (n=27)</b>	<b>Control (n=14)</b>
No books	7%	21%	33%	93%	0%	21%	4%	21%
Low	0%	0%	3%	0%	7%	0%	26%	71%
Medium	41%	79%	18%	0%	41%	79%	4%	0%
High	52%	0%	44%	7%	52%	0%	67%	7%
Somer's d	.548		.579		.563		.659	

Note: All Target-Control differences significant at  $p \leq .001$

Of note is that the strongest difference between target and control schools was in how books were used (Somer's  $d = .659$ ).

### **Involvement of Community Representative**

There were no 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 PTA, followed by responding to the Question Box.

#### *Involvement of Community Representative*

<b>Community Representative Involved in:</b>	<b>Target &amp; Control (n=41)</b>
Sensitizing PTA	61%
Responding to Question Box	20%
General Awareness to community	10%
Contacting NGOs	7%
The Church Organization	5%
Meeting with Management	2%

When all activities of community representatives were combined into a single scale, there were moderate, significant differences between target and control schools, suggesting that community representatives associated with target schools were more likely to be involved in the schools, particularly with the students.

#### *Indicator for the Role of the Community Representative*

	<b>Target (n=26)</b>	<b>Control (n=14)</b>
No or inactive comm. rep.	23%	50%
Low	4%	7%
Moderate	46%	36%
High	27%	7%

Somer's  $d = .368$ ,  $p \leq .01$

### **Messages**

ZIs 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 ZIs chose to report - i.e., if many messages were present, ZIs 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 ZIs chose a different message to report. It is also important to note that there was little distinction between factual and behaviour change messages. ZIs often reported the same messages in both categories.

### **Where messages were seen**

Both factual and behaviour change messages were more likely to be found in all locations provided. The most commonly reported location for factual messages was teacher reference books, followed by pupils' textbooks and lesson plans. Similarly, the most

commonly reported locations for behaviour change messages were pupil's textbooks, teacher reference books, lesson plans and co-curricular activities.

#### *Where Messages Were Seen*

	Factual Messages		Behaviour Change Messages	
	Target (n=27)	Control (n=14)	Target (n=27)	Control (n=14)
Pupil's Textbooks	78%	14%***	70%	7%***
Pupil's Workbooks	67%	36%	56%	14%*
Teachers Reference Books	85%	43%**	70%	29%*
Teachers schemes of Work	74%	21%***	67%	14%***
Lesson Plan	78%	7%***	70%	7%***
Co-curricular Activities	70%	21%**	70%	21%**
Posters	74%	21%***	67%	21%**
Other	18%	14%	22%	7%

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

#### **Content of Messages Seen**

There were no statistically significant differences between target and control schools with respect to the content of factual and behaviour change messages. Where factual messages were reported, 29% were slogans. Where behaviour change messages were identified, 32% were miscellaneous, and therefore not directly related to HIV/AIDS.

	Factual Messages (n=41)	Behaviour Change Messages (n=41)
Slogans	29%	5%
Abstain	10%	17%
Easier to Discuss HIV/AIDS	2%	10%
Prevention	10%	7%
Other, non HIV/AIDS specific	12%	32%

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

All questions related to messages were grouped into 4 basic indicators which independently addressed content and location of both factual and behaviour change messages. In general, target schools scored high with respect to the location of both factual and behaviour change messages, while scoring moderately well on the content of messages. Control schools scored moderately well on the location of factual messages, but otherwise did poorly on most of the scales. Consequently, there were significant differences between target and control schools with respect to the content of factual messages and the location of behaviour change messages.

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

	Content of Factual Messages		Location of Factual Messages		Content of Behaviour Change Messages		Location of Behaviour Change Messages	
	Target (n=27)	Control (n=14)	Target (n=27)	Control (n=14)	Target (n=27)	Control (n=14)	Target (n=27)	Control (n=14)
None	30%	71%	4%	14%	18%	43%	7%	50%
Low	4%	7%	11%	14%	30%	7%	11%	7%
Medium	52%	21%	0%	7%	33%	21%	0%	7%
High	15%	0%	85%	64%	18%	29%	82%	36%
Somer's d	.489***		Not significant		Not significant		.495**	

\*\*p≤.01. \*\*\*p≤.001

### Condoms

ZIs recorded whether pupils asked any questions about condoms (i.e., 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 if asked. Questions about condoms were identified in significantly more target schools than control schools. However, there were no differences between target and control schools in the content, or potential content, of answers. Three-quarters or more of answers were not supportive of condoms (e.g., “condoms can burst” and “school children are not allowed to use condoms”) with 60-70% providing conditional support (e.g., “they prevent unwanted pregnancy”). These percentages must be interpreted with caution since they are based on very small sample sizes.

#### Questions About Condoms

	Target (n=27)	Control (n=14)
Questions asked about condoms	70%	14%***

\*\*\*p≤.001.

When condom questions...	Are asked how have they been answered?	Are asked in the future, how will they be answered?
	Target & Control (n=21)	Target & Control (n=8)
Not supportive of condoms	76%	75%
Conditional Advocacy of condoms	76%	62%
Supportive of condoms	14%	25%

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 were statistically significant differences between target and control schools with respect to the condom indicator. Specifically, control schools were more likely to score medium to high, while target schools were more likely to score low to medium.

#### Indicator for Condoms

	Target	Control

	(n=23)	(n=10)
Low	26%	10%
Medium	65%	50%
High	9%	40%

Somer's d = .378, p<.05

### **Sex Between Pupils and Adults**

How schools dealt with the situation of a pupil suspected of playing sex with an adult was asked on the SRS. There were no significant differences between target and control schools in this regard. Guidance and counselling was the most common approach.

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

Action Taken	Percent (n=41)
Guidance & Counselling	80%
Inform parents of pupils	12%
Legal Action	7%
Take girl for medical check up	7%
Teacher sacked	5%
Inform the Administration	5%
Warn the teacher	5%
Investigation is done	5%
Positive Behaviour change advocated	2%

Similarly, when these actions were combined into a standard indicator, there were still no statistically significant differences between target and control schools. In fact, 83% of schools scored high on this indicator.

#### *Indicator for Action on Pregnancy/Adult Child Sex*

	Target & Control (n=41)
No action, not occurred	12%
Semi-moderate – involve authorities	5%
High – positive intervention	83%

### **Posters**

Significantly more target (81%) than control (50%) schools had posters on HIV/AIDS displayed in the schools.

### **Poster Sources**

Target schools were significantly more likely to have received their posters from the Ministry of Education or the Ministry of Health, while only two target communities had received posters from PSABH.

#### *Sources of Posters*

	Target (n=27)	Control (n=14)
MoE, MOH	37%	7%*
CfBT, DFID	7%	0%
Other groups	48%	36%

\* $p \leq .05$ .

**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 differences in whether they had posters.

*Indicator for Posters*

	<b>Target (n=27)</b>	<b>Control (n=14)</b>
No evidence of posters	30%	64%
Low – slogans	15%	21%
Moderate – Transmission, care, VCT	18%	0%
High – Behaviour Change	37%	14%

Somer's d = .418, p<.05

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

Multivariate analyses make it possible to identify how a group of factors collectively influence a phenomenon of interest (e.g., up-take 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 up-take of the PSABH programme as well as each of the subscales for messages, actions taken, and books on: target-control, proportion of female teachers, pupil/teacher ratio, church sponsorship, and the amount of training that occurred within the school.

**Results**

The most important influence on how a school scored on most of the subscales and the global scale was training. The only exception to this was the book scale, for which target-control had the most influence.

From this, it is evident that PSABH training is the most important influence on school up-take. This applies to most of the specific areas of up-take and also to global up-take of all the programme components combined. The effect of PSABH does not seem to vary across schools with different staffing levels, proportions of female teachers or sponsorship types.

## **RIFT VALLEY-NYANZA SRS COMPARISON**

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One objective of the PSABH programme evaluation is to compare Nyanza and Rift Valley. The purpose of this comparison is to examine differences between schools that were selected to participate in PSABH through multi-stage random sampling and those that self-selected into training (Rift Valley) on overall programme up-take. A key question is: Do schools that self-select to attend PSABH training do better on overall up-take and implementation than schools selected to attend training?

Before drawing comparisons between Rift Valley and Nyanza, it is important to consider the timeframe in which these data were collected. The data for Nyanza province were collected in August of 2002. This was prior to the completion of PSABH course B for many of the target communities. The data for Rift Valley were collected in March of 2003 following the completion of course B for most of the schools. This difference in training can impact the level of implementation reported by both communities.

In addition, changes in community awareness around HIV and AIDS could well be affected by the seven-month chronological difference in data collection. During this time period HIV/AIDS was being addressed as a national crisis and a variety of programmes were implemented throughout the country. There were thus, a growing number of sources from which any one individual or community may have received information about HIV and AIDS.

Finally, the teachers' strike in October 2002 and the sudden increase in enrolment due to the removal of school fees in January 2003 disrupted the school environment and focused attention on adjusting to the change affecting SRS and CRS results in Rift Valley, but not Nyanza.

Since each of these situations could have impacted the responses on these surveys in a variety of ways, they should be considered when reviewing any statistical comparison of these two regions.

Also note that the comparison of Rift Valley and Nyanza are being reported with caution in this section due to the small number of communities in Rift Valley compared to Nyanza. Sample size becomes even more precarious when subgroups of schools and/or communities are considered.

### **School Profiles**

Due to the influx of students in January, 2003 it is difficult to compare school sizes. An attempt was made to do this however, by taking data from self-completion surveys with pupils in Nyanza both before and after the influx of pupils in January, 2003 and calculating the percentage increase in STD 6 and 7 pupils between these two time periods.

This percentage increase was then taken as an estimate of the increase in all schools, and applied to Rift Valley in order to estimate probable pupil enrolment before January, 2003.

Using this approach, we estimate that average enrolment in Rift Valley schools prior to January 2003 was about 525 pupils. Comparing this to Nyanza with 324 pupils per school prior to January 2003, it appears that Rift Valley schools are, on average, larger than those in Nyanza.

Using the estimate of Rift Valley school size prior to January 2003 and assuming there was no time to hire additional teachers to accommodate the increase in pupils before March data collection, we estimate the pupil/teacher ratio in Rift Valley schools to be 37.5 during most of the time of programme implementation. This makes Rift Valley schools somewhat more poorly staffed than schools in Nyanza where the pupil/teacher ratio is 36. When comparing female/male teacher ratios for Rift Valley and Nyanza, there are proportionally more female teachers on staff in Rift. Specifically, in Nyanza, only 14% of all schools had more female than male teachers, with another 5% having an equal number of both. Simultaneously, in 16% of schools, there were no female teachers. This differs significantly from the target schools of Rift Valley in particular where every school contains some female teachers and, in fact, there is one school with only female teachers.

*School Size and Staffing Comparisons Using SRS Data for Both Regions*

	Rift Valley			Nyanza		
	Mean	Median	Range	Mean	Median	Range
Total number of students	646	559	160-2500	324	296	34-1588
Total number of boys	322	278	79-1200	168	150	0-797
Total number girls	327	288	76-1300	156	144	0-791
Number of Streams	16	16	3-50	13	9	1-99
Total number of Teachers	14	14	3-35	9	8	5-34
Total number of male Teachers	6	5	0-16	6	6	2-12
Total number of female teachers	7	6	0-31	3	2	0-23
Pupil-Teacher Ratio	49	46	10-112	36	34	7-91
Proportion of Female Teachers	46	43	0-100	28	28	0-83
Student increase in Jan 2003 (STD 6 & 7)	-	-	-	117	95	0-554

School sponsorship in Rift Valley also seems to take on a different profile from that of Nyanza. Overall, there were slightly more schools in Nyanza which had a sponsor, -in particular a religious organization, than in Rift Valley. In Rift Valley, differences between target and control schools were also found. In particular, target schools were more likely to have been religiously sponsored (Note: only one control school was religiously sponsored) while control schools were more likely sponsored by the District Education Board (DEB). Such differences could suggest that the type of organization sponsoring the school may influence who elects to attend training in this province.

*School Sponsorship Comparisons*

	Rift Valley		Nyanza (n=159) (no target-control differences)
	Target (n=27)	Control (n=14)	
School has a sponsor	93%	79%	99%
<b>Type of Sponsor:</b>	<b>(n=25)</b>	<b>(n=11)</b>	<b>(n=159)</b>
Religious	52%	9%	83%
DEB	12%	90%	13%

The differences in the types of sponsors were also reflected in differences with respect to the nature of that sponsorship. For example, Nyanza schools, which were more likely sponsored by religious organizations, had a higher percentage of their sponsors making a spiritual contribution to the school environment. Alternatively, in Rift Valley, where sponsorship was far more diverse and could include both government and private organizations, there was a greater potential for the ZIs to suggest that the sponsor had co-opted a position on the School Management Committee, owned the school compound and was involved in the selection of the Head Teacher.

*Nature of Sponsorship Involvement*

	<b>Rift Valley (n=36)</b>	<b>Nyanza (n=157)</b>
School Management Committee Member	86%	77%
Co-opted School Management Member	83%	66%
Financial Contribution	42%	38%
Spiritual Contribution	42%	75%
Owner of School Compound	36%	28%
Selection of Head Teacher	28%	12%
Past Involvement	19%	12%

**PRISM Training**

Although there seem to be more schools in Rift Valley with at least one PRISM trained teacher, when Head Teachers are considered we see that those in Nyanza were more likely than their Rift Valley counterparts to have attended both PRISM Course A and B.

*PRISM Trained Staff*

	<b>Rift Valley (n=31)</b>	<b>Nyanza (n=159)</b>
None	6%	18%
1	52%	54%
2	29%	18%
3 or more	13%	10%
Head Teacher Trained	78%	80%
Course A	68%	88%
Course B	68%	72%

**PSABH Trained Staff**

In both Rift Valley and Nyanza, schools had to be recategorized because some control schools attended training, while some target schools did not. Analyses based on this recategorization found that the Head Teacher and a Resource Teacher were most frequently trained in both provinces. Since Course B had not been completed when data were collected for the SRS in Nyanza, it is difficult to ascertain other similarities and differences with respect to the amount of training between Rift Valley and Nyanza.

School level training was reported in the majority of target schools in both provinces. In Rift Valley, staff meetings were the primary mode of training for all target schools, with only a handful also conducting seminars and/or workshops. In contrast, the majority, but not all, target schools in Nyanza trained staff in meetings, and there was a greater

percentage of schools that conducted seminars and/or workshops. In both communities, training sessions lasted, on average, at least 2 hours. There was greater variation in Nyanza schools however, with respect to the number of sessions held.

*Training Comparisons between Rift Valley and Nyanza Province*

	Rift Valley (n=27)			Nyanza (n=88)		
Conducted Training	85%			82%		
<b>Where Training Occurred:</b>						
Staff Meetings	100%			76%		
Seminars	13%			40%		
Workshops	9%			11%		
<b>Number of Sessions:</b>	<b>1</b>	<b>2</b>	<b>3 or more</b>	<b>1</b>	<b>2</b>	<b>3 or more</b>
Staff Meetings	35%	39%	17%	29%	40%	31%
Seminars	4%	4%	4%	28%	41%	28%
Workshops	0%	9%	0%	38%	12%	25%
<b>Length of Sessions (hrs):</b>	<b>1</b>	<b>2-3</b>	<b>4 or more</b>	<b>1</b>	<b>2-3</b>	<b>4 or more</b>
Staff Meetings	26%	65%	4%	29%	60%	9%
Seminars	67%	0%	33%	21%	45%	34%
Workshops	50%	50%	0%	12%	25%	50%

On average, Rift Valley schools tended to cover more topics (mean=12.5) in their training sessions than Nyanza schools (mean=9.6). In most cases, a higher percentage of Rift Valley compared to Nyanza schools were addressing each specific topic. In both provinces, life skills and values activities and communication approaches were among the least frequently addressed topics.

