

# PRIMARY SCHOOL ACTION FOR BETTER HEALTH



## 2005 SCHOOL RESPONSIVENESS SURVEYS for FIVE NEW SITES, NYANZA and RIFT VALLEY

Project: Primary School Action for Better Health IV  
Contract #: AG 031-555-035-EA-011  
Contract Name: University of Windsor (UOW)

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September, 2005



## **ACKNOWLEDGEMENTS**

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This research was conducted by the University of Windsor with data collection undertaken by Ministry of Education Science and Technology zonal inspectors and data entry by Steadman Research Services Inc. The Primary School Action for Better Health (PSABH) HIV-AIDS education and awareness project is funded by DFID and managed by CfBT. We sincerely thank the Ministry of Education Science & Technology and the pupils, teachers, headteachers, community representatives and zonal inspectors who assisted in the research process.

## LIST OF ABBREVIATIONS

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DFID	Department for International Development
FGD	Focus group discussion
KAB	Knowledge, attitudes, behaviours
KCPE	Kenya Certificate of Primary Education
KIE	Kenya Institute of Education
MKFI	Mount Kenya formal Income Families
MoEST	Ministry of Education, Science and Technology
NFI	Nairobi Formal Income Families
NIS	Nairobi Informal Settlements
PSABH	Primary School Action for Better Health
UC	Urban Coast
UOW	University of Windsor
VCT	Voluntary Counseling and Testing
WKDPA	Western Kenya Densely Populated Areas

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## EXECUTIVE SUMMARY

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The majority of schools in all of the 5 new regions reported having training sessions which covered almost all of the specified topics. There were variations across regions with respect to how this training was delivered. The average amount of time spent on training within the school ranged from 3 hours in Urban Coast to 6 hours in Mount Kenya and Western Kenya. Nyanza in 2002 and Rift Valley in 2003 had averages of 5.45 and 5.26 hours respectively. Schools in Nyanza and Rift Valley consistently reported having held training sessions beginning with the first SRS data collection. By 2005, the majority of schools in these regions report having addressed all of the specified topics. The average amount of time spent on training within the schools in Nyanza increased over data collection to a high of 6.57 hours in 2005. Schools in Rift Valley decreased to 4.55 in 2005.

The implementation of PSABH was measured using 10 topical scales that paralleled earlier SRS analysis. These included:

- School development plan
- School health club
- Question Box
- Peer Supporters
- Books
- Community Representative
- Posters
- Condoms
- Factual Messages
- Behaviour Change Messages

Changes in the survey format in order to accommodate the move to a self-scoring mechanism mean that it is not possible to compare the scales developed for the 2002/2003 SRS data collection in Nyanza and Rift Valley with those developed from the 2005 data collection.

On average, Urban Coast schools scored lower than schools in other regions on all of these scales. Overall, schools in the 5 new regions typically scored well on behaviour change messages and poorly on the peer supporter, health action plan and condom measures. In the 2005 data collection, both Nyanza and Rift Valley scored poorly on the condoms and health action plan measures. Nyanza also scored poorly on the peer supporter measure, and Rift Valley scored poorly on the Community representative measure. Although both Nyanza and Rift Valley scored well on the behaviour change messages, Rift Valley also scored high on the question box measure.

A composite measure consisting of the sum of the 10 scales suggests that, on average, Nairobi formal income schools have the highest levels of implementation followed by Western Kenya, Nairobi informal settlement and Mount Kenya schools. Only one school located in the Nairobi informal settlement region, received a perfect score on all measures. Nyanza schools in 2005 had lower average implementation scores than Nairobi formal income and Western Kenya. Rift Valley schools have higher average implementation scores than any of the new sites.





## INTRODUCTION

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Primary School Action for Better Health (PSABH) is an HIV/AIDS prevention programme for primary schools being delivered in Kenya by CfBT with funding from the Department for International Development (DFID). The goal of PSABH is to create a positive behaviour change in upper primary school pupils to reduce their risk of exposure to HIV. This is done using a modified cascade approach to training teachers in the delivery of an HIV/AIDS education programme in standards 6-8. Based on positive evaluation results after 18 months of operation in schools in Nyanza and Rift Valley provinces,<sup>1</sup> a decision was made to expand the programme to more schools and regions in Kenya with continued monitoring of its delivery, sustainability, and efficacy in 40 of the original intervention sites (20 in Nyanza and 20 in Rift Valley) and monitoring of its transferability using 20 schools in each of 5 new sites:

- Nairobi schools that draw their student populations from families
  - With Formal Incomes (NFI)
  - Living in Informal Settlements (NIS)
- Urban Coast schools located in Mombasa and Malindi (UC)
- Mount Kenya schools that draw their student population from families with Formal Incomes (MKFI)
- Western Province schools located in Densely Populated Areas (WKDPA).

The central question to be answered using data collected in the five new sites is:

***Can PSABH be delivered and have a similar impact in schools in different regions that serve pupils from different ethnic groups?***

The question will be answered by comparing the implementation and impact of the programme in the five new sites to what has been obtained in Nyanza and Rift Valley. This document reports on results from the school responsiveness surveys collected at schools in the five new sites (24 schools from NFI, 25 schools from NIS, 25 schools from UC, 24 schools from MKFI and 25 schools from WKDPA) and from 20 schools each in Nyanza and Rift Valley.

This version of the School Responsiveness Survey (SRS) was designed to:

- 1) Measure the degree of uptake of the various components of the HIV/AIDS prevention curriculum at 6 months post-training for the 5 new sites
- 2) Compare the results across regions with results from Nyanza and Rift Valley at a comparable time point (Nyanza 2002, Rift 2003).
- 3) Determine the extent to which PSABH has been sustained in Nyanza and Rift Valley at 36 and 32 months post-training, respectively.

In anticipation of the future shift to Ministry monitoring of PSABH there was a further need to:

- 4) Evaluate the SRS as a self-scoring mechanism
- 5) Identify open-ended responses that may need to be included on the self-scoring SRS.

Where applicable, the tables provided in this report compare the five new sites to an equivalent time point in Nyanza and Rift Valley. A second set of tables compares the results in Nyanza and Rift Valley across all SRS data collection time points for these regions. It is important to note that since a modified version of the SRS was used in this data collection in order to

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<sup>1</sup> See *Primary School Action for Better Health: 18 (Nyanza) and 14 (Rift Valley) Evaluation. Volume I of II*. Available at: [www.psabh.info](http://www.psabh.info)

assess its viability as a self-scoring mechanism, it is not possible to compare scales constructed from this data collection with the scales constructed using earlier data collected in Nyanza and Rift Valley.

### **Design**

Five regions of Kenya were identified for participation in this monitoring exercise. The objective was to select regions that were likely to provide a different profile of pupils and communities from each other and from the original research and evaluation sites in Nyanza and Rift Valley provinces. Based on consultation between senior staff at Steadman Research Services Incorporated and CfBT, it was decided to monitor the roll-out of PSABH in schools in Western Province, the region of Mount Kenya, Urban Coast schools in Mombasa and Malindi, and two groups of schools in Nairobi, those serving informal settlements and those catering primarily to pupils from formal income households. It was felt that these regions provided different economic, ethnic, and socio-cultural profiles and would constitute a test of the efficacy of transferring PSABH to different regions.