*Topics Addressed in Training*

	Rift Valley (n=23)	Nyanza (n=72)
Facts about STIs/HIV/AIDS	100%	83%
Infusion	96%	94%
Integration	96%	94%
Question Box	96%	86%
Lesson Plans	96%	81%
Schemes of Work	96%	81%
One AIDS Lesson per Week	91%	93%
Counselling	87%	82%
Adolescent Health and Security	87%	71%
Guidance	83%	78%
Life Skills and Values	74%	51%
Emerging Issues	70%	51%
Action Plan	65%	68%
Communication Approaches	56%	56%
Life Skills and Values Activities	56%	40%

The training scale in both Nyanza and Rift Valley confirmed that the target schools for the latter had slightly higher amounts of training than the former (mean=5 vs. mean=4). The absence of a target-control difference in Nyanza is most likely because Nyanza schools were surveyed prior to the completion of all Course B sessions. In both provinces, the training variable had the greatest influence on most of the up-take scales,

including the global impact scale. This reinforces the conclusion that PSABH training is one of the best predictors of programme implementation.

### **HIV/AIDS Programmes in Schools**

#### **Health Action Plan**

More schools in Nyanza (85%) than Rift Valley (71%) reported having a School Development Plan (SDP). This led to significant differences between target and control schools in Nyanza with respect to the Health Action Plan, which is typically a component of the SDP. These differences were not present in Rift Valley schools. This was further reflected in the ordinal indicator for the school up-take of the Health Action Plan.

*Degree of Up-take on Health Action Plan*

Up-Take Scores	Rift Valley		Nyanza	
	Target (n=27)	Control (n=14)	Target (n=88)	Control (n=77)
Low	59%	79%	57%	73%
Medium	7%	0%	15%	14%
High	33%	21%	28%	13%
Somer's d	Not significant		.185*	

\* $p \leq .05$

#### **School Health Club**

For the ordinal indicator for School Health Club (SHC) up-take, there were obvious target-control differences within both regions. There was greater statistical difference between these scores in Rift Valley however, compared to Nyanza (i.e., Rift Valley Somer's d = .556 and Nyanza Somer's d = .312) since all of the control schools in Rift Valley scored at the lowest possible level (i.e., no school health club or hasn't met) whereas Nyanza control schools scored at higher levels because more reported having a SHC.

*Up-take Indicator for School Health Club*

	Rift Valley		Nyanza	
	Target (n=27)	Control (n=14)	Target (n=84)	Control (n=65)
No School Health Club or hasn't met	44%	100%	44%	75%
Low	4%	0%	13%	3%
Moderate	41%	0%	6%	6%
High	11%	0%	37%	15%
Somer's d	.556***		.312***	

\*\*\* $p \leq .001$ .

#### **Question Box**

There were moderate differences between the two provinces with respect to the general up-take of the question box, including a greater differentiation between target and control communities in Rift Valley than in Nyanza as seen in the higher Somer's d for Rift Valley.



*Up-Take of Question Box*

	Rift Valley		Nyanza	
	Target (n=27)	Control (n=12)	Target (n=85)	Control (n=67)
No Question Box	15%	75%	26%	76%
Low	7%	17%	21%	5%
Medium	37%	0%	14%	8%
Moderate	37%	8%	28%	6%
High	4%	0%	11%	6%
	.698***		.487***	

\*\*\*p≤.001.

**Peer Supporter Training**

Peer supporter training was conducted in Rift Valley before the CRS and SRS were collected. In Nyanza, it was after. This was reflected in survey responses. Of note is that target and control schools in Nyanza reported peer supporter training by groups other than PSABH. This was not the case in Rift Valley.

**Project Book Box**

There were slight differences between Nyanza and Rift Valley in the availability and use of books. A greater percentage of Rift Valley as compared to Nyanza target schools and a greater percentage of Nyanza as compared to Rift Valley control schools, scored at the highest level for all indicators except for frequency of book use. Target-control differences generally ran parallel between these communities with the exception of those measuring the use of books where the differences in Rift Valley were far greater.

*Indicators for Use of Books*

	Rift Valley		Nyanza	
	Target (n=27)	Control (n=14)	Target (n=88)	Control (n=71)
<b>Which books are evident:</b>				
No books	7%	21%	4%	28%
Medium	41%	79%	31%	59%
High	52%	0%	65%	13%
Somer's d	.548***		.581***	
<b>Where books are evident:</b>				
No books	33%	93%	39%	96%
Low	3%	0%	11%	0%
Medium	18%	0%	16%	3%
High	44%	7%	34%	1%
Somer's d	.579***		.574***	
<b>Frequency of book use:</b>				
None	0%	21%	4%	25%
Low	7%	0%	0%	3%
Medium	41%	79%	33%	56%
High	52%	0%	62%	16%
Somer's d	.563***		.536***	
<b>How books are used:</b>				
No books	4%	21%	3%	27%
Low	26%	71%	50%	54%

Medium	4%	0%	2%	3%
High	67%	7%	44%	17%
Somer's d	.659***		.393***	

\*\*\*p≤.001.

### **Involvement of Community Representative**

Community leaders in Rift Valley and Nyanza tended to take on different roles. In Rift Valley they were more likely to be involved in answering questions from the question box, while in Nyanza they were more likely to be sensitizing the PTA.

#### *Role of Community Representative*

	Rift Valley		Nyanza	
	Target (n=26)	Control (n=14)	Target (n=88)	Control (n=71)
No representative or not active	23%	50%	17%	56%
Low	4%	7%	1%	4%
Medium	0%	0%	1%	1%
Moderate	46%	36%	46%	31%
High	27%	7%	36%	7%
Somer's d	.368*		.523***	

\*p≤.05. \*\*p<.01. \*\*\*p≤.000.

### **Messages**

Nyanza schools maintained target-control differentiations for all four of the indicators of messages. However, in Rift Valley schools, there were no significant differences with respect to location of factual messages and the content of behaviour change messages. Rift Valley target schools appeared to be doing better than Nyanza target schools on content of factual messages. The reverse was true for the content of behaviour change messages (i.e., Nyanza schools did better than Rift Valley schools).

*Indicators for Factual and Behaviour Change Messages*

	Rift Valley		Nyanza	
	Target (n=26)	Control (n=14)	Target (n=88)	Control (n=71)
<b>Content of Factual Messages</b>				
None	30%	71%	41%	75%
Low	4%	7%	39%	14%
Medium	52%	21%	10%	7%
High	15%	0%	10%	4%
Somer's d	.489***		.326***	
<b>Location of Factual Messages</b>				
None	4%	14%	2%	21%
Low	11%	14%	8%	16%
Medium	0%	7%	4%	6%
High	85%	64%	85%	58%
Somer's d	Not significant		.299***	
<b>Content of Behaviour Change Messages</b>				
None	18%	43%	41%	63%
Low	30%	7%	7%	1%
Medium	0%	7%	26%	21%
Moderate	0%	0%	14%	13%
High	18%	29%	12%	1%
Somer's d	Not significant		.240**	
<b>Location of Behaviour Change Messages</b>				
None	7%	50%	6%	25%
Low	11%	7%	4%	14%
Medium	0%	7%	4%	6%
Moderate	0%	0%	1%	0%
High	82%	36%	84%	55%
Somer's d	.485**		.312***	

\*\*p≤.01. \*\*\*p≤.001.

**Condoms**

Responses to questions about condoms were either non-supportive of condom use or provided conditional advocacy for condoms in both Rift Valley and Nyanza. There did, however, appear to be greater target-control differences in Rift Valley than in Nyanza. Unfortunately these indicated more positive (high score) support for condoms in control than in target schools in Rift Valley.

*Condom Indicator*

	Rift Valley		Nyanza	
	Target (n=23)	Control (n=10)	Target (n=84)	Control (n=56)
No condom messages	0%	0%	1%	14%
Anti-condoms	0%	0%	1%	4%
Low	26%	10%	39%	29%
Medium	65%	50%	31%	14%
High	9%	40%	27%	39%
Somer's d	-.378*		Not significant	

\*p ≤ .05.

## **Posters**

Nyanza schools were more likely than Rift Valley schools to have posters that were publicly displayed and addressed behaviour change. For schools that had posters displayed, the most common information that these relayed in Rift Valley schools were slogans about HIV and AIDS as compared to Nyanza schools which tended to highlight responsible sex in their posters. The result was a higher overall score for Nyanza communities on this scale however there were still greater differences with respect to scores in Rift Valley.

### *Indicator for Posters*

	Rift Valley		Nyanza	
	Target (n=23)	Control (n=10)	Target (n=84)	Control (n=56)
No Posters	30%	64%	27%	51%
Low	15%	21%	6%	4%
Medium	0%	0%	7%	6%
Moderate	18%	0%	6%	8%
High	37%	14%	54%	31%
Somer's d	.418*		.273***	

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

## **Adult-Pupil Sex**

Although the issue of adult and pupil sex was addressed in both the SRS and CRS for Nyanza province but only in the SRS in Rift Valley, in both provinces there was evidence that this issue is being attended to. In both cases this is through positive intervention with the child. There were no substantial target-control differences on this indicator for either community.

### *Indicator for Addressing Adult-Pupil Sexual Relations*

	Rift Valley	Nyanza	
	SRS (n=41)	CRS (n=159)	SRS (n=159)
No Action	12%	2%	6%
Low	0%	14%	15%
Semi-Moderate	5%	0%	0%
Medium	0%	4%	3%
High	83%	80%	77%

## **CRS RESULTS**

## **COMMUNITIES AND HIV/AIDS PREVENTION**

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### **1Profile of People Interviewed**

For completing the CRS, ZIs most often interviewed:

- Parents of Pupils (72%);
- Community Members (63%);
- Trained Community Representatives (target, 62%, control 29%) (Note: CfBT has no record of training for community representatives from control schools. However, ZIs identified community representatives as being trained in 5 schools. For this report these community representatives are referred to as 'trained');
- 10% or fewer of chief, committee member, District Education Board member, chairman, workers and pupils; and,
- At least 1 male in 93% and at least 1 female in 73% of communities respectively.

### **PSABH Training**

Those interviewed in 92% of target and 29% of control (n = 4) communities thought that the primary school had received PSABH training. Although 4 control communities made this claim in the CRS, in the SRS there was no such claim made. In addition, 69% of the target and 14% of the control (n = 2) communities reported having a trained community representative. Communities with control schools where the ZI claimed to have interviewed a PSABH trained community representative were: Sindano, Ndorot, Bagaria and Keriko.

- Most trained community reps were
  - Male (85%);
  - 41-45 years; and,
  - Had a child in school (target 89%, control 100%).
- The most common roles community representatives played in the community were (only those reported by over 10% are listed):
  - Parent (85%);
  - Religious leader (60%);
  - Elder (40%);
  - Head of PA (40%);
  - Youth leader (30%);
  - Chair of women's group (25%); and,
  - Head Teacher (20%).
- Important to note is that significantly more PSABH trained community representatives reported being parents or youth leaders (69% target, 7% control) and working with the school (46% target, 0% control). Those who were PSABH trained were most likely to speak to parents, family and teachers about HIV and AIDS since training.

*Speaking about HIV and AIDS by Trained PSABH Individuals*

Trained Individual Spoke about:	HIV and AIDS		How community can support school in HIV and AIDS Prevention and Education	
	Target (n=24)	Control (n=4)	Target (n=24)	Control (n=4)
Parents of School Children	96%	50%*	96%	50%**
Other Teachers	100%	75%*	92%	75%
Head Teacher	96%	75%	92%	50%*
Religious Leaders	75%	50%	75%	75%
Family	100%	75%*	79%	50%
Chief	63%	75%	67%	75%
Your Neighbours	88%	50%	67%	50%
Assistant Chief	50%	75%	54%	75%
Youth Leaders	67%	50%	54%	50%
Elders	36%	50%	54%	50%
Chair of Women's Group	38%	50%	38%	50%

\*p≤ .05. \*\*p≤ .01. \*\*\*p≤ .001.

For the remainder of this section of the report, there were no target-control differences unless otherwise noted. Consequently, target and control communities are reported together.

**Parent Association Meetings**

98% of all communities reported that the school normally held PA meetings. Of those communities where meetings were normally held, the majority of communities (62%) reported that a minimum of 2 (up to a maximum of 10) such meetings took place in the last term. HIV and AIDS were among the 3 most commonly discussed topics at PA meetings.

*Most Common Topics Discussed at PA Meetings*

Topic	Percent (n=40)
Resource/Finance	95%
Curriculum/Academic Issues	88%
HIV/AIDS	78%
Health and Family Life	10%

- Among those communities where HIV/AIDS was discussed at PA meetings, approximately 90% indicated that there was at least one such meeting (to a maximum of 4), held in the last term.
- The most common HIV/AIDS topics addressed in these meetings were related to general transmission and prevention issues. Target communities were more likely

(92%) to have addressed these issues in such meetings compared to control communities (50%).

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

Topic	Target (n=23)	Control (n=8)
How we can help our children to protect themselves against HIV infection	96%	100%
How they can be prevented	87%	75%
How they are transmitted and spread	83%	38%*
Orphans	78%	50%
What STIs, HIV and AIDS are	83%	25%**
Caring for people with AIDS at home and in the community	65%	50%

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

**Other Groups With Meetings About HIV and AIDS**

- Only 1 of the 40 communities listed that no organizations had held meetings about HIV/AIDS, compared to 67% that reported that two or more different types of organizations held meetings.
- Most of these meetings were recent, with 62% occurring within 3 months of the survey date.
- In 85% of the communities, children attended these meetings.

*Groups That Held Meetings About HIV/AIDS*

Meetings run by:	Youth Groups	Church	Chief's Barazaas	Community Leaders/Public Meetings	Other
% of communities with meetings	52%	78%	75%	63%	10%
# of communities with this meeting	(n=21)	(n=31)	(n=30)	(n=25)	(n=4)
<b>Recency of Meetings</b>					
<b>Cumulative Percentages</b>					
Last 2 months	40%	52%	75%	57%	70%
Last 3 months	10%	10%	7	13%	10%
Last 8 months	20%	14%	18%	13%	10%
<b>Percentage of each group</b>					
Children Attended		90%	67%	68%	64%
<b>Ages of Children who attended:</b>					
		(n=28)	(n=20)	(n=17)	(n=7)
< 5 years		7%	0%	12%	0%
5-7 years		4%	0%	18%	14%
8-10 years		21%	10%	29%	29%
11-15 years		93%	30%	65%	57%
16-18 years		71%	70%	82%	100%
19-22 years		43%	90%	76%	86%
<b>Who sponsored meetings</b>					
Church	45%				
School	10%				
Self help/self-sponsored	15%				

Others (KWS, NGOs, health group)	3% (each)			
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It was unusual for only 1 type of organization to sponsor meetings on HIV/AIDS in a community. Typically 3-4 different types sponsored meetings, including religious organizations, chiefs and community leaders.

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

Types of Groups	Percentage of Communities	Most Common Combination
Church only	10%	
Chief only	12%	
Public only	2%	
2 different types	15%	Youth + Religious/Religious + Chief
3 different types	20%	Religious + Chief + Community Leader
4 different types	30%	Youth + Religious + Chief + Community Leader
5 different types	10%	

- The churches were the most active sponsors of meetings on HIV/AIDS with 78% of communities reporting such meetings.
- Where religious groups held these meetings, the mean number of churches sponsoring them was 2.5, with the range as high as 10.
- The mean number of churches in communities with meetings sponsored by religious groups was 3.8, with the range as high as 9.

*Religiously Sponsored Meetings Run by:*

	Communities (n=23)
<b>Single Type of Church</b>	
Catholic only	13%
Mainline Protestant only	17%
Protestant Breakaway/Traditional only	9%
<b>2 or More Types of Churches</b>	
Catholic + Protestant	26%
Catholic + Breakaway/Traditional	0%
Protestant + Breakaway/Traditional	9%
All 3 types of churches	26%
<b>Total Communities with Meetings Sponsored By</b>	
Catholic churches	65%
Mainline Protestant Churches	78%
Protestant Breakaway/Traditional Churches	43%

**HIV/AIDS Addressed at Community Festivals or Ceremonies**

Three-quarters of communities said that HIV and AIDS had been addressed in cultural celebrations.

*Community events where HIV/AIDS Education has been Incorporated*

Events where HIV/AIDS has been addressed	Communities (n=34)
Cultural Celebrations	76%
School-based Activities	24%

Political Activities	21%
Church-based Activities	18%
Cultural Activities	9%
Regular Activities	6%

For the 6 communities where HIV/AIDS had not been addressed in community festivals or ceremonies, the most common reason given was because of personnel issues -specifically, lack of training, lack of personnel, and lack of interest.

*Reasons for NOT including HIV/AIDS into festivals or ceremonies*

Reason	Communities (n=6)
Personnel Issues	83%
Not Organized	17%

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

ZIs were asked to report, from the perspective of community members, the most important message for children to receive about HIV and 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.

Most messages in communities focused on factual messages followed by messages about abstinence. No communities included messages on condoms.

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

Messages	Communities (n=40)
Factual Messages	78%
Abstinence	60%
Behaviour Change Messages	28%
Care for infected	5%

Most communities (60%) received a score of ‘5’ on the ordinal scale. This was the highest rating achieved by any community. In communities with this rating the most important message for children was ‘abstain from sex’. There were no communities which positively endorsed condoms – the type of statement required for a score of ‘6’ on the ordinal scale.

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

Indicator Scores	Communities (n=40)
0 – No messages	0%
1 – Only slogans – HIV kills, no cure	8%
2 – Societal or adult messages – how HIV/AIDS effects society, care for victims	5%
3 – General transmission & prevention – ways of HIV transmission, ways to avoid	22%
4 – General behaviour, positive attitude – good morals, God fearing	5%
5 – Abstinence for youth	60%
6 – Pro-condom	0%

### **Focus on Churches**

Given that 95% of the churches provide some kind of HIV/AIDS programming, participants were asked to focus their attention on what churches had 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.

- All of the 40 communities reported churches or places of worship in the area.
- Almost all (91%) were within an average of 30 minutes travel the exceptions being 2 within 1 hour and 1 that was 1.5 hours away.
- Roman Catholic and African Inland Church were the 2 most commonly reported churches.

#### *Types of churches in Each Community*

Type of Church*	Communities (n=40)
Catholic	94%
Mainline Protestant	94%
Breakaway and Traditional	74%

\*See Appendix A for specific churches in each category

Religious groups held meetings or activities related to HIV/AIDS in 95% of the communities, including:

#### *Types of church-based activities related to HIV/AIDS*

Type of Activity	Communities (n=40)
Church meetings & programs	85%
Religious leaders preach at services	78%
Churches talk in public relations	65%
Church leaders speak in public	58%

Church activities that involved children and youth typically included a wide range of ages, most often beginning at 8yrs.

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

Age Groups	Communities (n=23)
<5 years	4%
5-7 years	9%
8-10 years	52%
11-15 years	87%
16-18 years	78%
19-22 years	65%

Church activities were recent (i.e., most often within the past 2 months).

*Church Activities within 2 months Prior to Survey (more than one response possible for each participant)*

Type of Activity	Percent with most recent occurrence less than 2 months prior to survey	Number of communities reporting type of activity in church (n=40)
Information meeting for adults	80%	15
HIV/AIDS program for youth and children	80%	15
Information meeting for children	78%	9
Counselling for HIV/AIDS	74%	19
Information meeting for youth	69%	13
Public speaking by church leaders	67%	12
Sermon preached at worship service	59%	22
Church leader spoke at school about HIV/AIDS	58%	12
Other church based HIV/AIDS activities	40%	5

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

*Churches Perspective on most Important Messages for Youth to Receive about HIV/AIDS*

Message	Percent with at least one response (n=40)
Sexual morality – abstain, be God fearing, good moral values/purity	95%
AIDS information	45%
Care for PLWA	12%
Behaviour Change	8%
Transmission & Prevention	5%

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

- 85% provided at least one negative condom message (infected should use condoms, not advocating for condoms, not 100% effective, encourage immorality)
- 30% provided at least one positive condom message (use condoms during sex to prevent pregnancies and STI infection, they can use condoms if it is a must to play sex).
- The most frequently cited message was a statement about not advocating for condoms (70%).

An ordinal indicator of the content of “most important messages” was created. This indicator provided a score for church messages based on the highest-ranking message recorded on the CRS. Thus, a community where slogan-like messages as well as personal present-oriented messages were recorded would receive the score for the latter type of message.

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

	Messages	Communities (n=40)
Low	General transmission & prevention	8%
Medium	General behaviour, positive attitude	15%
Hi	Abstinence for youth	77%

Based on this indicator it is apparent that the ‘highest’ level of messages churches considered ‘most important’ for youth were messages about abstinence.

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.

*What Churches have said about the Use of Condoms to Reduce the Spread of HIV/AIDS*

	Messages about Condoms	Communities (n=40)
Low	Anti-condom/misinformation	68%
Medium	Impersonal/abstinence	17%
Hi	Conditional Approval	15%

Although communities were scored at the highest level for which there was evidence, the messages provided by church leaders about condoms clustered at the “anti-condom/misinformation” level.

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

78% of the communities indicated that there was a clinic or a health station in the area. The majority of these clinics/health stations (62%) had alternative sponsors such as non-religious NGOs, Corporations (i.e. James Finlay Corporation), or local groups (i.e. municipal governments, community sponsors). The amount of time it took to reach these clinics/health stations ranged from 2 minutes to 2 hours and 45 minutes, with the median being 30 minutes.

*Clinic/Health Station Sponsors*

Sponsor	Communities (n=40)
Religious Groups	12%
Ministry of Health	8%
Other sponsor groups	62%

Of note is that almost all provided condoms and treatment and testing for STIs while over half provided services to children and youth without telling parents.

*Services Provided by Clinics*

Service	Communities (n=31)
Provide condoms	87%
Treatment and testing for STIs	74%
Treatment and testing for HIV/AIDS	23%
Services to children and youth without telling parents	58%

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

*Alternative Places for Medical Advice in the Community*

Location	Communities (n=31)
Herbal Doctors	45%
Mobile Clinics	22%
Private Doctors/Clinics	19%
Other (Bagaia Pharmacy/Government Doctors)	3% (each)

**Condom Availability in Communities**

Condoms were mostly available:

- For free from clinics or health stations (58%);
- For sale at stores or marketplaces (68%); and,
- To primary pupils in stores or marketplaces (52%).

Of note is that in 4 communities it was reported that condoms were not available under any circumstances to either adults or children. Additionally, in 3 communities condoms were available either for free or sale to adults but not to children.

Where condoms are	Available Free (n=40)	Available for Sale (n=40)	Available to Primary Pupils (n=40)
Clinic or Health Station	58%	8%	28%
Pharmacies, Shops and Markets	12%	68%	52%
Bars, Lodging & Discos	8%	10%	2%
Chief or government offices	8%	a	2%
Not available	32%	30%	38%

a. In open-ended questions, answers, which were not provided, have been left blank.

**HIV/AIDS and the Community**

- AIDS orphans were reported in 92% of the communities, with the median number 27.
- Deaths due to AIDS were reported in 96% of the communities, with the median number 5.5.
- In 95% of communities, when a person has died of AIDS, the cause of death has not been openly stated.

### **What Needs to Happen?**

Community representatives were asked, on the CRS, what needed to happen in their communities to effectively address HIV/AIDS. The majority of the responses from communities emphasized more institutional rather than individual solutions. Most commonly, community responses focused on improved education (82%) about HIV/AIDS issues. Abstinence was only mentioned in 5% of the communities and encouragement of condom usage was never mentioned.

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

<b>Suggested Solutions</b>	<b>Communities (n=40)</b>
Improve education about HIV/AIDS issues	82%
Stop social practices	45%
Start or improve social practices	28%
Education is needed in Schools	28%
Increase and improve training	22%
Focus on PLWA	5%
Focus on Abstinence	5%

## **RIFT VALLEY AND NYANZA CRS COMPARISON**

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### **Profile of People Interviewed**

In both Rift Valley and Nyanza similar people were interviewed.

### **PSABH Training**

In both Rift Valley and Nyanza the majority of communities reported that PSABH training had occurred in their communities, whether or not this was actually the case. A description of community representatives trained in Rift Valley was also comparable to that of Nyanza. It appeared however, that PSABH trained community representatives in Rift Valley were speaking to a greater variety of individuals in the community compared to those in Nyanza.

### **PA Meetings**

PA Meetings were common in both Rift Valley and Nyanza with the same topics being discussed in each. With respect to additional topics related to HIV, however, Rift Valley appears to have greater focus on orphans and helping children protect themselves from infection compared to Nyanza.

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

<b>Topic</b>	<b>Rift Valley</b>		<b>Nyanza</b>	
	<b>Target (n=23)</b>	<b>Control<sup>a</sup> (n=8)</b>	<b>Target (n=84)</b>	<b>Control (n=66)</b>
How we can help our children protect themselves against HIV infection	96%	100%	81%	58%**
How they can be prevented	87%	75%	84%	62%
How they are transmitted and spread	83%	38%*	79%	59%**
Orphans	78%	50%	2%	1%
What STIs, HIV and AIDS are	83%	25%**	73%	58%
Caring for people with AIDS at home and in community	65%	50%	49%	26%

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

<sup>a</sup> Note that this is based on a very small sample size.

### **Churches**

Churches in both Rift Valley and Nyanza can be considered similar in the extent to which they have addressed and become actively engaged in issues related HIV and AIDS. In this regard, there appears to be cohesion in thought and action among churches in both provinces. The main message in both is one of abstinence.

### **HIV/AIDS Addressed at Community Festivals or Ceremonies**

In both Rift Valley and Nyanza the majority of communities reported that HIV and AIDS had been addressed in cultural celebrations. In Nyanza there appeared to be greater

incorporation of such activities in cultural celebrations, church-based activities and especially cultural and regular activities.

*Community events where HIV/AIDS Education has been Incorporated*

Events where HIV/AIDS has been addressed	Rift Valley (n=34)	Nyanza (n=124)
Cultural Celebrations	76%	88%
School-based Activities	24%	22%
Political Activities	21%	24%
Church-based Activities	18%	25%
Cultural Activities	9%	27%
Regular Activities	6%	32%

Among the few communities where HIV/AIDS had not been addressed, the most common reasons given in Rift Valley were personnel issues (i.e., no one trained), whereas in Nyanza, AIDS awareness issues were cited most often.

*Reasons for NOT including HIV/AIDS into community festivals or ceremonies*

Reason	Rift Valley <sup>a</sup> (n=6)	Nyanza (n=32)
AIDS awareness issues	a	50%
Personnel Issues	83%	28%
Not Organized	17%	19%

<sup>a</sup> Note that comparison is based on a very small sample size.

a In open ended questions answers which are not provided are left blank.

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

Messages identified as most important for children to receive about HIV and AIDS in both Rift Valley and Nyanza were factual and abstinence related. Compared to Rift Valley though almost half of the communities in Nyanza felt behaviour change messages were also important.

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

Messages	Rift Valley (n=40)	Nyanza (n=159)
Factual Messages	78%	91%
Abstinence	60%	87%
Behaviour Change Messages	28%	49%
Care for infected	5%	a

a In open ended questions answers which are not provided are left blank.

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

In both Rift Valley and Nyanza, most communities reported having a clinic or a health station in the area. In Nyanza however, there appeared to be greater sponsorship of health facilities by both religious groups and the government compared to Rift Valley. This may

reflect the attention currently being drawn to Nyanza Province for HIV care and prevention.

*Clinic/Health Station Sponsors*

Sponsor	Percent (n=40)	Nyanza (n=124)
Religious Groups	12%	22%
Ministry of Health	8%	61%
Other sponsor groups	62%	63%

Rift Valley does appear to be offering a greater number of sexual health services to community members than Nyanza. This may reflect the fact that Rift Valley Health facilities are most often sponsored by non-religious groups. Such groups may have fewer restrictions in provision of sexual health services.

*Services Provided by Clinics*

Service	Percent (n=31)	Nyanza (n=159)
Provide condoms	87%	77%
Treatment and testing for STIs	74%	66%
Treatment and testing for HIV/AIDS	23%	18%
Services to children and youth without telling parents	58%	43%

In Nyanza, additional medical advice was more likely to be sought from herbal doctors than it was in Rift Valley.

*Alternative Places for Medical Advice in the Community*

Location	Rift Valley (n=31)	Nyanza (n=159)
Herbal Doctors	45%	70%

**Condom Availability in Communities**

There appears to be slightly more access to condoms in Nyanza compared to Rift Valley.

Where condoms are	Available Free		Available for Sale		Available to Primary Pupils	
	Rift Valley (n=40)	Nyanza (n=159)	Rift Valley (n=40)	Nyanza (n=159)	Rift Valley (n=40)	Nyanza (n=159)
Clinic or Health Station	58%	69%	8%	0%	28%	34%
Pharmacies, Shops and Markets	12%	9%	68%	74%	52%	54%
Bars, Lodging & Discos	8%	12%	10%	0%	2%	0%
Chief or government offices	8%	6%	0%	0%	2%	0%
Not available	32%	25%	30%	23%	38%	29%

## CONTENT COMMON TO SRS AND CRS

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### **Activities that Present an HIV Risk**

ZIs were asked to report on what activities schools and communities felt took place in the community that presented an HIV/AIDS risk. In both the SRS and CRS, social events were considered to pose the greatest risk for HIV within communities with traditional practices being ranked as the second greatest risk. There were no significant differences between target and control schools in their responses related to high risk activities.

#### *Activities in the Community Considered High Risk for HIV*

Activities	CRS (n=40)	SRS (n=41)
Social Events	88%	73%
Traditional Practices	42%	32%
Lack family/social conditions	35%	12%
Media	32%	29%
Sexual Behaviours	20%	15%
Sharp objects/contact risks	12%	5%
Other	8%	a

a. In open-ended questions, answers, which were not provided, have been left blank.

### **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.

The most common responses in both the SRS and CRS related to problems with attitudes and lack of human resources; however, lack of financial resources and poverty/illness were identified in almost half of the communities on the CRS.