Lists were made of all schools that sent a full complement of representatives (1 head teacher, 1 resource or senior teacher, 1 community representative) to Course A of the PSABH training session in their region. Schools were randomly selected for participation in the research from the lists created for each targeted region. Schools were over-sampled at baseline to accommodate potential attrition over the 10 month period.

### **Data Collection**

Trained Zonal Inspectors (ZIs) administered the school responsiveness surveys in their respective districts in July of 2005. Steadman Research Services Incorporated co-ordinated the collection of the surveys and inputted the information into SPSS for analysis by the research team at the University of Windsor.

### **Question Coding**

This version of the SRS was developed to be tested as a self-scoring mechanism. To that end, 10 scalar measures were established by assigning values to question categories associated with various topics used to assess the implementation of PSABH within the schools. The values selected were designed to mirror the scales created in previous SRS analysis while simplifying the scoring process. Each scale in this version had a maximum value of 12. This was done to ensure that all topics would be valued equally in the overall assessment of implementation. The topics which were established as scales were:

- school development plan
- school health club
- question box
- peer supporters
- books
- community representative
- posters
- condoms
- factual messages
- behaviour change messages

A global uptake measure, the sum of all of the scalar measures for a maximum of 120, was also created to assess the overall level of implementation within the schools.

**NOTE: Although these scales were designed to parallel those created during earlier SRS data collection, the different ways in which the questions were asked in 2005 prohibits a comparison between these scales and earlier measures.**

Comparisons of messages between waves *must be interpreted with caution* since the earlier versions of the SRS merely asked Zonal inspectors to write down messages based on what they had observed, while the 2005 version of the SRS (in anticipation of moving to a self-scoring measure), provided a list of possible responses and asked Zonal inspectors to select those which applied based on what they had observed. Zonal inspectors in the earlier instruments would likely have written down messages based on any number of criteria but would not necessarily have produced a comprehensive list. For example, it is possible that schools had messages which would have qualified as explaining or encouraging condom use, but zonal inspectors did not see these as salient and therefore excluded them from evaluation. This would have resulted in an underestimation of the percentage of schools which have higher levels of messages.

Detailed descriptions of all coding can be found in Appendix A



## ANALYSIS RESULTS

### Demographic Information

A comparison of the median demographic information with respect to the schools suggests that, on average in 2005, Nyanza schools have the fewest number of pupils followed by Mount Kenya, while Nairobi informal settlement schools and Urban Coast schools have the largest number of pupils. Interesting to note, however, is that the Rift Valley sample contains one of the smallest pupil populations (224 pupils) and the largest (2669 pupils).

**Table 1: Background Information on PSABH Schools in 2005**

	NFI	NIS	UC	MKFI	WKDPA	Nyanza	Rift
N =	24	25	25	24	25	20	20
<b>Total Number of students</b>							
Median	955.0	1280.0	1086.0	356.0	504.0	327.0	822.0
Range	349-2396	539-2404	450-2046	130-1208	262-1028	156-874	224-2669
<b>Boys</b>							
Median	452.0	639.0	528.0	186.5	245.0	182.0	403.5
Range	176-1165	291-1166	0-981	72-635	0-521	78-438	116-1384
<b>Girls</b>							
Median	478.5	625.0	598.0	174.0	259.0	159.0	421.0
Range	173-1231	248-1238	217-1087	58-573	0-507	0-436	108-1285
<b>Total Number of Streams</b>							
Median	4.0	3.0	22.0	10.5	15.0	8.0	18.5
Range	1-35	2-37	2-45	0-27	1-26	6-19	1-52
<b>Total Number of Teachers</b>							
Median	25.0	22.0	18.0	12.0	13.0	8.0	16.0
Range	11-38	12-35	10-35	5-24	7-28	5-18	9-44
<b>Males</b>							
Median	2.0	4.0	4.0	4.5	5.0	5.0	6.0
Range	0-9	1-14	0-12	1-12	3-11	3-12	3-9
<b>Females</b>							
Median	21.5	18.0	15.0	8.0	6.0	3.0	10.0
Range	8-38	5-31	2-24	1-20	3-18	0-13	1-40
<b>Pupil-Teacher Ratio</b>							
Median	41.9	56.0	61.2	30.4	42.9	40.6	50.8
Range	31.7-72.6	31.7-78.3	28.1-88.8	15.5-50.3	32.2-56.6	26.0-79.4	16.0-88.5
<b>Proportion of female teachers</b>							
Median	90.5	81.8	81.0	59.4	46.2	37.5	59.5
Range	72.7-100.0	33.3-92.9	33.3-92.9	16.7-95.2	27.3-78.6	0-72.2	10.0-90.9
<b>Head Teacher Tenure</b>							
3 m or <	1	1	0	0	0	1	0
4 – 6 m	0	0	3	2	2	1	2
7 – 12 m	5	1	2	6	2	0	1
13 – 24 m	2	7	4	4	5	4	3
> 2 yrs	16	16	16	12	16	14	14
<b>School Sponsorship</b>							
N=	10	16	22	24	25	19	19
Religious	1	7	8	12	24	17	13
NGO	0	0	2	1	0	0	0
DEB	7	6	14	12	1	2	6
Private	0	0	0	2	0	0	0
Other	2	4	3	1	0	0	0

Consistent with its smaller pupil populations, Nyanza also has, on average, the fewest number of teachers. Schools in Nairobi (both the formal income and the informal settlements) have the highest number of teachers. Female teachers are the majority in all regions except for Western Kenya and Nyanza. In all regions, at least 50% of the head teachers have been at the school for a minimum of 2 years.

Pupil-Teacher ratios tend to be highest in Urban Coast and lowest in Mount Kenya with the greatest variation occurring in Rift Valley.

Almost all schools in Nyanza and Western Kenya and 68% of schools in Rift Valley were religiously sponsored while only one school was religiously sponsored from the Nairobi formal income schools. Half of the schools in the Mount Kenya region had religious sponsors and half were sponsored by district education boards while more than 63% of Urban Coast were sponsored by district education boards.

### **School Level Training**

The percentage of schools which held training in both Nairobi informal settlement and Urban Coast regions were close to the percentage of schools which held training in Nyanza and Rift at the equivalent point in time. Nairobi formal income and Mount Kenya schools reported training in all of the schools in the sample, while in Western Kenya, all but one school reported holding some school level training.

Of the schools where training was held, staff meetings were the preferred approach to training in all regions (although 45% of Nyanza schools in 2002 used seminars). The number of staff meetings where training occurred varied across regions: more than 50% of the schools in Nairobi formal income and informal settlement, as well as Urban Coast having training during only one staff meeting, while 65% of schools in Rift and 82% of schools in Nyanza at the equivalent time point had included training in at least 2 staff meetings. Mount Kenya and Western Kenya schools varied almost equally across the categories.