#### *Difficulties Encountered in Implementing PSABH Within the Schools*

Perceived Obstacle	SRS (n=41)	CRS (n=40)
Problem with Personal Attitudes	61%	50%
Lack of Human Resources	58%	68%
Social Issues	20%	a
Lack of Physical or Financial Resources	a	45%
Practices and Behaviours	a	32%
Poverty/illness	a	42%

a. In open-ended questions, answers, which are not provided, have been left blank.

## **CONCLUSION**

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### **Rift Valley SRS**

Overall the evidence suggests that target schools in Rift Valley are doing better than controls in programme up-take and implementation. The evidence also suggests that schools with higher proportions of female teachers are more likely to have self-selected to attend PSABH training.

Significant differences exist between target and control schools. Such differences can be clustered based on degree of up-take:

- Highest up-take –school health club, question box, peer supporters, what books are in evidence, where books are present, frequency of book use, how books are used, content of factual messages, location of behaviour change messages.
- Medium up-take –answers to condom questions, role of community representative, posters.
- Poor up-take – presence of health action plan, location of factual messages, content of behaviour change messages, action for pregnancy/child-adult sex.

This ranking suggests that schools are moving easily to take up the PSABH programme in most areas, while identifying those areas in which they are facing greater challenges.

### **Rift Valley CRS**

From the Rift Valley CRS it is clear that the presence and effects of HIV and AIDS are being acknowledged openly in communities. In surveys, deaths from AIDS were reported in 96% of communities and the presence of AIDS orphans in 92% of communities.

According to those interviewed, HIV and AIDS is commonly a topic discussed at parent association meetings, as well as a variety of community and church events. Young people are in attendance at many of the gatherings where HIV and AIDS are discussed. The main messages being delivered to youth are factual in nature and emphasize abstinence. Almost every community agrees the main message to youth should be ‘abstain from sex’. The church is most likely to focus on sexual morality and least likely to provide support for the use of condoms among youth.

The majority of communities have access to health information and/or services. Such services most often include the provision of condoms and testing and treatment for STIs. A large proportion of youth are able to access such information and services without consent from a parent and/or guardian.

There is recognition within communities that certain factors present a risk for HIV infection. Social events are felt to be the greatest risk factor followed by traditional practices, social conditions and the media.

In response to community concerns, ideas are being generated on how best to address HIV and AIDS. Among the most popular ideas is seeing to the education of the community on topics related to this issue. More school-based HIV and AIDS education is

identified as important to achieving this. It is still felt however, that many barriers to school-based (e.g., PSABH) HIV and AIDS education exist.

Overall, there is evidence that communities are facing the challenges posed by HIV and AIDS. Efforts being made are, however, generally in the preliminary stages of initiation and implementation.

### **Rift Valley and Nyanza Comparison**

A key question was whether the schools in Rift Valley, which self-selected into PSABH training, would exhibit greater motivation to take up and implement the various aspects of their training in their home schools. Essentially, there are three reasons why significantly greater target-control school differences might be expected in Rift Valley than in Nyanza:

- 1) **Differences in Selection Procedures for Target-Control Schools**  
Target schools in Rift were self-selected (i.e., they opted to attend and share partial cost of PSABH training) after which a matched control group counterpart was assigned. In Nyanza, target-control schools were selectively chosen at the same time through stratified, multi-stage sampling. Thus, Rift Valley target schools are more likely to have differed substantially from their control counterparts at baseline.
- 2) **Differences in Extent of Training**  
Teachers in Rift Valley had both course A and B of PSABH training before the SRS-CRS was administered whereas in Nyanza not all teachers had received course B before SRS-CRS administration. Consequently, it is assumed that teachers in Rift Valley had more comprehensive training when the SRS-CRS was administered. Such a difference has the possibility of influencing reports of implementation at all levels.
- 3) **Differences in Timing of CRS-SRS**  
Due to the difference in the timing of CRS-SRS administration between Rift Valley (2003) and Nyanza (2002) Rift Valley would be expected to be more advanced in terms of HIV and AIDS prevention and education.

Despite these differences, when comparing Rift Valley and Nyanza schools, Rift Valley schools do not evidence greater performance on key programme outcomes and indicators. In fact, Nyanza fares somewhat better on many outcomes and indicators. This could be because the teachers' strike and the influx of pupils 'side tracked' up-take and implementation in Rift Valley. Alternatively, it could be that substantial differences between Rift Valley and Nyanza with respect to inherent characteristics of these regions and communities makes them distinctly different and thus, difficult to reliably compare. Or, finally, it could be that self-selection does not have a unique effect on programme up-take and implementation. Unfortunately, the current research design can neither fully compensate nor test for the effects of the local events and community characteristics.

**APPENDIX A**

**CODING AND VARIABLE CREATION FOR SCHOOL AND  
COMMUNITY RESPONSIVENESS SURVEY DATABASES**

## Codebook for SRS Variables Created From or Added to Database

### SCHOOL INFORMATION/SPONSORSHIP/TRAINING

#### **otherq3** Other school sponsors

Value	Label	Derived From
0	no	
1	yes	q3_3=1 Private body q3_4=1 James Finlay Company q3_5=1 KENYA ARMY q3_6=1 Community Education Concern q3_7=1 G K Prison Department q3_8=1 Eldoret Municipal Council

#### **relq3** Religious school sponsor

Value	Label	Derived From
0	no	
1	yes	q3_1=1 Religious institution

#### **debq3** DEB school sponsor

Value	Label	Derived From
0	no	
1	yes	q3_2=1 DEB

#### **cathspq4** Catholic church sponsors school

Value	Label	Derived From
0	no	
1	yes	q4=1 Religious institution

#### **protspq4** Protestant church sponsors school

Value	Label	Derived From
0	no	
1	yes	q4=2 Anglican q4=11 Friends African mission q4=12 Reformed Church of E. Africa q4=13 PCEA

#### **sprole** Ordinal ranking for role of school sponsor

Value	Label	Derived From
0	Past Involvement	q5_6 Past involvement, not currently involved q5_8 Others
1	Spiritual Contributor/advice/labour	q5_7 Spiritual contribution(counselling) q5_9 Staff Development q5_10 Medical Assistance q5_11 Inmates provide free labour
2	Financial Involvement	q5_1 Financial contribution to building and teaching/learning resources q5_3 Owner of the school compound
3	Administrative Involvement	q5_2 Position of the school Management committee q5_4 Selection of the Headteacher q5_5 Co-opted member of the school Management Committee

**q12teach** Teaching covered in training sessions

Value	Label	Derived From
0	no	
1	yes	q12_1 Action plan q12_3 Adolescent Health and Security q12_4 Counselling q12_7 Guidance q12_8 Infusion q12_9 Integration q12_10 Lesson plans q12_13 One AIDS lesson per week q12_14 Question Box q12_15 Schemes of work

**q12hiv** STI, HIV/AIDS covered in training session

Value	Label	Derived From
0	no	
1	yes	q12_6 Facts about STIs, HIV/AIDS

**q12relat** Related issues covered in training session

Value	Label	Derived From
0	no	
1	yes	q12_2 Adolescent Health and Security q12_5 Emerging issues q12_11 Life skills and values q12_12 Life skills and values activities

**Indicators of Uptake of PSABH in Schools****HEALTH ACTION PLAN**

**hap** indicator for health action plan

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

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

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

Value	Label	Derived from
0	low	q13a=1 School development plan & q13b1=0(no) Health Action plan <i>or</i> q14=3 (no teachers) How many teachers know the health action plan
1	medium	q13a = 1 School development plan & q13b1 = 1 Health Action plan & q14 = 2 (some teachers)& <i>any of the following</i> q15a_1 = 1 In the Headteacher's office q15a_2 = 1 Staffroom q15a_4 = 1 Deputy headteacher's office
2	high	q13a = 1 School development plan & q13b1 = 1 Health Action plan & q14 = 1 (all teachers) & <i>any of the following</i> q15a_1 = 1 In the Headteacher's office q15a_2 = 1 Staffroom q15a_3 = 1 In the library

q15a\_4 = 1 Deputy headteachers office &  
 q15b = 1 Is the health action plan being implemented

<b>SCHOOL HEALTH CLUB</b>
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**sch** indicator for school health club

- 0 -No – no club; or have club but not yet met
- 1 -Low – has club; meets irregularly
- 2 -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)
- 3 -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

Value	Label	Derived from
0	no	q16 = 0(no) Does the school have a School Health Club <i>or</i> q17 = 4 (club has not yet met) How regularly do School Health Club meetings take place
1	low	q16 = 1 Does the school have a School Health Club & q17 = 3 (Irregularly) How regularly do School Health Club meetings take place
2	moderate	q16 = 1 & q17 = 1 (Once a week) q17 = 2 (Once every two weeks) & <i>any of the following</i> q18_1 = 1 There was a file for the club q18_2 = 1 A few questions and answers in a folder q18_4 = 1 List of committee members q18_5 = 1 Minutes of the meeting q18_6 = 1 Club meetings q18_7 = 1 The compound kept clean
3	high	q16 = 1 & q17 = 1 (Once a week) q17 = 2 (Once every two weeks) & <i>any of the following</i> q18_3 = 1 Question box q18_8 = 1 Composition of poems and songs with HIV/AIDS message q18_9 = 1 Behaviour change

**notr19** Not trained for health club

Value	Label	Derived From
0	no	
1	yes	q19_1 No one trained on the PSABH programme in the school

**climat19** School climate not conducive to setting up health club

Value	Label	Derived From
0	no	
1	yes	q19_3 HIV/AIDS awareness has not taken root q19_5 Negligence

**proces19** In process of setting up a health club

Value	Label	Derived From
0	no	
1	yes	q19_6 Plans are underway to start the club

**noteq19** School not equipped to set up health club

Value	Label	Derived From
0	no	
1	yes	q19_2 Understaffed q19_4 Tight school schedules

### QUESTION BOX

**qbox** indicator for question box

0 -No – no question box

1 -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

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

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

4 -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.

Value	Label	Derived from
0	no	Q20=0 (no) School has a question box
1	low	q20 = 1 School has a question box & <i>any of the following</i> q22 = 0 (no) Question box is an in accessible place q24a = 4 (once a month) q24a = 5 (not yet)
2	medium	q20 = 1 & q22 = 1 Question box is an in accessible place & <i>any of the following</i> q24a=1(daily) How often the questions are answered q24a=2(once a week) How often the questions are answered q24a=3(once every two weeks) How often the questions are answered & <i>any of the following</i> q25a_3 = 1 Why HIV/AIDS has no cure q25a_5 = 1 Can powerful prayers cure AIDS q25a_6 = 1 Signs of someone infected with HIV q25a_12 = 1 Where did HIV originate from q25a_13 = 1 Menstruation q25a_14 = 1 STIS related symptoms q25a_15 = 1 What can we do when we have AIDS q25a_16 = 1 What is HIV/AIDS
3	moderate	q20 = 1 & q22 = 1 & q23_1 = 1 <i>or</i> q23_2 = 1 & q24a=1 (daily) How often the questions are answered <i>or</i> q24a=2 (once a week) How often the questions are answered <i>or</i> q24a=3 (once every two weeks) & <i>any of the following</i> q25a_1 = 1 Can one get HIV/AIDS from household insects q25a_2 = 1 Causes of HIV/AIDS q25a_4 = 1 How can HIV/AIDS be prevented q25a_8 = 1 How HIV/AIDS is acquired/ Transmitted
4	high	q20 = 1 &

q22 = 1 &  
 q23\_3 = 1 *or*  
 q23\_4 = 1 &  
 q24a=1 (daily) *or*  
 q24a=2 (once a week) *or*  
 q24a=3(once every two weeks) &  
*any of the following*  
 q25a\_7 = 1 Are condoms 100% protective  
 q25a\_9 = 1 Relationships between boys and girls  
 q25a\_10 = 1 Questions dealing with sex  
 q25a\_11 = 1 What to do when they are approached by adults

**noint21** Teachers not interested in setting up question box

Value	Label	Derived From
0	no	
1	yes	q21_5 Reluctance from the staff

**notr21** Not trained in how to set up question box

Value	Label	Derived From
0	no	
1	yes	q21_1 No one is trained on the PSABH programme in the school q21_2 Still in the workshop q21_3 Lack of enough information

**stolen21** Box has not been returned

Value	Label	Derived From
0	no	
1	yes	q21_4 It has not been returned

**quesev23** Questions evident

Value	Label	Derived From
0	no	
1	yes	q23_1 There were a few questions in the box q23_2 Questions kept in head teacher's office

**qtrack23** Questions tracked and responded to

Value	Label	Derived From
0	no	
1	yes	q23_3 Questions being answered once a week q23_4 A book of questions addressed

**fact25a** Factual HIV/AIDS information

Value	Label	Derived From
0	no	
1	yes	q25a_3 Why HIV/AIDS has no cure q25a_5 Can powerful prayers cure AIDS q25a_6 Signs of someone infected with HIV q25a_12 Where did HIV originate from q25a_14 STIS related symptoms q25a_15 What can we do when we have AIDS q25a_16 What is HIV/AIDS

**trans25a** Information about HIV/AIDS transmission

Value	Label	Derived From
0	no	
1	yes	q25a_1 Can one get HIV/AIDS from household insects

q25a\_2 Causes of HIV/AIDS  
 q25a\_4 How can HIV/AIDS be prevented  
 q25a\_8 How HIV/AIDS is acquired/ Transmitted

**abst25a** Questions about abstaining/playing sex

Value	Label	Derived From
0	no	
1	yes	q25a_9 Relationships between boys and girls q25a_10 Questions dealing with sex q25a_11 What to do when they are approached by adults

**condm25a** Questions about condoms

Value	Label	Derived From
0	no	
1	yes	q25a_7 Are condoms 100% protective

**sexed25a** Questions around sex education

Value	Label	Derived From
0	no	
1	yes	q25a_13 Menstruation

**psabh25b** PSABH trained teachers

Value	Label	Derived From
0	no	
1	yes	q25b_1 Resource teacher q25b_3 Deputy head teacher q25b_4 Head teacher q25b_5 Senior teacher q25b_6 Guidance and counselling teachers q25b_2 Community representative q25c Was person trained in PSABH

**untr25b** Untrained teachers

Value	Label	Derived From
0	no	
1	yes	q25b_1 Resource teacher q25b_3 Deputy head teacher q25b_4 Head teacher q25b_5 Senior teacher q25b_6 Guidance and counselling teachers q25c ≠ 1 (no) Was person trained in PSABH

**cy25b** Untrained Community Rep

Value	Label	Derived From
0	no	
1	yes	q25b_2 Community representative q25c ≠ 1 Was person trained in PSABH

**pupil25b** Health club patron

Value	Label	Derived From
0	no	
1	yes	q25b_7 Health club patron

<b>CONDOMS</b>
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**condoms** indicator for condoms

- 0 -no – no questions asked; or staff told not to answer condom questions; or no discussion of condoms occurred  
1 -anti – misinformation or negative messages about condoms conveyed (e.g., porous, not 100%, no real protection)  
2 -low – questions impersonal or not supportive of condoms (e.g., abstain from using condoms)  
3 -medium – conditional approval of condom use (e.g., only in marriage, better by adults)  
4 -high – questions personal, supportive/factual about condoms and youth (e.g., use once, MOH explains, should be used consistently)

Value	Label	Derived from
0	no	q26a = 0(no) Any question asked about condoms <i>or</i> q26b_10 = 1 The question was never answered
1	anti	q26c_8 = 1 They will not be told the truth about them
2	low	<i>any of the following</i> q26b_3 = 1 It is not a complete preventive measure for HIV q26b_4 = 1 They should abstain q26b_7 = 1 Condoms can cause friction q26c_3 = 1 It is not a complete preventive measure for HIV q26c_4 = 1 They should abstain q26c_7 = 1 Condoms can burst q26c_11 = 1 Our bodies are temples of God
3	medium	<i>any of the following</i> q26b_1 = 1 Used by married adults q26b_6 = 1 School children are not allowed to use condoms q26b_8 = 1 Used by those infected with HIV/AIDS q26b_9 = 1 Used by commercial sex workers q26c_1 = 1 Used by married adults q26c_6 = 1 School children are not allowed to use condoms q26c_9 = 1 Used by those infected with HIV/AIDS q26c_10 = 1 Used by commercial sex workers
4	high	<i>any of the following</i> q26b_2 = 1 Used during sex to protect one from STI infection q26b_5 = 1 They prevent unwanted pregnancies q26c_2 = 1 Used during sex to protect one from STI infection q26c_5 = 1 They prevent unwanted pregnancies q26c_12 = 1 They can use condoms if it is a must to play sex

**nosup26b** Non supportive of condoms

Value	Label	Derived from
0	No	
1	Yes	q26b_3 It is not a complete preventive measure for HIV q26b_4 They should abstain q26b_7 Condoms can cause friction

**cond26b** Conditional Advocacy for condoms

Value	Label	Derived from
0	No	
1	Yes	q26b_1 Used by married adults q26b_6 School children are not allowed to use condoms q26b_8 Used by those infected with HIV/AIDS q26b_9 Used by commercial sex workers

**supp26b** Supportive of Condoms

Value	Label	Derived from
0	No	
1	Yes	q26b_2 Used during sex to protect one from STI infection q26b_5 They prevent unwanted pregnancies

**nosup26c** Would say Non supportive of condoms

Value	Label	Derived from
0	No	
1	Yes	q26c_3 It is not a complete preventive measure for HIV q26c_4 They should abstain q26c_7 Condoms can burst q26c_11 Our bodies are temples of God

**cond26c** Would say Conditional Advocacy for condoms

Value	Label	Derived from
0	No	
1	Yes	q26c_1 Used by married adults q26c_6 School children are not allowed to use condoms q26c_9 Used by those infected with HIV/AIDS q26c_10 Used by commercial sex workers

**supp26c** Would say Supportive of Condoms

Value	Label	Derived from
0	No	
1	Yes	q26c_2 Used during sex to protect one from STI infection q26c_5 They prevent unwanted pregnancies q26c_12 They can use condoms if it is a must to play sex

**naval27c** Professional not available or interested

Value	Label	Derived From
0	no	
1	yes	q27c_1 None is available nearby the school q27c_2 The health clinic near the school is privately owned q27c_3 Lack of enough man power to send to school q27c_7 Lack of transport facilities

**ninst27c** Not instructed to look for a Professional

Value	Label	Derived From
0	no	
1	yes	q27c_4 Not PSABH trained

**conf27c** Confidence in the school

Value	Label	Derived From
0	no	
1	yes	q27c_5 Teachers are able to answer all the questions q27c_6 Understanding in the school

<b>PEER SUPPORT</b>
---------------------

**peer** indicator for peer support

0 -no – none trained

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

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

Value	Label	Derived from
0	no	q28 = 0(no) Had any peer support training
1	low	q28 = 1 Had any peer support training & <i>any of the following</i> q31_1 = 1 A few questions and answers in a folder q31_2 = 1 Minutes of the meeting q31_3 = 1 Club meetings q31_6 = 1 Club secretary q31_11 = 1 Leadership qualities q31_12 = 1 Being co-operative
2	high	q28 = 1 & q30_1 = 1 Peer supporters leading-School health club & <i>any of the following</i> q31_4 = 1 They are free to ask questions q31_5 = 1 Composition of poems and songs with HIV/AIDS message q31_7 = 1 Video shows q31_8 = 1 Peer counselling room q31_9 = 1 Behaviour change q31_10 = 1 Records where children have discussed issues on their own q31_13 = 1 I saw drawn posters displayed in the office

#### PEER SUPPORTER TRAINING LED BY

##### educ28a Training from education system

Value	Label	Derived From
0	no	
1	yes	q28a_1 From the ministry of education q28a_2 A group of teachers q28a_3 MOEST

##### cfbt28a PSABH peer training programme

Value	Label	Derived From
0	no	
1	yes	q28a_4 PSABH- CFBT

#### PEER SUPPORTER INVOLVEMENT

##### phltcb30 Peer Supporters leading school health club

Value	Label	Derived From
0	no	
1	yes	q30_1 Peer supporters leading-School health club

##### padmin30 Peer supporters evidenced by administrative activities

Value	Label	Derived From
0	no	
1	yes	q31_1 A few questions and answers in a folder q31_2 Minutes of the meeting q31_3 Club meetings q31_6 Club secretary q31_10 Records where children have discussed issues on their own

##### phiv30 Peer supporters involved in HIV/AIDS activities

Value	Label	Derived From
0	no	
1	yes	q31_5 Composition of poems and songs with HIV/AIDS message

		q31_7 Video shows
		q31_13 I saw drawn posters displayed in the office
<b>poth30</b>	Peer supporters evidenced in other ways	
Value	Label	Derived From
0	no	
1	yes	q31_4 They are free to ask questions q31_9 Behaviour change q31_11 Leadership qualities q31_12 Being co-operative

<b>pcoun30</b>	Peer supporters involved in peer counselling	
Value	Label	Derived From
0	no	
1	yes	q31_8 Peer counselling room

<b>BOOKS AND BOOK BOXES</b>
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**bookev** indicator for which books in evidence

- 0 -None – no books
- 1 -Low – teacher ref, class texts are present but not easily accessible
- 2 -Medium – teacher ref, class texts are present but not easily accessible
- 3 -High – reader present and easily accessible

Value	Label	Derived from
0	none	q34a_1 = 0 (no) HIV/AIDS education teachers reference books <i>or</i> q34a_2 = 0 (no) HIV/AIDS class text books <i>or</i> q34a_3 = 0 (no) HIV/AIDS readers <i>or</i> q33_6 = 1 QNA
1	low	q34a_1 = 1 HIV/AIDS education teachers reference q34a_2 = 1 HIV/AIDS class text books & <i>any of the following</i> q34b_1 = 0(no) HIV/AIDS education teachers reference books are easily accessible q34b_1 = 99 (dk/na) q34b_2 = 2 HIV/AIDS class text books are easily accessible q34b_2 = 99 (dk/na)
2	medium	q34a_1 = 1 <i>or</i> q34a_2 = 1 & q34b_1 = 1 <i>or</i> q34b_2 = 1
3	high	q34a_3 = 1 HIV/AIDS readers & q34b_3 = 1 HIV/AIDS readers are easily accessible

**bookwher** indicator for where books are evident

- 0 -none – no books or DK if the project book box is in use, or not yet in use
- 1 -low – have book box/books and stored in school cupboard or otherwise not in hands of pupils, receipts and inventories
- 2 -medium – have book box/books and books in library
- 3 -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)

Value	Label	Derived from
0	none	q32 = 0(no) whether school has a project book box <i>or</i> q32 = 99 (dk/na) <i>or</i> q33_6 = 1 QNA
1	low	q32 = 1 whether school has a project book box & q33_2 = 1 All titles were available
2	medium	q32 = 1 & q33_3 = 1 Schemes of work/ lesson preparation records
3	high	Q32 = 1 & <i>any of the following</i> q33_1 = 1 Pupils have them in class q33_4 = 1 Records of issue/ receipt handled by the librarian q33_5 = 1 Teaching

**bookfreq** indicator for frequency of book use

- 0 -none – no books, DK/NA on all
- 1 -low – nothing used weekly
- 2 -medium – all but readers used weekly
- 3 -high – readers used weekly

Value	Label	Derived from
0	none	q34a_1 = 0 (no) HIV/AIDS education teachers reference books <i>or</i> q34a_2 = 0 (no) HIV/AIDS class text books <i>or</i> q34a_3 = 0 (no) HIV/AIDS readers <i>or</i> q33_6 = 1 QNA
1	low	Q34c_1=weekly;2=monthly;3=termly;4=less;5=QNA q34c_1 > 1 & q34c_1 < 5 Frequency use HIV/AIDS education teachers reference books <i>or</i> q34c_2 > 1 & q34c_2 < 5 Frequency use HIV/AIDS class text books <i>or</i> q34c_3 > 1 & q34c_3 < 5 Frequency use HIV/AIDS readers
2	medium	q34a_1 = 1 teachers reference <i>or</i> q34a_2 = 1 class text books & q34c_1 = 1 (weekly) Frequency use HIV/AIDS education teachers reference books <i>or</i> q34c_2 = 1 (weekly) Frequency use HIV/AIDS class text books
3	high	q34a_3 = 1 HIV/AIDS readers & q34c_3 = 1 (weekly) Frequency use HIV/AIDS readers

**bookuse** indicator for how books are used

- 0 -none- no books
- 1 -low – infusion and integration, teacher use
- 2 -medium – any pupil use for any books
- 3 -high – pupil use for readers and texts

Value	Label	Derived from
0	none	q34a_1 ≠ 1 & q34a_2 ≠ 1 & q34a_3 ≠ 1 &
1	low	q34a_1 = 1 <i>or</i> q34a_2 = 1 <i>or</i> q34a_3 = 1 & <i>any of the following</i> q35a_1 = 1 Teaching AIDS lesson q35a_2 = 1 Reference material for counselling q35a_3 = 1 For scheming/ planning q35a_6 = 1 For reference when teaching q35a_7 = 1 Infusion q35a_8 = 1 Preparing notes for pupils q35b_1 = 1 Teaching AIDS lesson q35b_2 = 1 For scheming/ planning q35b_5 = 1 For reference when teaching q35b_6 = 1 Integration q35b_7 = 1 Preparing notes for pupils q35b_8 = 1 Borrowed by teachers q35c_1 = 1 Teaching AIDS lesson q35c_3 = 1 For reference when teaching q35c_4 = 1 Discussing with teachers
2	medium	q35a_4 = 1 Given to pupils to read in class <i>or</i>
3	high	Q35a_5 = 1 Reference and guide book to answering questions raised <i>or</i> q35b_3 = 1 Given to pupils to read in class <i>or</i> q35b_4 = 1 Reference and guide book to answering questions raised <i>or</i> q35c_2 = 1 Given to pupils to read in class

**teach35a** Teacher Reference books used for lessons

Value	Label	Derived From
0	no	
1	yes	q35a_1 Teaching AIDS lesson q35a_3 For scheming/ planning q35a_6 For reference when teaching q35a_7 Infusion q35a_8 Preparing notes for pupils

**refer35a** Teacher Reference books used as reference for questions & counselling

Value	Label	Derived From
0	no	
1	yes	q35a_2 Reference material for counselling q35a_5 Reference and guide book to answering questions raised

**pupil35a** Teacher Reference books given to pupils in class to read

Value	Label	Derived From
0	no	
1	yes	q35a_4 Given to pupils to read in class

**teach35b** Class texts used for lesson preparation

Value	Label	Derived From
0	no	
1	yes	q35b_1 Teaching AIDS lesson q35b_2 For scheming/ planning q35b_5 For reference when teaching q35b_6 Integration q35b_7 Preparing notes for pupils

**refer35b** Class texts used for reference

Value	Label	Derived From
0	no	
1	yes	q35b_4 Reference and guide book to answering questions raised q35b_8 Borrowed by teachers

**pupil35b** Class texts used for pupil reading

Value	Label	Derived From
0	no	
1	yes	q35b_3 Given to pupils to read in class

**teach35c** HIV/AIDS Readers used for teacher preparation

Value	Label	Derived From
0	no	
1	yes	q35c_1 Teaching AIDS lesson q35c_3 For reference when teaching q35c_4 Discussing with teachers

**pupil35c** HIV/AIDS Readers used for pupil reading

Value	Label	Derived From
0	no	
1	yes	q35c_2 Given to pupils to read in class

**COMMUNITY REPRESENTATIVE****comrep** indicator for role of community rep

- 0 -none – no community rep or no evidence of community rep activity
- 1 -low – outside community – e.g.NGOs, physical facilities
- 2 -medium – involved in school but not with pupils
- 3 -moderate – interacts with parents
- 4 -high – interacts with pupils

Value	Label	Derived from
0	none	q37_1 = 0(no) Responding to Question Box & q37_2 = 0 sensitizing PTA & q37_3 = 0 Contacting NGOs & q37_4 = 0 Others & q37_5 = 0 General awareness to the community & q37_6 = 0 The church organisation & q37_7 = 0 Meeting with management & q37_8 = 0 Not responsive
1	low	q37_8 = 1 (yes) q37_3 = 1 Contacting NGOs q37_5 = 1 General awareness to the community q37_6 = 1 The church organisation

2	medium	q37_7 = 1 Meeting with management
3	moderate	q37_2 = 1 sensitizing PTA
4	high	Q37_1 = 1 Responding to question box

## MESSAGES

**fmesscon** indicator for content of factual messages

0 -none – no messages

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

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

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

Value	Label	Derived from
0	none	q40_1 = 0(no) 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 plan& q40_6 = 0 Factual messages-Co-curricular activities& q40_7 = 0 Factual messages-Posters& q40_8 = 0 Factual messages-Others(specify)& q40_9 = 0 Drama & q40_10 = 0 Magazines& q40_11 = 0 Information corner& q40_12 = 0 On the wall& q40_13 = 0 Poems& q40_14 = 0 Films <i>or</i> q39_5 = 1(yes) Film <i>or</i> q39_11 = 1 Committee concerned of making question box <i>or</i> q39_12 = 1 QNA
1	low	q39_1 = 1 AIDS is unseen danger <i>or</i> q39_6 = 1 Avoid alcohol <i>or</i> q39_8 = 1 AIDS kills
2	medium	<i>Any of the following</i> q39_3 = 1 It is easier to discuss HIV/AIDS with a group or individual q39_4 = 1 Death rates in the division q39_7 = 1 Effects of AIDS on society q39_8 = 1 AIDS kills q39_9 = 1 HIV/AIDS prevention
3	high	q39_2 = 1 Abstain from sexual activities <i>or</i> q39_10 = 1 Be faithful to one partner

**fmessloc** indicator for location of factual messages

0 -none- no evidence of any factual messages

1 -low – reference books, posters on wall, text books

2 -medium – teacher notes, minutes

3 -moderate – information corner

4 -high – pupil workbooks, notes

Value	Label	Derived from
0	none	q40_1 = 0 (no)& q40_2 = 0 & q40_3 = 0 & q40_4 = 0 & q40_5 = 0 & q40_6 = 0 & q40_7 = 0 & q40_8 = 0 & q40_9 = 0 & q40_10 = 0 & q40_11 = 0 & q40_12 = 0 & q40_13 = 0 & q40_14 = 0
1	low	<i>Any of the following</i> q40_1 = 1 (yes) Factual messages-Pupils' Textbooks q40_3 = 1 Factual messages-Teachers reference books q40_7 = 1 Factual messages-Posters q40_10 = 1 Magazines
2	medium	q40_4 = 1 Factual messages-Teachers' schemes of work <i>or</i> q40_5 = 1 Factual messages-Lesson plan
3	moderate	<i>Any of the following</i> q40_11 = 1 Information comer q40_12 = 1 On the wall q40_14 = 1 Films
4	high	<i>Any of the following</i> q40_2 = 1 Factual messages-Pupils' Workbooks q40_6 = 1 Factual messages-Co-curricular activities q40_9 = 1 Drama