In the majority of the Nairobi informal settlement schools, the training sessions lasted only 1 hour.

On average, schools in Nairobi (both NFI and NIS) and Urban Coast spent fewer hours doing teacher training within the schools than Nyanza and Rift Valley at comparable time points. Mount Kenya and Western Kenya schools, on average, spent more time doing training.

There was at least 1 school in each region where all of the pertinent topics were addressed in the training. With only a few exceptions in each region, the majority of schools covered at least 77% of the specified topics.

**Table 2a: Number of Schools Engaged in Training Sessions in the 5 new regions**

	NFI	NIS	UC	MKFI	WKDPA	Nyanza 2002	Rift 2003
N =	24	25	25	24	25	20	20
Training Held (N=)	24	19	20	24	24	16	17
<b>Approximate Total Number of Hours Devoted to Training In the School</b>							
Mean	4.98	4.12	3.02	6.00	5.98	5.45	5.26
Median	4.00	2.50	2.50	5.00	5.00	5.00	5.00
Range	1.00 11.00	.00 17.50	.00 7.50	1.00 20.00	.00 20.00	.00 25.00	.00 20.00
<b>Where training occurred</b>							
Staff Meetings	18	13	16	20	18	11	17
Seminars	8	2	0	6	4	9	2
Workshops	5	8	5	4	6	0	2
<b>Number of Training Sessions</b>							
Staff Meetings (N=)	18	13	16	20	18	11	17
1	11	7	11	6	6	2	4
2	3	3	2	7	6	7	7
3 or more	4	3	3	7	6	2	4
Seminars (N=)	8	2	0	6	4	9	2
1	5	0	0	1	1	2	1
2	2	0	0	3	1	4	0
3 or more	1	2	0	2	2	3	1
Workshops (N=)	5	8	5	4	6	0	2
1	0	3	2	3	1	0	0
2	3	2	2	1	2	0	2
3 or more	2	3	1	0	3	0	0
<b>Length of Training Sessions</b>							
Staff Meetings (N=)	18	13	16	20	18	11	17
1 hr	7	9	6	6	5	2	4
2-3 hrs	11	4	9	12	12	8	11
4 or more hrs	0	0	1	2	1	1	1
Seminars (N=)	8	2	0	6	4	9	2
1 hr	2	1	0	1	1	2	1
2-3 hrs	4	0	0	4	1	4	0
4 or more hrs	2	1	0	1	2	3	1
Workshops (N=)	5	8	5	4	6	0	2
1 hr	0	0	0	0	0	0	1
2-3 hrs	4	5	4	3	5	0	1
4 or more hrs	1	3	1	1	1	0	0
<b>Number of Topics Covered</b>							
Mean	12.2	12.4	10.8	12.2	11.8	11.8	12.8
Median	13.0	13.0	11.5	13.0	13.0	12.0	14.0
Range	6.0-15.0	7.0-15.0	2.0-15.0	1.0-15.0	5.0-15.0	3.0-15.0	9.0-15.0

Across waves in Nyanza and Rift, the majority of schools report having engaged in training sessions within the schools. Although there was some variation between waves, the preference was still staff meetings which were 2-3 hours in length. The average amount of time spent doing training within the school increased in Nyanza from a low of 5.45 in 2002 to a high of 6.57 in 2005. In Rift Valley, however, there was a decrease in the reported number of

hours spent on training within the schools from a high of 5.26 in 2003 to a low of 4.55 in 2005. The number of topics covered in these sessions remained constant in Rift but increased to the full range of topics being covered in the majority of schools in Nyanza by 2005. Unfortunately it isn't possible to tell from these reports whether new or additional training is occurring in each time period or whether the teachers continue to report on the original training that was done.

**Table 2b: Number of Schools Engaged in Training Sessions over time in Nyanza and Rift Valley**

	Nyanza			Rift	
	2002	2003	2005	2003	2005
<b>N=</b>	20	20	20	20	20
Training Held (N=)	16	19	17	17	18
<b>Approximate Amount of Hours</b>					
Mean	5.45	6.15	6.57	5.26	4.55
Median	5.00	5.00	5.00	5.00	2.25
Range	.00 25.00	.00 30.00	.00 22.50	.00 20.00	.00 28.00
<b>Where Training Occurred</b>					
Staff Meeting	11	19	13	17	11
Seminars	9	2	6	2	5
Workshops	0	3	2	2	4
<b>Number of Training Sessions</b>					
Staff Meetings (N=)	11	19	13	17	11
1	2	4	3	4	4
2	7	6	3	7	3
3 or more	2	8	7	4	4
Seminars (N=)	9	2	6	2	5
1	2	0	2	1	1
2	4	0	1	0	2
3 or more	3	1	3	1	2
Workshops (N=)	0	3	2	2	4
1	0	0	0	0	0
2	0	0	1	2	2
3 or more	0	1	1	0	2
<b>Length of Training Sessions</b>					
Staff Meetings (N=)	11	19	13	17	11
1 hr	2	3	5	4	7
2-3 hrs	8	13	6	11	2
4 or more hrs	1	3	2	1	2
Seminars (N=)	9	2	6	2	5
1 hr	2	0	1	1	2
2-3 hrs	4	0	2	0	2
4 or more hrs	3	1	3	1	1
Workshops (N=)	0	3	2	2	4
1 hr	0	0	1	1	3
2-3 hrs	0	1	1	1	0
4 or more hrs	0	0	0	0	1
<b>Topics Covered</b>					
Mean	11.8	12.4	13.9	12.8	12.1
Median	12.0	14.0	15.0	14.0	14.0
Range	3.0-15.0	4.0-15.0	3.0-15.0	9.0-15.0	8.0-15.0



## Topics Addressed

With the exception of the information corner and life skills and values activities, all of the topics were covered in a majority of the schools in all regions. On average, infusion and integration was the most consistently raised topic. These results are consistent with the earliest SRS data collection in Nyanza and Rift.