**slogan39** Factual Messages: Slogans

Value	Label	Derived from
0	No	
1	Yes	q39_1 AIDS is unseen danger q39_7 Effects of AIDS on society q39_8 AIDS kills

**abst39** Factual Messages: Abstain

Value	Label	Derived from
0	No	
1	Yes	q39_2 Abstain from sexual activities q39_10 Be faithful to one partner

**discus39** Factual Messages: Easier to discuss HIV/AIDS

Value	Label	Derived from
0	No	
1	Yes	q39_3 It is easier to discuss HIV/AIDS with a group or individual

**other39** Factual Messages: Other, non specific to HIV/AIDS

Value	Label	Derived from
0	No	
1	Yes	q39_4 Death rates in the division q39_5 Film q39_6 Avoid alcohol

		q39_11 Committee concerned of making question box
<b>pandt39</b>	Factual Messages: Prevention	
Value	Label	Derived from
0	No	
1	Yes	q39_9 HIV/AIDS prevention

**bcmescon** indicator for content of behavioural messages

- 0 - none or unrelated to HIV/AIDS
- 1 -low – slogans, exam questions,
- 2 -medium – general, not personal – help those affected, reduce early marriage
- 3 -moderate – personal – endorse abstinence only
- 4 -high – personal – endorse abstinence, condom use, condemning those who use force or harassment

Value	Label	Derived from
0	none	q42_1 = 0(no) 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 plan & q42_6 = 0 Behaviour change-Co-curricular activities& q42_7 = 0 Behaviour change-Posters& q42_8 = 0 Behaviour change-Others(specify) & q42_9 = 0 Drama & q42_10 = 0 Magazines & q42_11 = 0 Church organisations & q42_12 = 0 Christian organisations & q42_13 = 0 Information corner & q42_14 = 0 On the wall & q42_15 = 0 Poems & q42_16 = 0 Films or
1	low	q41_14 = 1 QNA <i>Any of the following</i> q41_1 = 1 AIDS is unseen danger q41_2 = 1 Say no to drugs q41_5 = 1 Join us in sharing ideas q41_9 = 1 Avoid alcohol q41_10 = 1 Stages of health changes to death q41_11 = 1 AIDS kills q41_13 = 1 Immorality has reduced
2	medium	<i>Any of the following</i> q41_4 = 1 It is easier to discuss HIV/AIDS with a group or individual q41_7 = 1 Improved discipline q41_8 = 1 Girls and boys walk in groups of their sex q41_12 = 1 HIV/AIDS prevention
3	moderate	q41_3 = 1 Abstain from sexual activities <i>or</i> q41_6 = 1 Fewer pregnancy cases in the school
4	high	

**bcmesloc** indicator for location of behavioural messages

- 0 -none- No evidence of behaviour change messages
- 1 -low – reference books, posters on wall, text books
- 2 -medium – teacher notes, minutes
- 3 -moderate – information corner
- 4 -high – pupil workbooks, notes

Value	Label	Derived from
0	none	q42_1 = 0(no) 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 plan & q42_6 = 0 Behaviour change-Co-curricular activities & q42_7 = 0 Behaviour change-Posters & q42_8 = 0 Behaviour change-Others(specify) & q42_9 = 0 Drama & q42_10 = 0 Magazines & q42_11 = 0 Church organisations & q42_12 = 0 Christian organisations & q42_13 = 0 Information comer & q42_14 = 0 On the wall & q42_15 = 0 Poems & q42_16 = 0 Films
1	low	<i>Any of the following</i> q42_1 = 1(yes) Behaviour change-Pupils' Textbooks q42_3 = 1 Behaviour change-Teachers reference books q42_7 = 1 Behaviour change-Posters q42_10 = 1 Magazines q42_11 = 1 Church organisations q42_12 = 1 Christian organisations
2	medium	q42_4 = 1 Behaviour change-Teachers' schemes of work <i>or</i> q42_5 = 1 Behaviour change-Lesson plan
3	moderate	<i>Any of the following</i> q42_13 = 1 Information comer q42_14 = 1 On the wall q42_16 = 1 Films
4	high	<i>Any of the following</i> q42_2 = 1 Behaviour change-Pupils' Workbooks q42_6 = 1 Behaviour change-Co-curricular activities q42_9 = 1 Drama q42_15 = 1 Poems

**slogan41** Behaviour Change: Slogan

Value	Label	Derived by
0	No	
1	Yes	q41_1 AIDS is unseen danger q41_11 AIDS kills

**other41** Behaviour Change: Other, non-HIV/AIDS specific

Value	Label	Derived by
0	No	
1	Yes	q41_2 Say no to drugs q41_6 Fewer pregnancy cases in the school q41_7 Improved discipline q41_8 Girls and boys walk in groups of their sex q41_9 Avoid alcohol q41_10 Stages of health changes to death q41_13 Immorality has reduced

**abst41** Behaviour Change: Abstain

Value	Label	Derived by

0	No	
1	Yes	q41_3 Abstain from sexual activities
<b>discus41</b> Behaviour Change: Able to discuss HIV/AIDS		
Value	Label	Derived by
0	No	
1	Yes	q41_4 It is easier to discuss HIV/AIDS with a group or individual q41_5 Join us in sharing ideas

<b>pandt41</b> Behaviour Change: Prevention		
Value	Label	Derived by
0	No	
1	Yes	q41_12 HIV/AIDS prevention

<b>ACTIONS/RISK</b>
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**actsex** indicator for action on pregnancy/adult child sex

- 0 -no action- no case has occurred or no action was taken
- 1 -low- ineffective solutions
- 2 -moderate- blame the child
- 3 -semi-moderate- involve authorities
- 4 -medium- discuss openly
- 5 -high- positive intervention (medical or other)

Value	Label	Derived from
0	No action	q42a_1 = 0(no) The teacher is sacked & q42a_2 = 0 Guidance and counselling & q42a_3 = 0 Inform parents of pupils & q42a_4 = 0 Inform the administration (Chief, DO)& q42a_5 = 0 Legal action & q42a_6 = 0 Positive behaviour changes advocated & q42a_7 = 0 Warn the adult/ teacher & q42a_8 = 0 Take girl for a medical check up & q42a_9 = 0 Investigation is done
1	low	q42a_7 = 1 (yes)
2	moderate	
3	Semi-moderate	<i>Any of the following</i> q42a_1 = 1 q42a_3 = 1 q42a_4 = 1 q42a_5 = 1 q42a_9 = 1
4	medium	
5	high	q42a_2 = 1 or q42a_8 = 1

<b>q43trad</b> Traditional practices as HIV risk		
Value	Label	Derived From
0	no	
1	yes	q43_3 Kesha q43_4 Funerals q43_21 Circumcision

**q43socil** Social events as HIV risk

Value	Label	Derived From
0	no	
1	yes	q43_1 Alcoholism q43_7 Pool games q43_8 Drug abuse q43_9 Idling in the market place q43_12 Tea plantation workers competition q43_14 Pre- wedding parties q43_15 Fare well parties q43_17 During pay day men lure girls with money q43_19 Going to discos q43_20 At the show ground during agricultural shows q43_22 Harambee/ funds drives which go up to night time

**q43sxl** Sexual behaviours as HIV risk

Value	Label	Derived From
0	no	
1	yes	q43_2 Immorality q43_18 Pornographic material

**q43shar** Sharp objects and contact risks

Value	Label	Derived From
0	no	
1	yes	q43_5 Ear piercing

**q43media** Media as HIV risk

Value	Label	Derived From
0	no	
1	yes	q43_6 Video shows

**q43nofam** Lack of family/social conditions as HIV risk

Value	Label	Derived From
0	no	
1	yes	q43_10 Living in a one roomed house as a family q43_11 Poverty q43_13 Child labour q43_16 During pay day men lure girls with money

**POSTERS****posters** indicator for posters

- 0 -none – no evidence of posters
- 1 -low – no cure, kills, think twice
- 2 -medium -- facts, rights of child, signs and symptoms,
- 3 -moderate – transmission info, care for victims, VCT
- 4 -high – behaviour change, condom use, sex can wait, girls have rights, stand up for your future

Value	Label	Derived from
0	none	<i>Any of the following</i> q44a = 0 (no) Are posters displayed in the school q44a = 99(dk/na) q44c_2 = 1 Say no to drugs q44c_5 = 1 Join us in sharing ideas q44c_8 = 1 Improved discipline q44c_9 = 1 Advertisement of chemicals q44c_10 = 1 Hyperacidity q44c_11 = 1 Avoid stressful situations q44c_12 = 1 Avoid alcohol q44c_15 = 1 Child labour
1	low	<i>Any of the following</i> q44c_1 = 1 AIDS is unseen danger q44c_7 = 1 AIDS is not witchcraft q44c_13 = 1 Effects of AIDS on society q44c_14 = 1 AIDS kills
2	medium	
3	moderate	q44c_16 = 1 HIV/AIDS prevention <i>or</i> q44c_18 = 1 How to treat those already infected
4	high	<i>Any of the following</i> q44c_3 = 1 Abstain from sexual activities q44c_4 = 1 It is easier to discuss HIV/AIDS with a group or individual q44c_6 = 1 Fewer pregnancy cases in the school q44c_17 = 1 Be faithful to one partner

**moe44b** MoE, MOH provide posters

Value	Label	Derived From
0	no	
1	yes	q44b_3 Ministry of health q44b_8 From A. H. P. medical department q44b_9 From the ministry of education q44b_14 Sometimes borrow from certain clinics q44b_15 Kenya National AIDS control programme (KNACC) q44b_21 Red Cross

**cfbt44b** CfBT, DFID or related provide posters

Value	Label	Derived From
0	no	
1	yes	q44b_17 ACE communication q44b_18 DFID HAPAC PROJECT

**other44b** Other groups provide posters

Value	Label	Derived From
0	no	
1	yes	q44b_1 Kenya AIDS society q44b_2 UNICEF q44b_4 Farmchem q44b_5 K. W. S q44b_6 Sterling international q44b_7 Brooke Bond Kenya Ltd q44b_10 Nation/ Standard(Newspapers cuttings and magazines) q44b_11 A group of teachers q44b_12 Peer support T-shirts q44b_13 We make our own

q44b\_16 KNUT calendars  
 q44b\_19 General media  
 q44b\_20 General NGO's

**OBSTACLES**

**attit46** Personal Attitudes as obstacles to PSABH

Value	Label	Derived from
0	no	
1	yes	q46_1 Lack of finances to cater for the training q46_2 Lack of text books on the subject q46_5 Lack of posters q46_9 Time q46_10 Congested school curriculum q46_15 Reaching the school during dry and very wet seasons is a real problem q46_17 Health club not in force

**human46** Lack of human resources as obstacles to PSABH

Value	Label	Derived from
0	no	
1	yes	q46_3 Negative altitude towards the subject q46_6 Understanding q46_7 Lack of awareness q46_8 Poor communication q46_11 Assumption that pupils are aware q46_13 Procrastination q46_16 Religion especially because of the Muslims

**socact46** Social Activities as obstacles to PSABH

Value	Label	Derived from
0	no	
1	yes	q46_12 Housing problems q46_14 Socio-cultural beliefs

**PROPORTION OF STAFF**

**ptr** Pupil-Teacher Ratio

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

**ptr2** Pupil- Teacher Proportion Categories

Notes: This variable is derived from ptr. The upper and lower limits of the categories were determined by dividing the cases in ptr into three even percentile groups.

Coding

Value	Label	Ptr values
1	low	53.83 thru highest
2	moderate	40.92 thru 51.42
3	high	0 thru 40.19

**porpft** Proportion of female teachers

Notes: This variable was derived from t\_teach and f\_teach: (f\_teach/ t\_teach)× 100

**porpft2** Proportion of female teachers Categories

Notes: This variable is derived from porpft. The upper and lower limits of the categories were determined by dividing the cases in *porpft* into two even percentile groups.

Coding Value	Label	Ptr values
1	low	0 thru 40.00
2	high	42.86 thru highest

**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 bcmescon  
Computed: bcmescon/4

**BMESLOC2** standardized bmesloc  
Computed:  $\text{bmesloc}/4$

**ACTSEX2** standardized actsex  
Computed:  $\text{actsex}/5$

**POSTERS2** standardized posters  
Computed:  $\text{posters}/4$

### IMPACT SCALES

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

Notes: If missing cases occurred in the above standardized indicators they were given a score of zero in order to calculate the impact scales.

**INDSCALE** score for all impact indicators  
Computed:  $(\text{sum hap2 thru posters2})/16 \times 100$

**BOOKSCAL** score for impact of books  
Computed:  $(\text{bookev2} + \text{bookwhe2} + \text{bookfre2} + \text{bookuse2})/4 \times 100$

**ACTSCALE** score for level of program action  
Computed:  $(\text{sch2} + \text{qbox2} + \text{hap2} + \text{comprep2})/4 \times 100$

**MESSCALE** score for impact of messages  
Computed:  $(\text{fmescon2} + \text{fmesloc2} + \text{bmescon2} + \text{bmesloc2} + \text{posters2})/5 \times 100$

### DEGREE OF TRAINING ASSESSMENT

Notes: Missing cases in 11c1 to 11c3; 11d1 to 11d3; q12\_1 to q12\_15 were assigned a score of zero in order to calculate the variables below.