**Table 3a: Percentage of Schools Covering Each Topic in Training Sessions in the 5 new regions**

	NFI	NIS	UC	MKFI	WKDPA	Nyanza 2002	Rift 2003
N =	24	19	20	24	24	16	17
Action Plan	66.7	57.9	60.0	58.3	87.5	75.0	70.6
Adolescent Health and Sexuality	75.0	78.9	55.0	75.0	75.0	75.0	88.2
Communication Approaches	70.8	63.2	70.0	62.5	70.8	62.5	64.7
Counselling	75.0	89.5	70.0	91.7	79.2	81.3	94.1
Emerging issues	79.2	78.9	60.0	70.8	70.8	62.5	76.5
Facts about STIs/HIV/AIDS	87.5	89.5	80.0	91.7	83.3	81.3	100.0
Guidance	83.3	89.5	85.0	95.8	79.2	75.0	88.2
Infusion	100.0	89.5	95.0	95.8	91.7	100.0	94.1
Integration	91.7	94.7	85.0	95.8	87.5	100.0	94.1
Lesson Plans	100.0	68.4	70.0	87.5	83.3	87.5	94.1
Life Skills and Values	75.0	94.7	60.0	62.5	54.2	56.3	82.4
Life Skills and values activities	54.2	63.2	40.0	58.3	62.5	43.8	58.8
One AIDS lesson per week	83.3	100.0	80.0	91.7	79.2	87.5	88.2
Question Box	79.2	100.0	95.0	87.5	95.8	100.0	94.1
Schemes of work	100.0	84.2	70.0	91.7	83.3	87.5	94.1
Information Corner	0	10.5	15.0	0	8.3		

Virtually all of the topics were covered in Nyanza and Rift schools across the waves of data collection (note: the information corner was introduced as a topic to the Nyanza and Rift data collection instrument only in 2005). There were some minor differences between Nyanza and Rift with respect to which topics were most popular over time but by 2005, *all* of the topics were being covered in both regions by a majority of the schools.

**Table 3b: Percentage of Schools Covering Each Topic in Training Sessions over time in Nyanza and Rift Valley**

	Nyanza			Rift	
	2002	2003	2005	2003	2005
N=	16	19	17	17	18
Action Plan	75.0	73.7	94.1	70.6	66.7
Adolescent Health and Sexuality	75.0	94.7	94.1	88.2	77.8
Communication Approaches	62.5	73.7	88.2	64.7	61.1
Counselling	81.3	94.7	94.1	94.1	77.8
Emerging issues	62.5	63.2	94.1	76.5	88.9
Facts about STIs/HIV/AIDS	81.3	89.5	100.0	100.0	77.8
Guidance	75.0	84.2	100.0	88.2	77.8
Infusion	100.0	94.7	94.1	94.1	94.4
Integration	100.0	100.0	88.2	94.1	88.9
Lesson Plans	87.5	84.2	94.1	94.1	83.3
Life Skills and Values	56.3	68.4	94.1	82.4	72.2
Life Skills and values activities	43.8	52.6	88.2	58.8	55.6
One AIDS lesson per week	87.5	84.2	94.1	88.2	94.4
Question Box	100.0	84.2	82.4	94.1	100.0
Schemes of work	87.5	94.7	94.1	94.1	94.4
Information Corner			100.0		100.0

## Implementation Measures

### **School Development Plan**

The percentage of schools with a school development plan in Nairobi (both NFI & NIS), Urban Coast and Western Kenya closely parallels the early reports from Nyanza and Rift Valley. Only half of Mount Kenya schools, however, report having a school development plan. Of those that have school development plans, the percentage of schools reporting health action plans in Nairobi (NFI & NIS), Mount Kenya and Western Kenya parallel the results of Nyanza and Rift Valley. Very few Urban Coast schools, however, had a Health Action plan.

A perfect score (i.e., 12) on the school development plan uptake measure indicates that the school has a school development plan which contains a health action plan which is posted in the classroom, or on an outdoor or indoor bulletin board. All teachers are aware of the health action plan and it is being implemented.

In all regions there are at least 2 schools which scored zero on the uptake measure acknowledging that they do not have a school development plan.

The absence of a school development plan in half of the Mount Kenya schools resulted in uptake scores of 0 for these schools. Consequently, the median uptake score for this region is the lowest of all the regions. However, it should be noted that, of the 12 schools with school development plans, 9 of these scored fairly well on the uptake measure. This suggests that where the school development plans exist, the schools are more likely to at least display and insure awareness of the health action plans.

In contrast, Urban Coast schools have low mean and median scores for uptake because, although the majority of schools have a school development plan, very few have a health action plan and none of the 3 schools which do scored a perfect 12 on the uptake, suggesting that while plans exist, they are not consistently implemented.

Of the remaining regions, the majority of Nairobi (both formal income and informal settlement) and Western Kenya schools have high uptake scores (i.e., 9/12 or better), however, even in these regions there are a minority of schools which, although they may have a school development plan and a health action plan, it was not displayed, known or implemented.

**Table 4a: School Development Plan Measures in the 5 new regions**

	NFI	NIS	UC	MKFI	WKDPA	Nyanza	Rift
N =	24	25	25	24	25	20	20
School Development Plan							
% have	91.7 (N=22)	88.0 (N=22)	76.0 (N=19)	50.0 (N=12)	80.0 (N=20)	80.0 (N=16)	80.0 (N=16)
% have HAP	86.4	68.2	15.8	75.0	75.0	75.0	62.5
degree of uptake mean	8.33	6.80	2.20	4.17	6.36		
median	10.00	9.00	2.00	1.00	9.00		
range	.00 12.00	.00 12.00	.00 11.00	.00 12.00	.00 12.00		

At least 80% of the schools in both Nyanza and Rift Valley have had school development plans at each data collection point. Although there was a notable decline in the percentage of schools with health action plans in 2003, this had recovered by 2005. The changes in the ways

that uptake was measured between 2002/2003 and 2005 make it inappropriate to compare these. However, it is clear from the information provided from the 2005 surveys that there are schools in both Nyanza and Rift Valley that still need to develop and utilize school development plans and health action plans.

**Table 4b: School Development Plan Measures over time in Nyanza and Rift Valley**

	Nyanza			Rift	
	2002	2003	2005	2003	2005
<b>N=</b>					
School Development Plan % have	80.0 (N=16)	85.0 (N=17)	80.0 (N=16)	80.0 (N=16)	85.0 (N=17)
% have HAP	75.0	58.8	75.0	62.5	88.2
degree of uptake mean			6.75		8.55
median			9.50		10.00
range			.00 12.00		.00 12.00

### **School Health Club**

The percentage of schools reporting having a school health club was slightly lower than Nyanza and Rift Valley in Mount Kenya and higher than these in Nairobi (NFI & NIS), and Western Kenya. In Urban Coast schools, however, just over half reported having a health club.

A perfect score (i.e., 12) on the school health club measure is achieved when the school has a health club which meets at least every two weeks and is evidenced by HIV information in club minutes, club members having developed HIV related songs, poems and/or plays or club members having participated in question box activities and/or assisted with HIV information in the information corner and/or on posters. At least 12 schools (UC) to a maximum of 18 schools (NFI) in each region had a perfect score on this measure. This was contrasted with 12 schools in Urban Coast and 3-7 schools in the other 4 regions which scored zero as a result of not having a school health club. High average scores in all but Urban Coast suggest that, with only a few exceptions, where a health club existed, it was fairly well implemented.