**train** total number of topics covered in training  
Sum of q12\_1 to q12\_15

**amttrain** # training sessions times hours/session summed  
Sum of q11c1&d1  $\times$  Sum of q11c2&d2  $\times$  Sum of q11c3&d3

**traintop** sum of weighted topics covered in teacher training  
Sum of q12\_1,8,9,13 + Sum of q12\_15,10  $\times 2$  + Sum of q12\_6,14  $\times 3$  + Sum of q12\_2,4,5,7,11  $\times 4$  + Sum of q12\_12,3  $\times 5$

**training** traintop+amttrain standardized 0-10 scale  
 $(\text{amttrain} + \text{traintop}) \times 10/71$



## Codebook for CRS Variables Created From or Added to Database

### PEOPLE INTERVIEWED

#### **p\_inta** Interviewed Parents

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_int6 Parent of Std 3 p_int7 Parent of Std 5 p_int8 Parent

#### **p\_intg** Interviewed Community members

Value	Label	Derived From
0	No	
1	Yes	p_int9 Chief p_int10 Committee member p_int11 DEB member p_int12 Chairman p_int14 Workers

#### **p\_intf** Interviewed Pupils

Value	Label	Derived From
0	No	
1	Yes	p_int13 Std 8 pupils

#### **p\_inth** Interviewed Trained Community Rep

Value	Label	Derived From
0	No	
1	Yes	p_int1 Community representative (trained)

#### **resq3** Resource/Finance q3

Value	Label	Derived From
0	No	
1	Yes	q3_1 Discipline q3_2 School finances q3_3 School expansion q3_7 Other - Constructions/toilets/block q3_8 Other - Book policy/buying text book q3_11 Other - Maintenance q3_12 Other - Free education

### PARENT TEACHER MEETINGS

#### **cirq3** Curriculum/Academic Issues q3

Value	Label	Derived From
0	No	
1	Yes	q3_4 Academic performance (KCPE results)

#### **helthq3** Health and Family Life q3

Value	Label	Derived From
0	No	
1	Yes	q3_6 Other - Family life

q3\_9 Other - Early marriages  
 q3\_10 Other - Health  
 q3\_13 Other - Welfare of teachers and pupils

**hivq3** HIV/AIDS q3

Value	Label	Derived From
0	No	
1	Yes	q3_5 HIV/AIDS

**q1\_5grd** HIV/AIDS topics in PTA

Value	Label	Derived From
0	No HIV topics	q1=0 Whether school normally has a parent teacher meeting (0=no) q2=0 Number of times school has a parents/teachers meeting (0=no) q4=0 Number of meetings where HIV/AIDS was discussed (0=no)
1	Slogans or not related to AIDS	q2 > 0 Number of times school has a parents/teachers meeting & q4 > 0 Number of meetings where HIV/AIDS was discussed & any of the following q5_7 = 1 Other - Personal hygiene q5_8 = 1 Other - Nutrition q5_9 = 1 Other - HIV/AIDS has no cure
2	General risk factors and HIV issues	q2 > 0 Number of times school has a parents/teachers meeting & q4 > 0 Number of meetings where HIV/AIDS was discussed & any of the following q5_1 = 1 What STI's, HIV and AIDS are q5_5 = 1 Caring for people with AIDS at home and in the community q5_6 = 1 Orphans
3	General transmission & prevention	q2 > 0 Number of times school has a parents/teachers meeting & q4 > 0 Number of meetings where HIV/AIDS was discussed & any of the following q5_2 = 1 How they are transmitted and spread q5_3 = 1 How they can be prevented q5_4 = 1 How we can help our children to protect themselves against HIV infection
4	Behaviour Change	No variables fit this criteria
5	Condoms	No variables fit this criteria

**ythgrpq6** Youth group holds meetings on HIV/AIDS

Value	Label	Derived From
0	No	
1	Yes	q6_1 Youth groups

**relgrpq6** Religious group holds meetings on HIV/AIDS

Value	Label	Derived From
0	No	
1	Yes	q6_2 Religious groups

**leaderq6** Community leaders, chiefs, women hold meeting on HIV/AIDS

Value	Label	Derived From
0	No	
1	Yes	q6_3 Women groups q6_4 Chief at the baraza q6_5 Community leaders

**otherq6** Other groups holding meetings on HIV/AIDS

Value	Label	Derived From
0	No	

1 Yes q6\_6 Pyrethrum growers  
 q6\_7 Self help growers  
 q6\_8 Family planning association

**chrchq6e** Other church groups sponsoring meetings on HIV/AIDS

Value	Label	Derived From
0	No	
1	Yes	q6e_2 Other group - PCEA q6e_6 Other group - Church meetings q6e_9 Other group - Church youth group

**comgrq6e** Community groups sponsoring meetings on HIV/AIDS

Value	Label	Derived From
0	No	
1	Yes	q6e_3 Other group - Rallies q6e_5 Other group - Self help groups q6e_10 Other group - Women groups

**privq6e** Private groups sponsoring meetings on HIV/AIDS

Value	Label	Derived From
0	No	
1	Yes	q6e_1 Other group - Kinungu pyrethrum growers q6e_4 Other group - Bagania community pharmacy q6e_7 Other group - Proctor and gamble co q6e_8 Other group - Different companies q6e_11 Other group - Mobile cinema shows

**totorgmt** Total number of organizations which have held meetings on HIV/AIDS

Sum of q6\_1 to q6\_8

The following are derived by subtracting date of meeting from date of survey completion

**lenythmt** Length of time since last youth group meeting on HIV/AIDS

Value	Label
1	up to 2 months
2	up to 3 months
3	up to 8 months
4	more than 8 months

**lenrelmt** Length of time since last religious group meeting on HIV/AIDS

Value	Label
1	up to 2 months
2	up to 3 months
3	up to 8 months
4	more than 8 months

**lenchfmt** Length of time since last chief's meeting on HIV/AIDS

Value	Label
1	up to 2 months
2	up to 3 months
3	up to 8 months
4	more than 8 months

**lenpubmt** Length of time since last public meeting on HIV/AIDS

Value	Label
1	up to 2 months
2	up to 3 months
3	up to 8 months
4	more than 8 months

**lenothmt** Length of time since last meeting by other groups on HIV/AIDS

Value	Label
1	up to 2 months
2	up to 3 months
3	up to 8 months
4	more than 8 months

**lastmtg** Length of time since last meeting

Value	Label
0	more than 8 months
1	3-8 months
2	2-3 months
3	less than 2 months

**childmtg** Did children attend meetings on HIV/AIDS

Value	Label	Derived From
0	No	
1	Yes	q6b2 Children attended any church meetings q6c1 Have children attended any of the meetings - Chief's baraza q6d Children attended any public meeting by community leaders q6e1 Children attended any of these sessions

**child5** Did children under 5 attend meetings on HIV/AIDS

Value	Label	Derived From
0	No	
1	Yes	q6b2_1 Below 5 years q6c1_1 Below 5 years q6d1_1 Below 5 years q6e1_1 Below 5 years

**child5\_7** Did children 5-7 attend meetings on HIV/AIDS

Value	Label	Derived From
0	No	
1	Yes	q6b2_2 5 - 7 years q6c1_2 5 - 7 years q6d1_2 5 - 7 years q6e1_2 5 - 7 years

**child8\_10** Did children 8-10 attend meetings on HIV/AIDS

Value	Label	Derived From
0	No	
1	Yes	q6b2_3 8 - 10 years q6c1_3 8 - 10 years q6d1_3 8 - 10 years q6e1_3 8 - 10 years

**chd11\_15** Did children 11-15 attend meetings on HIV/AIDS

Value	Label	Derived From
0	No	
1	Yes	q6b2_4 11 - 15 years q6c1_4 11 - 15 years q6d1_4 11 - 15 years q6e1_4 11 - 15 years

**chd16\_18** Did children 16-18 attend meetings on HIV/AIDS

Value	Label	Derived From
0	No	
1	Yes	q6b2_5 16 - 18 years q6c1_5 q6d1_5 q6e1_5

**chd19\_22** Did children 19-22 attend meetings on HIV/AIDS

Value	Label	Derived From
0	No	
1	Yes	q6b2_6 19 - 22 years q6c1_6 q6d1_6 q6e1_6

**ythonly** Only youth groups held meetings

Value	Label	Derived From
0	No	
1	Yes	q6_1 = 1 Youth groups (1=yes)& q6_2 ~= 1 Religious groups & q6_3 ~= 1 Women groups & q6_4 ~= 1 Chief at the baraza & q6_5 ~= 1 Community leaders & q6_6 ~= 1 Pyrethrum growers & q6_7 ~= 1 Self help growers & q6_8 ~= 1 Family planning association

**relonly** Only religious groups held meetings

Value	Label	Derived From
0	No	
1	Yes	q6_2 = 1 Religious groups (1=yes)& q6_1 ~= 1 Youth groups & q6_3 ~= 1 Women groups & q6_4 ~= 1 Chief at the baraza & q6_5 ~= 1 Community leaders & q6_6 ~= 1 Pyrethrum growers & q6_7 ~= 1 Self help growers & q6_8 ~= 1 Family planning association

**wmonly** Only womens groups held meetings

Value	Label	Derived From
0	No	
1	Yes	q6_3 = 1 Women groups & q6_1 ~= 1 Youth groups & q6_2 ~= 1 Religious groups &

q6\_4 == 1 Chief at the baraza &  
 q6\_5 == 1 Community leaders &  
 q6\_6 == 1 Pyrethrum growers &  
 q6\_7 == 1 Self help growers &  
 q6\_8 == 1 Family planning association

**chfonly** Only chiefs barazas held meetings

Value	Label	Derived From
0	No	
1	Yes	q6_4 = 1 & q6_1 == 1 & q6_2 == 1 & q6_3 == 1 & q6_5 == 1 & q6_6 == 1 & q6_7 == 1 & q6_8 == 1

**commonly** Only community leaders held meetings

Value	Label	Derived From
0	No	
1	Yes	q6_5 = 1 & q6_1 == 1 & q6_2 == 1 & q6_3 == 1 & q6_4 == 1 & q6_6 == 1 & q6_7 == 1 & q6_8 == 1

**othonly** Only other groups held meetings

Value	Label	Derived From
0	No	
1	Yes	q6_6 = 1 or q6_7 = 1 or q6_8 = 1) and q6_1 == 1 and q6_2 == 1 and q6_3 == 1 and q6_4 == 1 and q6_5 == 1

**totmtgs** Total types of meetings on HIV/AIDS

Sum of q6\_1 to q6\_8

**youth8ab** PSABH trained spoke to youth leaders

Value	Label	Derived From
0	No	
1	Yes	q8a_1 Spoke to youth leaders q8b_1 Spoke to youth leaders

**lead8ab** PSABH trained spoke to community leaders

Value	Label	Derived From
0	No	

1	Yes	q8a_2 Spoke to Chief q8a_3 Spoke to Assistant chief q8a_4 Spoke to Chair of womens group q8a_11 Spoke to Elders q8b_2 Spoke to Chief q8b_3 Spoke to Assistant chief q8b_4 Spoke to Chair of womens group q8b_11 Spoke to Elders
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**parnt8ab** PSABH trained spoke to parents for school children

Value	Label	Derived From
0	No	
1	Yes	q8a_5 Spoke to Parents for school children q8b_5 Spoke to Parents for school children

**relld8ab** PSABH trained spoke to religious leaders

Value	Label	Derived From
0	No	
1	Yes	q8a_6 Spoke to Religious leaders q8b_6 Spoke to Religious leaders

**teach8ab** PSABH trained spoke to teachers

Value	Label	Derived From
0	No	
1	Yes	q8a_7 Spoke to Head teacher q8a_8 Spoke to Other teachers q8b_7 Spoke to Head teacher q8b_8 Spoke to Other teachers

**fam8ab** PSABH trained spoke to personal neighbours and family

Value	Label	Derived From
0	No	
1	Yes	q8a_9 Spoke to Your neighbours q8a_10 Spoke to Your family q8b_9 Spoke to Your neighbours q8b_10 Spoke to Your family

**relldr9d** Trained community rep. also a religious leader

Value	Label	Derived From
0	No	
1	Yes	q9d_6 Religious leader

**comldr9d** Trained community rep. also a community leader

Value	Label	Derived From
0	No	
1	Yes	q9d_2 Chief q9d_3 Assistant chief q9d_4 Chair of women's group q9d_8 Elder q9d_10 Other - Executive assistant q9d_11 Other - Co-ordinator q9d_12 Other - Chairman q9d_14 Other - Member of women's group q9d_16 Other - Public health advisor

**youth9d** Trained community rep. also parent or youth leader

Value	Label	Derived From
0	No	
1	Yes	q9d_1 Youth leaders q9d_5 Parent

**school9d** Trained community rep. also works with school

Value	Label	Derived From
0	No	
1	Yes	q9d_7 Head teacher q9d_9 Head of PA q9d_13 Other - Member of school committee q9d_15 Other - PTA member

### HIV/AIDS IN COMMUNITY FESTIVALS

**reg10b** HIV/AIDS incorporated into Regular Activities

Value	Label	Derived From
0	No	
1	Yes	q10b_17 Pay days q10b_20 Fund raising functions

**culc10b** HIV/AIDS incorporated into Cultural Celebrations

Value	Label	Derived From
0	No	
1	Yes	q10b_1 Funeral ceremonies q10b_2 Weddings q10b_4 Public holidays q10b_6 Self help groups q10b_12 Songs/choir/poems q10b_13 Art and craft q10b_14 Drama/plays/cultural days/films q10b_15 Merits/service award

**cula10b** HIV/AIDS incorporated into Cultural Activities

Value	Label	Derived From
0	No	
1	Yes	q10b_7 Inciation ceremonies

**pol10b** HIV/AIDS incorporated into Political Activities

Value	Label	Derived From
0	No	
1	Yes	q10b_5 Barazas q10b_8 Public gatherings q10b_16 Inter company competitions q10b_18 Company celebrations/anniversaries

**sch10b** HIV/AIDS incorporated into School-based Activities

Value	Label	Derived From
0	No	
1	Yes	q10b_9 School trophy presentation day/school close day q10b_10 Inter school functions music festivals q10b_19 Parent meetings/PAT meetings

**crch10b** HIV/AIDS incorporated into Church-based Activities

Value	Label	Derived From
0	No	
1	Yes	q10b_3 Church gatherings q10b_11 Religious functions

**aids10c** HIV/AIDS not incorporated b/c not organized

Value	Label	Derived From
0	No	
1	Yes	q10c_4 No sensitisation awareness meetings have been organised

**prsnl10c** HIV/AIDS not incorporated b/c personnel issues

Value	Label	Derived From
0	No	
1	Yes	q10c_1 Lack of training q10c_2 Lack of personnel to do it q10c_3 Lack of interest

<b>MESSAGES</b>
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The following were derived from:

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

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

**q11and12** Most Important Message for children on HIV/AIDS -- q11 & 12

Value	Label	Derived From
0	No information or Irrelevant	
1	Slogans	Any of the following (1=yes) q11_3 = 1 HIV/AIDS is real q11_4 = 1 HIV/AIDS kills q11_5 = 1 HIV/AIDS has no cure q12_3 = 1 HIV/AIDS is real q12_6 = 1 HIV/AIDS kills q12_7 = 1 HIV/AIDS has no cure q12_9 = 1 Anybody can get HIV/AIDS
2	General - societal or adult messages	Any of the following (1=yes) q12_10 = 1 Love and care for those infected q12_12 = 1 How to live with HIV/AIDS
3	General transmission and prevention	Any of the following (1=yes) q11_6 = 1 Modes of transmission q11_7 = 1 Prevention/can be avoided q11_8 = 1 Be careful about causes/ infection of HIV/AIDS/ STIS q12_4 = 1 Have HIV test before marriage q12_5 = 1 HIV/AIDS is not transmitted by sharing things with others q12_8 = 1 Modes of transmission q12_11 = 1 Prevention/can be avoided q12_14 = 1 Be careful about causes/ infection of HIV/AIDS/ STIS
4	General behaviour, positive attitude	Any of the following (1=yes) q11_2 = 1 Good moral values/purity q12_2 = 1 Good moral values/purity q12_13 = 1 Be God fearing

5	Abstinence for youth	Any of the following (1=yes) q11_1 = 1 Abstain from sex q12_1 = 1 Abstain from sex
6	Pro-condom	No variables fit this criteria

**q1112fct** Children should have Factual messages on HIV/AIDS

Value	Label	Derived From
0	No	
1	Yes	q11_3 HIV/AIDS is real q11_4 HIV/AIDS kills q11_5 HIV/AIDS has no cure q11_6 Modes of transmission q11_7 Prevention/can be avoided q12_3 HIV/AIDS is real q12_5 HIV/AIDS is not transmitted by sharing things with others q12_6 HIV/AIDS kills q12_7 HIV/AIDS has no cure q12_8 Modes of transmission q12_9 Anybody can get HIV/AIDS q12_11 Prevention/can be avoided q12_12 How to live with HIV/AIDS

**q1112beh** Children should have Behaviour change messages

Value	Label	Derived From
0	No	
1	Yes	q11_2 Good moral values/purity q11_8 Be careful about causes/ infection of HIV/AIDS/ STIS q12_2 Good moral values/purity q12_4 Have HIV test before marriage q12_13 Be God fearing q12_14 Be careful about causes/ infection of HIV/AIDS/ STIS

**q1112abs** Children should hear Abstinence messages

Value	Label	Derived From
0	No	
1	Yes	q11_1 Abstain from sex q12_1 Abstain from sex

**q12plwa** Children should messages about care of plwa

Value	Label	Derived From
0	No	
1	Yes	q12_10 Love and care for those infected

<b>CHURCHES IN THE COMMUNITY</b>
----------------------------------

**totchrch** Total number of churches in the community

Sum of q15\_1 to q15\_20

**totcath** Total number of Catholic churches in the community

Sum of q15\_1 and q15\_17

**totmprot** Total number of Protestant churches in the community

Sum of q15\_2,q15\_3,q15\_4,q15\_8,q15\_9,q15\_10,q15\_13,q15\_15,q15\_16,q15\_18,q15\_19,q15\_20 .