**Table 5a: School Health Club Measures in the 5 new regions**

	NFI	NIS	UC	MKFI	WKDPA	Nyanza	Rift
<b>N =</b>	24	25	25	24	25	20	20
School Health Club % have	79.2	88.0	52.0	70.8	88.0	75.0	75.0
degree of uptake mean	9.46	10.12	5.96	8.33	10.04		
median	12.00	12.00	5.00	12.00	12.00		
range	.00 12.00	.00 12.00	.00 12.00	.00 12.00	.00 12.00		

Seventy-five percent of the schools in Nyanza and Rift Valley reported having School Health Clubs during the 2002/2003 data collection. These values increased to 80% and 85% respectively by 2005. Although the uptake measures cannot be compared over time, it is valuable to note that the absence of school health clubs in 4 schools in Nyanza and 3 schools in Rift Valley is a reminder that there are schools in these regions which could still improve on implementation.

**Table 5b: School Health Club Measures over time in Nyanza and Rift Valley**

	Nyanza			Rift	
	2002	2003	2005	2003	2005
<b>N=</b>					
School Health Club					
% have	75.0	75.0	80.0	75.0	85.0
degree of uptake mean			9.50		10.10
median			12.00		12.00
range			.00		.00
			12.00		12.00

**Question Box**

Parallel to early reports in Nyanza and Rift, the majority of schools in Nairobi (NFI & NIS), Mount Kenya and Western Kenya have question boxes. Less than one third of Urban Coast schools, however, report having a question box.

A perfect score on the question box uptake measure is achieved if the school has a question box, it is accessible, there were questions in the box at survey time, evidence of its use included records kept of questions asked by pupils, pupils remembering questions asked, there were current questions on HIV/AIDS, or health related questions were in the box. It could be determined that the questions were answered at least once every two weeks and the types of questions asked focused either on abstinence strategies or condom protection and safety and/or condom use.

Only one school in Urban Coast received a perfect score on this measure, while 17 schools received a score of zero (because they did not have a question box). In contrast, at least 13 (MKFI) to as many as 16 (NFI) schools in the other 4 regions had perfect scores. However, even in these regions there is at least 1 (WKDPA) to as many as 4 (NFI and MKFI) schools which did not have a question box and thus scored zero acknowledging that there is still space for improvement in every region.

**Table 6a: Question box measures in the 5 new regions**

	NFI	NIS	UC	MKFI	WKDPA	Nyanza	Rift
<b>N =</b>	24	25	25	24	25	20	20
Question Box							
% have	83.3	88.0	32.0	83.3	96.0	80.0	85.0
degree of uptake mean	9.50	10.08	2.28	9.67	10.52		
median	12.00	12.00	.00	12.00	12.00		
range	.00	.00	.00	.00	.00		
	12.00	12.00	12.00	12.00	12.00		

In Nyanza, 80% of the schools reported having a question box in 2002 and 2003. This value however, had dropped to 65% in 2005 suggesting that question boxes had disappeared from some schools. This is consistent with wave 4 results which acknowledged that there had been a fall off on the presence of question boxes in some schools. It is encouraging to note, however, those schools which still have a question box scored at least 10/12 on the uptake measure.

The reports from Rift Valley are more encouraging with 85% of schools reporting question boxes in 2003 increasing to 95% in 2005. A total of 12 of these schools had perfect scores on the uptake measure suggesting that there are only a few schools in this region which need further support with respect to the implementation of the question box.

**Table 6b: Question box measures over time in Nyanza and Rift Valley**

	Nyanza			Rift	
	2002	2003	2005	2003	2005
<b>N=</b>					
Question Box					
% have	80.0	80.0	65.0	85.0	95.0
degree of uptake			7.65		10.75
mean			12.00		12.00
median			.00		.00
range			12.00		12.00

**Peer Supporters**

In the initial SRS data collection in Rift Valley, almost all of the schools reported peer supporters, while in Nyanza there were fewer than half. This difference was not surprising given that peer supporter training was not completed at the time of SRS data collection in Nyanza but was for Rift Valley. It is expected that peer supporter training was completed in the 5 new sites prior to this data collection, yet fewer than half of the schools report having trained peer supporters.

Where peer supporters existed, at least half of the schools reported that the trained peer supporters were involved in leading the school health club and/or counselling their peers.

A perfect score (i.e., 12) on the peer supporter uptake measure is achieved when the school reports having peer supporters who lead the school health club *and* provide peer counselling and where peer supporters are in evidence because they are visible group leaders, their activities are evident or they have created or assisted in creating posters/hand outs/charts on STIs/HIV/AIDS.

The absence of peer supporters in the majority of schools in each region resulted in median scores of zero in all regions. However, the higher mean scores in Nairobi (NFI & NIS) and Western Kenya are reflective of the fact that in each of these regions at least 7 schools scored 10 or better on this uptake measure. These schools could be used as examples for the schools which do not currently have peer supporters. In Urban Coast and Mount Kenya, the absence of many stronger schools suggests that there is a need to review peer supporter training for these regions.

**Table 7a: Peer Supporter Training measures in the 5 new regions**

	NFI	NIS	UC	MKFI	WKDPA	Nyanza	Rift
<b>N =</b>	24	25	25	24	25	20	20
Peer Supporters							
% school with	41.7 (N=10)	40.0 (N=10)	8.0 (N=2)	16.7 (N=4)	28.0 (N=7)	*35.0 (N=7)	*90.0 (N=18)
% where lead SHC	90.0	50.0	50.0	100.0	71.4	71.4	61.1
% where counsel	60.0	90.0	50.0	75.0	71.4	71.4	NA
degree of uptake							
mean	4.50	4.24	.80	1.92	3.04		
median	.00	.00	.00	.00	.00		
range	.00	.00	.00	.00	.00		
	12.00	12.00	10.00	12.00	12.00		

\*Nyanza & Rift Valley schools in 2002/2003 report on whether schools *have peer supporter training*. 2005 surveys report on whether there are *trained peer supporters*

At the time of initial SRS data collection in Nyanza, not all peer supporters had been trained, however, by 2003, 80% of the schools report having trained peer supporters. This drops to

55% in 2005 which is expected given that no follow-up training was offered and the majority of the peer supporters have likely graduated or otherwise left the school. Interestingly, however, the 90% of schools reporting peer supporters in Rift Valley in 2003 is sustained through 2005. This result should be viewed cautiously, however, since it was discovered during wave 4 analyses that these reports could include peer supporters trained in other programmes.

In both regions, where peer supporters exist, the majority are involved in leading the school health club and/or counselling their peers. The variations on these activities are reflected in the average uptake scores for 2005.

**Table 7b: Peer Supporter Training measures over time in Nyanza and Rift Valley**

	Nyanza			Rift	
	2002	2003	2005	2003	2005
<b>N=</b>					
Peer Supporters					
% school with	*35.0 (N=7)	80.0 (N=16)	55.0 (N=11)	*90.0 (N=18)	90.0 (N=18)
% where lead SHC	71.4	81.3	81.8	61.1	61.1
% where counsel	71.4	93.8	90.9	NA	77.8
degree of uptake			6.20		9.60
mean			9.00		10.00
median			.00		.00
range			12.00		12.00

\*Nyanza & Rift Valley schools in 2002/2003 report on whether schools *have peer supporter training*. 2005 surveys report on whether there are *trained peer supporters*

### Books

Since the Ministry of Education currently provides reference books to assist with teaching about HIV and AIDS, it is assumed that schools have at least some of these. Consequently, the scale to measure book uptake focuses on the location of the books and evidence of their use. Since this scale is substantially different from what was used previously, it is not possible to compare the values from the 5 new sites with the equivalent SRS data from Nyanza and Rift Valley.