**totbrtrd** Total number of Breakaway & Traditional churches in community  
Sum of q15\_5 and q15\_6

**tchrchmg** Total number of churches with meetings on HIV/AIDS  
Sum of q16b1\_1 and q16b1\_24

**cathmtg** Total number of Catholic churches with meetings on HIV/AIDS  
Sum of q6b1\_1 and q6b1\_19

**protmtg** Total number of Protestant churches with meetings on HIV/AIDS  
Sum of q6b1\_2,q6b1\_3,q6b1\_4,q6b1\_8,q6b1\_10,q6b1\_11,q6b1\_13,q6b1\_15,q6b1\_18, q6b1\_21,q6b1\_24

**brtrdmtg** Total number of Breakaway & Traditional churches with meetings on HIV/AIDS  
Sum of q6b1\_5,q6b1\_6,q6b1\_9,q6b1\_16,q6b1\_22,q6b1\_23

**crch17a** Religious leaders preach about HIV/AIDS at worship services

Value	Label	Derived From
0	No	
1	Yes	q17a1_1 Sermons preached at worship services

**clead17a** Church leaders speak in public about HIV/AIDS

Value	Label	Derived From
0	No	
1	Yes	q17a1_2 Public speaking by church leaders q17a1_8 Church leaders speaking at school

**meet17a** Church meetings and programs discuss HIV/AIDS

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

**pblc17a** Churches talk about HIV/AIDS in public relations events

Value	Label	Derived From
0	No	
1	Yes	q17a1_7 Counselling q17a1_11 Speech by community representative q17a1_13 Financial assistance to the affected

**soc17a** Churches talk about HIV/AIDS at social events

Value	Label	Derived From
0	No	
1	Yes	q17a1_9 Rallies q17a1_10 Pay day q17a1_12 Ace communications

**sxmr18ab** Church messages focus on sexual morality

Value	Label	Derived From
0	No	
1	Yes	q18a_1 Abstain from sex q18a_2 Good moral values/purity q18a_6 Be God fearing

q18b\_1 Abstain from sex  
 q18b\_3 Good moral values/purity  
 q18b\_10 Wages of sin is death  
 q18b\_11 Be God fearing  
 q18b\_12 Seek Gods courage  
 q18b\_14 Never trust anybody

**aids18ab** Church messages focus on AIDS information

Value	Label	Derived From
0	No	
1	Yes	q18a_3 HIV/AIDS kills q18a_4 HIV/AIDS has no cure q18b_4 HIV/AIDS is real q18b_5 HIV/AIDS kills q18b_6 HIV/AIDS has no cure q18b_7 Anybody can get HIV/AIDS

**tp18ab** Church messages focus on transmission & prevention

Value	Label	Derived From
0	No	
1	Yes	q18a_5 Modes of transmission q18b_9 Prevention/can be avoided

**beh18ab** Church messages focus on behaviour change

Value	Label	Derived From
0	No	q18a_7 Be careful about causes/ infection of HIV/AIDS/ STIS
1	Yes	q18b_2 Protect one another from bad behaviour q18b_13 Be careful about causes/infection of HIV/AIDS/ STIS

**coun18ab** Church messages focus on care for PLWA

Value	Label	Derived From
0	No	
1	Yes	q18b_8 Love and care for those infected

**q18\_ord** Most important church messages on HIV/AIDS -- q18 a & b

Value	Label	Derived From
1	slogans	q18a_3 HIV/AIDS kills q18a_4 HIV/AIDS has no cure q18b_4 HIV/AIDS is real q18b_5 HIV/AIDS kills q18b_6 HIV/AIDS has no cure q18b_7 Anybody can get HIV/AIDS q18b_10 Wages of sin is death q18b_14 Never trust anybody
2	General -- societal or adult messages	q18b_8 Love and care for those infected
3	General transmission and prevention	q18a_5 Modes of transmission q18a_7 Be careful about causes/ infection of HIV/AIDS/ STIS q18b_9 Prevention/can be avoided q18b_13 Be careful about causes/infection of HIV/AIDS/ STIS
4	General behaviour, positive attitude	q18a_2 Good moral values/purity q18a_6 Be God fearing

5	Abstinence for youth	q18b_3 Good moral values/purity q18b_11 Be God fearing q18b_12 Seek Gods courage q18a_1 Abstain from sex q18b_1 Abstain from sex q18b_2 Protect one another from bad behaviour
6	Pro-condom	

**q19\_ord** Church leaders said about condoms

Value	Label	Derived From
0	Anti-condom/mis-information	q19_2 Not advocating for condoms q19_5 Not 100% effective q19_6 They encourage immorality
1	Impersonal/abstinence	q19_3 Faithfulness between couples/Be faithful to one uninfected partner q19_4 Abstinence among the youth
2	Conditional Approval	q19_1 The infected should use condoms q19_7 Are only for couples
3	Personal, support condoms with factual messages	

**negmsg19** Total number of Negative condom messages from church  
Sum of q19\_1, q19\_2, q19\_5, q19\_6

**posmsg19** Total number of Positive condom messages from church  
Sum of q19\_1, q19\_2, q19\_5

The following are derived by subtracting date of activities (as outlined in q17a) from date of survey completion

**lenprch** Number of days since last sermon on HIV/AIDS preached at places of worship

**lenpblc** Number of days since last public speaking by church leaders on HIV/AIDS

**leninfad** Number of days since last information meeting on HIV/AIDS for adults

**leninfyt** Number of days since last information meeting on HIV/AIDS for youth

**leninfcd** Number of days since last information meeting on HIV/AIDS for children

**lenpgm** Number of days since last HIV/AIDS program for youth and children

**lencoun** Number of days since last counselling for HIV/AIDS

**lenspsh** Number of days since church leader last spoke at school about HIV/AIDS

**lenother** Number of days since other church-based HIV/AIDS activities took place

<b>HEALTH INFORMATION AND SERVICES</b>
--

**Q20c** Who sponsors this clinic or health centre?

**crchq20c** Religious groups sponsor clinic or health centre

Value	Label	Derived From
0	No	
1	Yes	q20c_2 NGO - religiously affiliated q20c_3 Church sponsored

**schlq20c** School sponsors clinic or health centre

Value	Label	Derived From
0	No	
1	Yes	q20c_5 School

**mohq20c** Ministry of Health sponsors clinic or health centre

Value	Label	Derived From
0	No	
1	Yes	q20c_11 Other - Ministry of health q20c_12 Other - Moi teaching and referral hospital

**othrq20c** Other group sponsors clinic or health centre

Value	Label	Derived From
0	No	
1	Yes	q20c_1 NGO - non religious q20c_4 Private sponsored (Corporate or individual) q20c_6 Other - G.O.K q20c_7 Other - Eldoret municipality q20c_8 Other - James Finlay company q20c_9 Other - Community sponsored q20c_10 Other - Kenya Army

**Q20h** Besides the treatment received from the clinic/health centre, who else treats people who are sick in this community?

**tradq20h** Traditional practitioners treat people who are sick

Value	Label	Derived From
0	No	
1	Yes	q20h_1 Herbal doctors

**clncq20h** Clinical practitioners treat people who are sick

Value	Label	Derived From
0	No	
1	Yes	q20h_2 Mobile clinics q20h_3 Bagaia community pharmacy q20h_4 Private doctors/ private clinics q20h_5 Government doctors

**Q21** Where are condoms available for free in this community?

**noavq21** Condoms not available for free in this community

Value	Label	Derived From
0	No	
1	Yes	q21_10 Not available for free in this community

**hotelq21** Condoms available for free from bars, lodgings and discos

Value	Label	Derived From
0	No	
1	Yes	q21_4 Other - Disco halls q21_5 Other - Bars q21_6 Other - Lodgings

**ngoq21** Condoms available for free from chief or govmt offices

Value	Label	Derived From
0	No	
1	Yes	q21_7 Other - Chiefs camp/ office q21_9 Other - Bagaia community pharmacy

**pharmq21** Condoms available for free from pharmacies and shops

Value	Label	Derived From
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0	No	
1	Yes	q21_2 Shops q21_3 Market q21_8 Other - Bagaria community pharmacy

**clincq21** Condoms available for free from clinic or health station

Value	Label	Derived From
0	No	
1	Yes	q21_1 Clinic or health station

**Q22** Where are condom sold in this community?

**noavq22** Condoms not for sale in community

Value	Label	Derived From
0	No	
1	Yes	q22_7 Not available for sale in this community

**hotelq22** Condoms sold in bars and lodging

Value	Label	Derived From
0	No	
1	Yes	q22_4 Other - Bars q22_5 Other - Lodgings

**pharmq22** Condoms sold in shops or the market

Value	Label	Derived From
0	No	
1	Yes	q22_2 Shops q22_3 Market q22_6 Other - Chemist

**clincq22** Condoms sold at clinic or health station

Value	Label	Derived From
0	No	
1	Yes	q22_1 Clinic or health station

**Q23** Where can primary school children get condoms in this community?

**noavq23** Condoms not available to primary school children

Value	Label	Derived From
0	No	
1	Yes	q23_6 Other - Pick condoms that are thrown in the fields q23_7 Not available to primary school children

**hotelq23** Condoms available to primary school children at bars

Value	Label	Derived From
0	No	
1	Yes	q23_4 Other - Bars

**ngoq23** Condoms available to primary school children at chiefs camp/office

Value	Label	Derived From
0	No	
1	Yes	q23_5 Other - Chiefs camp/ office

**pharmq23** Condoms available to primary school children at shops & markets

Value	Label	Derived From
0	No	
1	Yes	q23_2 Shops q23_3 Market

**clincq23** Condoms available to primary school children at clinic or health station

Value	Label	Derived From
0	No	
1	Yes	q23_1 Clinic or health station

<b>ACTIVITIES AND HIV RISK</b>
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**q27trad** Traditional practices present an HIV risk

Value	Label	Derived From
0	No	
1	Yes	q27_2 Burial ceremonies at night q27_5 Keshas q27_16 Circumcision q27_28 Wife inheritance

**q27socil** Social events present an HIV risk

Value	Label	Derived From
0	No	
1	Yes	q27_1 Alcoholism q27_4 Discos q27_10 Market days q27_13 Youth meetings q27_15 Local breweries q27_18 Bar business q27_23 Pool games q27_27 Ceremonies q27_30 Night meetings

**q27sxl** Sexual behaviours present an HIV risk

Value	Label	Derived From
0	No	
1	Yes	q27_11 Immorality/ prostitution q27_20 Marriage before testing q27_24 Rape

**q27shar** Sharp objects/contact risks for HIV

Value	Label	Derived From
0	No	
1	Yes	q27_3 Ear piercing q27_17 Shaving/ sharing sharp objects q27_19 Handling AIDS victims

**q27media** Media presents risk of HIV

Value	Label	Derived From
0	No	
1	Yes	q27_6 Video shows q27_7 Media/ advertisements q27_26 Pornographic reading materials

q27nofam Lack family/social conditions present risk of HIV

Value	Label	Derived From
0	No	
1	Yes	q27_9 Slums lifestyle q27_14 Poverty/ unemployment q27_21 Divorce q27_22 Mixed cultures q27_25 Long periods of separation between husbands and wives

**q27other** Other risks for HIV

Value	Label	Derived From
0	No	
1	Yes	q27_12 Risky places/ where they get firewood/ farms q27_8 Tout menace q27_29 Indecent dressing

<b>ADDRESSING THE PROBLEM OF HIV/AIDS</b>
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**q28imped** Need to improve education about HIV/AIDS issues

Value	Label	Derived From
0	No	
1	Yes	q28_1 Sensitise the community/ frequent awareness meetings e.g. Barazas q28_3 Commitment by all to sensitise on HIV/AIDS q28_20 Educate the public through video shows q28_21 Invite guest speakers during the meetings

**q28train** Need to increase and improve training

Value	Label	Derived From
0	No	
1	Yes	q28_2 Train people from community to be resource persons

**q28start** Need to start or improve social practices

Value	Label	Derived From
0	No	
1	Yes	q28_4 Provision of adequate housing facilities q28_8 Improve economic status of slums/people q28_18 Create recreation centres q28_19 More music of HIV/AIDS

**q28stop** Social practices that need to stop

Value	Label	Derived From
0	No	
1	Yes	q28_5 House sharing to be avoided q28_7 Provincial administration to enforce discipline of bus stops/bars/video shows q28_9 Stop illicit brew q28_10 Stop drug taking q28_11 Stop immorality q28_13 Discourage female circumcision

**q28pha** Need to focus on PLWHA

Value	Label	Derived From
0	No	
1	Yes	q28_6 HIV/AIDS victims to speak in public about their status

**q28absta** Need to focus on abstinence

Value	Label	Derived From
0	No	
1	Yes	q28_12 Adults to set a good example/change behaviour

**q28schoo** Education needed in schools

Value	Label	Derived From
0	No	
1	Yes	q28_14 Videos/ films on AIDS/ books/ posters q28_15 Teach the children/talk openly

<b>OBSTACLES TO PSABH</b>
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**q29phys** Lack of physical or financial resources

Value	Label	Derived From
0	No	
1	Yes	q29_2 Lack of finances/Poverty q29_13 Lack of reference materials

**q29proat** Problems of attitude

Value	Label	Derived From
0	No	
1	Yes	q29_6 Negative attitudes towards the subject q29_8 Distrust in medication q29_12 Lack of commitment/Interest q29_14 Contradicting information in church q29_16 Lack of support from the chiefs

**q29human** Lack of human resources/training/personnel

Value	Label	Derived From
0	No	
1	Yes	q29_1 Lack of information/Awareness q29_3 Not PSABH trained q29_4 Occupational pressures/Unemployment q29_7 Poor modes of communication q29_9 Tight schedules within the administration q29_11 Lack of trained personnel

**q29behav** Practices and behaviours that form barriers

Value	Label	Derived From
0	No	
1	Yes	q29_5 Cultural rites/Beliefs

**q29illpo** Poverty/illness as barriers

Value	Label	Derived From
0	No	
1	Yes	q29_10 Mixed cultures q29_15 Dense population q29_17 Many social places

**APPENDIX B**

**SCHOOL AND COMMUNITY**

**RESPONSIVENESS SURVEYS**