A perfect score on this scale is achieved when the school has indicated the use of books in AIDS lessons timetables or if the ZI was able to personally observe their use in class, the books are used to assist pupils with assignments or supplementary information, to improve pupil vocabulary and general knowledge or for general reading, and there are teacher books, student textbooks *and* student readers which are used weekly.

**Table 8a: Books uptake measure in the 5 new regions**

	NFI	NIS	UC	MKFI	WKDPA	Nyanza	Rift
<b>N =</b>	24	25	25	24	25	20	20
Books							
degree of uptake							
mean	8.21	7.24	8.80	9.87	10.64		
median	9.00	9.00	10.00	11.00	12.00		
range	1.00	.00	.00	1.00	6.00		
	12.00	12.00	12.00	12.00	12.00		

Western Kenya has the highest average scores for the uptake of books. This is, in part influenced by the fact that the lowest score for any school in Western Kenya was 6/12. In contrast, *all* of the other regions have at least one (MKFI) up to a maximum of 7 (NIS) schools which had a score of zero. As well, in Western Kenya, 14 of the schools had a perfect score,

while in the other regions only 4 (NFI) up to a maximum of 8 (UC) schools had a perfect scores. The presence of schools with perfect scores in each region can provide examples for those schools for which there is space for improvement.

The major changes in the way that books are evaluated make it impossible to compare changes across time points. By 2005, however, only 2 schools each in Nyanza and Rift Valley scored zero on this measure, while 8 schools in Nyanza and 7 in Rift Valley had a perfect score. The variations in between, however, suggest that there remains space for improvement at most of these schools.

**Table 8b: Books uptake measure over time in Nyanza and Rift Valley**

			Nyanza			Rift	
			2002	2003	2005	2003	2005
<b>N=</b>							
Books	degree of up-take	mean			9.45		9.45
		median			11.00		10.00
		range			1.00		1.00
					12.00		12.00

### ***Community Representative***

The majority of schools in each of the 5 new regions report having a trained community representative, with Nairobi informal settlement having the fewest number of schools acknowledging the presence of a community representative while all of the schools in Western Kenya report having one.

A perfect score on the community representative measure is achieved when the school has a trained representative who is active within the schools or creating awareness on HIV/AIDS. In the five new regions a minimum of 16 (UC) and a maximum of 23 (WKDPA) schools had perfect scores with respect to the community representative measure. The NIS schools have the lowest mean scores as a result of having 7 schools with scores of zeros while the WKDPA schools have the highest mean with no schools scoring zero and almost all have a perfect score.

**Table 9a: Community Representative measures in the 5 new regions**

	NFI	NIS	UC	MKFI	WKDPA	Nyanza	Rift
<b>N =</b>	24	25	25	24	25	20	20
Community Rep							
% have	91.7	72.2	92.0	95.8	100.0	NA	NA
degree of uptake							
mean	10.50	8.64	9.28	10.54	11.48		
median	12.00	12.00	12.00	12.00	12.00		
range	.00	.00	.00	.00	2.00		
	12.00	12.00	12.00	12.00	12.00		

The changes in the scale composition prohibit comparison over time. However, in 2005, 13 of the Nyanza and 14 of the Rift Valley schools had perfect scores on the community representative uptake measure. The fact that there were also 6 Nyanza and 5 Rift Valley schools which scored zero on this measure suggests that these schools may have lost their community representative over time.

**Table 9b: Community Representative measures over time in Nyanza and Rift Valley**

		Nyanza			Rift	
		2002	2003	2005	2003	2005
<b>N=</b>						
Community Rep % have degree of uptake	mean median range	NA	NA	70.0 7.90 12.00 .00 12.00	NA	75.0 8.50 12.00 .00 12.00

### Posters

A perfect score for the posters uptake measure is achieved when schools have posters and the best messages on the posters include behaviour change messages, condom messages, empowering messages about sexual behaviour or messages which advocate self protection. The majority of the schools in all regions had perfect scores on the poster uptake measure – at a minimum, UC had 13 schools with perfect scores while NFI had 22. However, with the exception of NFI, at least 2 (NIS) up to 9 (UC) schools also scored zero. In the case of the latter, the high number of schools scoring zero resulted in the lowest mean uptake score of the five regions. Nairobi formal income schools, in contrast, had the highest mean schools because so few scored less than perfect. In all regions, there are obvious schools which can function as examples and, at least one which needs improvement.

**Table 10a: Posters measures in the 5 new regions**

	NFI	NIS	UC	MKFI	WKDPA	Nyanza	Rift
<b>N =</b>	24	25	25	24	25	20	20
Posters							
degree of uptake	11.37	10.08	6.84	8.87	8.64		
mean							
median	12.00	12.00	12.00	12.00	12.00		
range	3.00	.00	.00	.00	.00		
	12.00	12.00	12.00	12.00	12.00		

The different approaches in evaluating poster uptake across time mean that it is not possible to compare these measures. In 2005, however, the majority of schools in both Nyanza (15 schools) and Rift Valley (13 schools) achieved perfect scores for posters, while only 5 schools in Nyanza and 4 in Rift Valley scored zero. Consequently, there are excellent examples of posters displayed in the schools with only a few which still need improvement.

**Table 10b: Posters measures over time in Nyanza and Rift Valley**

		Nyanza			Rift	
		2002	2003	2005	2003	2005
<b>N=</b>						
Posters degree of uptake	mean median range			9.00 12.00 .00 12.00		8.70 12.00 .00 12.00

### Condoms

With the exception of Western Kenya, schools in the 5 new regions had more schools reporting that no questions on condoms were asked in the school than was reported in either Nyanza or Rift Valley during the first SRS data collection for these regions.



Where condom questions were asked, there were schools in both Nairobi regions and in Western Kenya where these questions were simply not answered. Similar to the initial SRS data collection for Rift Valley, the best messages provided by schools in both Nairobi regions, Urban Coast and Mount Kenya which had questions on condoms advocated condom use for some. In Western Kenya, however, the best messages provided by schools which had questions on condoms explained and/or encouraged condom use. From the initial SRS data, the best answers in Nyanza schools where questions on condoms had been raised were fairly equally split between both of these categories and a focus on abstinence.

A perfect score on the condom uptake measure is achieved when it is acknowledged that questions on condoms have been asked and these are answered with explanations of how condoms are used or messages encouraging condom use. Although there were schools in each region which had a perfect score on this measure, these were generally the minority with only 1 in Urban Coast, 2 in NIS, and 4 each in NFI and MKFI. The exception was Mount Kenya where 12 schools had perfect scores on this measure. Scores of zero also occurred in every region with a minimum of 3 schools in Western Kenya to a maximum of 12 schools in Urban Coast. The resulting low average scores for this uptake measure suggest that this is one area which can be improved in all regions.

**Table 11a: Percentage of Schools with Condom Messages & Degree of Uptake of Condom Messages in the 5 new regions**

	NFI	NIS	UC	MKFI	WKDPA	Nyanza	Rift
N =	24	25	25	24	24	20	16
No questions on condoms (%)	25.0	20.0	48.0	29.2	12.5	10.0	12.5
Questions Asked on Condoms							
N=	18	20	13	17	21	18	13
Not answered (%)	11.1	10.0	0	0	14.3	0	0
Answers discouraged condom use (%)	0	0	0	0	0	0	0
Answers focused on abstinence (%)	16.7	10.0	23.1	0	14.3	38.9	7.7
Answers advocated condom use for some (%)	50.0	70.0	69.2	76.5	14.3	27.8	76.9
Answers explained and/or encouraged condom use (%)	22.2	10.0	7.7	23.5	57.1	33.3	15.4
Uptake mean	6.75	7.08	4.44	6.87	8.60		
median	9.00	9.00	6.00	9.00	9.00		
range	.00	.00	.00	.00	.00		
	12.00	12.00	12.00	12.00	12.00		

Over the 3 year period in Nyanza, there appears to be a decrease in the number of schools reporting that questions on condoms had been raised. For schools where questions had been asked, there is a decrease in the number of schools whose best response is abstinence-based and an increase in the number conditionally advocating for condoms by 2005. However, it is important to note that earlier versions of the SRS simply asked ZIs to write in responses thus the absence of particular types of responses in 2002/2003 could simply be due to the choices made by the ZI.

In Rift, the percentage of schools reporting that condom questions have been asked remains consistent between 2003 & 2005. During both timeframes, the best response category is conditional advocacy, however, there is a loss in the number of schools which respond in ways that explain or encourage condom use and a gain in the number whose best response is a focus on abstinence in 2005.

Only 4 schools in Nyanza and 1 in Rift Valley have perfect scores on the condom uptake measure, while 5 schools in Nyanza and 3 in Rift Valley scored zero. This results in lower average scores on this measure, suggesting that there remains space to further improve messages on condoms.

**Table 11b: Percentage of Schools with Condom Messages & Degree of Uptake of Condom Messages over time in Nyanza and Rift Valley**

	Nyanza			Rift	
	2002	2003	2005	2003	2005
<b>N=</b>	20	20	20	26	20
No questions on condoms (%)	10.0	20.0	25.0	12.5	15.0
<b>Questions Asked on Condoms</b>					
<b>N=</b>	18	16	15	13	17
Not answered (%)	0	0	13.3	0	5.9
Answers discouraged condom use (%)	0	6.3	0	0	0
Answers focused on abstinence (%)	38.9	25.0	13.3	7.7	17.6
Answers advocated condom use for some (%)	27.8	37.5	53.3	76.9	70.6
Answers explained and/or encouraged condom use (%)	33.3	31.3	20.0	15.4	5.9
Uptake			7.05		7.35
mean			9.00		9.00
median			.00		.00
range			12.00		12.00

### **Factual Messages**

Although factual messages about HIV were evident in both Nyanza and Rift Valley schools during the early waves of data collection, with the exception of Urban Coast (which is on par with these regions), there were far more schools in the 5 new regions which had factual messages. In fact, all of the Nairobi formal income school reported having factual messages in the school. Although slogans were the best types of messages in Nyanza and general information on transmission and prevention were the best types of messages in Rift Valley, more than half of the schools in each of the 5 new regions used factual messages which, at a minimum, focused on agency and empowerment with respect to HIV and AIDS. The difference between the Nyanza/Rift Valley schools and the 5 new sites could be a result of the different approaches used to collect data in 2002/2003 compared to 2005.

**Table 12a: Percentage of Schools with Factual Messages & Degree of Uptake of Factual Messages in the 5 new regions**

	NFI	NIS	UC	MKFI	WKDPA	Nyanza	Rift
<b>N =</b>	24	25	24	24	25	20	20
No Factual Messages Evident (%)	0	8.0	29.2	8.3	12.0	30.0	30.0
<b>Content of Messages</b>							
<b>N=</b>	24	23	17	22	22	14	14
Slogans, Posters & Charts (%)	16.7	17.4	5.9	18.2	4.5	78.6	7.1
HIV/AIDS Non-Personal (Transmission, Prevention, General Information) (%)	8.3	8.7	17.6	27.3	27.3	7.1	78.6
HIV/AIDS Personal (Agency, Empowerment) (%)	75.0	73.9	76.5	54.5	68.2	14.3	14.3
Degree of Uptake							
mean	11.1	10.2	8.2	9.8	9.9		
median	12.0	12.0	12.0	11.0	12.0		
range	6.00	.00	.00	.00	.00		
	12.00	12.00	12.00	12.00	12.00		

A perfect score on the factual message uptake measure is achieved when schools report that factual messages are empowering and are present in pupil work books and/or art work, co-curricular activities, video shows, classrooms or pupil interviews. A minimum of 12 schools

(MKFI) to a maximum of 18 schools (NFI) had perfect scores on this measure. The number of schools scoring zero on this measure varied from none in NFI to 7 in UC with the other regions having only 2 or 3. As a result, the average scores were highest in NFI (with very few schools needing improvement) and lowest in UC.

There appears to be an increase in the number of schools where factual messages could be identified by 2005 in both Nyanza and Rift Valley. SRS data from Nyanza in 2002 and 2003 suggested that in the majority of schools where factual messages were evident, the best messages were slogans (e.g., AIDS kills). The 2003 SRS data from Rift Valley suggests that, in the majority of schools where factual messages were evident, there was at least one message in the school which focused on Non-personal HIV information. By 2005 in both Nyanza and Rift Valley, the majority of schools with factual messages included at least one personal agency messages, these differences, however, could be related to the variation in the way data was collected in 2002/2003 as compared to 2005.

**Table 12b: Percentage of Schools with Factual Messages & Degree of Uptake of Factual Messages over time in Nyanza and Rift Valley**

	Nyanza			Rift	
	2002	2003	2005	2003	2005
<b>N=</b>					
No Factual Messages Evident (%)	30.0	45.0	20.0	30.0	15.0
<b>Content of Messages</b>					
<b>N=</b>	14	11	16	14	17
Slogans, Posters & Charts (%)	78.6	72.7	6.3	7.1	11.8
HIV/AIDS Non-Personal (Transmission, Prevention, General Information) (%)	7.1	18.2	18.8	78.6	11.8
HIV/AIDS Personal (Agency, Empowment) (%)	14.3	9.1	75.0	14.3	76.5
Degree of Uptake					
mean			8.80		9.50
median			12.00		12.00
range			.00 12.00		.00 12.00

### ***Behaviour Change Messages***

Behaviour change messages were evident in all schools in Nairobi (both formal income and informal settlement) and Mount Kenya and almost all schools in Western Kenya. In contrast, just over ¾ of Urban Coast schools had salient behaviour change messages. This parallels the percentage of Nyanza schools with behaviour change messages in 2002, while 85% of schools in Rift Valley had salient behaviour change messages during the first SRS data collection in 2003. The majority of schools where behaviour change messages were evident in the 5 new regions had at least one message which focused on personal agency and practices. Messages in Nyanza and Rift Valley were far more diverse than the new regions; however it is important to note that there were no personal agency type messages reported in the initial SRS data collection for Rift Valley. However, it is possible that these messages existed in the school but were not sufficiently salient to the ZI to be written into the earlier SRS data collection.

A perfect score on the behaviour change message uptake measure is achieved when the measure present focuses on abstinence, saying no to sex, safe sex by using condoms, or being faithful and the messages are found in pupil work books, the question box or in co-curricular activities.

The majority of schools in every region had a perfect score on the behaviour change message uptake with a minimum of 16 schools (UC) to a maximum of 21 (NFI & NIS). There were few schools scoring zero on this measure with only 3 in UC and 1 in WKDPA. Consequently, the mean scores are exceptionally high for this measure with few schools (the majority being in UC) needing improvement in this area.

**Table 13a: Percentage of Schools with Behaviour Change Messages & Degree of Uptake of Behaviour Change Messages in the 5 new regions**

	NFI	NIS	UC	MKFI	WKDPA	Nyanza	Rift
N =	24	25	25	24	25	20	20
No Behaviour Change Messages Evident (%)	0	0	24.0	0	4.0	25.0	15.0
Content of Messages							
N=	24	25	19	24	24	15	17
Slogans, Posters & Charts (%)	0	0	0	12.5	8.3	6.7	35.3
HIV/AIDS Non-Personal (Transmission, Prevention, General Information) (%)	4.2	12.0	15.8	12.5	8.3	53.3	35.3
HIV/AIDS Personal (Abstinence Only) (%)	8.3	12.0	10.5	16.7	8.3	13.3	29.4
HIV/AIDS Personal (Agency, Empowerment, Condoms, Say No) (%)	87.5	76.0	73.7	58.3	75.0	26.7	0
Degree of Uptake							
mean	11.75	11.52	9.60	11.08	10.72		
median	12.00	12.00	12.00	12.00	12.00		
range	10.00	8.00	.00	4.00	.00		
	12.00	12.00	12.00	12.00	12.00		

There appears to be an increase in the number of schools reporting behaviour change messages in both Nyanza and Rift Valley by 2005. As well, in schools where behaviour change messages are salient, the majority of schools in both Nyanza and Rift Valley during the 2005 data collection reported at least one personal agency message. Although there was 1 school in Nyanza and 2 in Rift Valley which scored zero on the uptake measure in 2005, there were 15 of each which had perfect scores. Thus, both regions did well at this point in data collection, but there are still schools which have space for improvement.

**Table 13b: Percentage of Schools with Behaviour Change Messages & Degree of Uptake of Behaviour Change Messages over time in Nyanza and Rift Valley**

	Nyanza			Rift	
	2002	2003	2005	2003	2005
N=	20	20	20	20	20
No Behaviour Change Messages Evident (%)	25.0	60.0	10.0	15.0	10.0
Content of Messages					
N=	15	8	18	17	18
Slogans, Posters & Charts (%)	6.7	25.0	5.6	35.3	0
HIV/AIDS Non-Personal (Transmission, Prevention, General Information) (%)	53.3	37.5	11.1	35.3	5.6
HIV/AIDS Personal (Abstinence Only) (%)	13.3	37.5	5.6	29.4	16.7
HIV/AIDS Personal (Agency, Empowerment, Condoms, Say No) (%)	26.7	0	77.8	0	77.8
Degree of Uptake					
mean			10.30		10.30
median			12.00		12.00
range			.00		.00
			12.00		12.00

### **Global Implementation Measure**

A perfect global implementation score of 120 can only be achieved if the school has received a perfect score on all of the 10 scalar measures. Only one school did this and it is located in the Nairobi informal settlement region.

Nairobi formal income schools had the highest average scores for overall implementation followed by Western Kenya, Nairobi informal settlement and Mount Kenya. Urban Coast schools had the lowest average scores.

Average scores for Nyanza in 2005 are actually lower than Nairobi formal income, and Western Kenya. However, the range of scores for this region extends from a low of 13 to a high of 117 with a mean score of 82.6 suggesting that there are schools with relatively high scores, but some which need substantial improvement.

Rift Valley scores, however, are higher than any of the five new regions and Nyanza. One school, however, scored one on the global implementation scale – i.e., this school scored zero on 9 of the ten implementation measures (the score of 1 actually comes because the school has some books). The remaining schools score at least 50/120 suggesting that the majority of schools in this region still show some evidence of PSABH although there is space for improved implementation in many of these schools.

**Table 14: Global implementation measure for 2005 sites (0 to 120)**

	NFI	NIS	UC	MKFI	WKDPA	Nyanza	Rift
N =	24	25	25	24	25	20	20
Mean	91.46	85.96	58.36	81.17	89.96	82.60	92.80
Median	96.50	87.00	66.00	86.50	96.00	95.00	107.50
Range	46.00 117.00	11.00 120.00	10.00 99.00	25.00 114.00	36.00 118.00	13.00 117.00	1.00 118.00



## CONCLUSIONS

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### Summary by region:

#### NFI:

- highest average scores of five new regions
- Highest scores in this region -- behaviour change and factual messages and posters
- Lowest scores in this region -- peer supporters followed by condoms.

#### NIS:

- Only school with perfect implementation score was in this region
- Highest scores in this region -- behaviour change messages
- Lowest scores in this region -- peer supporters followed by health action plan

#### UC:

- Lowest average scores of five new regions – lowest average scores for most measures
- Lowest scores in this region -- peer supporters
- Highest scores in this region -- behaviour change messages

#### MKFI:

- Second lowest average scores for five new regions
- Lowest scores in this region -- peer supporters
- Highest scores in this region -- behaviour change messages

#### WKDPA:

- Second highest average scores for five new regions
- Lowest scores in this region – peer supporters
- Highest scores in this region – Community representative

#### Nyanza (2005):

- Difference between the mean and median implementation scores suggests that, although there are schools with high scores, there a minority with low scores which may need further support
- Lowest scores in this region – peer supporters followed by condoms
- Highest scores in this region – behaviour change messages

#### Rift Valley (2005)

- Highest average implementation scores although one school scored zero on every uptake measure resulting in a global implementation score of zero
- Lowest scores in this region – condoms
- Highest scores in this region – question box, behaviour change messages and school health club

Overall, virtually all schools in the five new regions and in Nyanza and Rift Valley have at least one of the implementation areas where there is space for improvement. At the same time, the presence of strong schools in each regions suggests that these schools can function as examples and/or mentors for the weakest schools in the region.