



Uwezo Uganda Annual Learning Assessment 2015

Enumeration Area:				
District:				
Volunteer :		SEX		Telephone Number.
		Female	Male	
1.				
2.				

EA Code:						
(FILLED BY THE DC/ RA)						

Received on Date: _____	DD/ MM /YY
Scrutinized by DC/RC: _____	Yes <input type="checkbox"/> No <input type="checkbox"/>
Signature: _____	

Received on Date: _____	DD/ MM /YY
Scrutinized by RC: _____	Yes <input type="checkbox"/> No <input type="checkbox"/>
Signature: _____	

SURVEY BOOKLET

Contents

1. Enumeration Area Information Sheet	(1) Sheet
2. School Data Sheet	(2) Pages
3. Household Survey Sheets	(20) Sheets
4. Enumeration Area Compilation	(2) Sheets

Secretariat (For use at the Data centre)

Received on Date: _____	DD/ MM /YY
Scrutinized by: _____	Signature : _____

Date of Entry: _____	DD/ MM /YY	Sch ()
		Vill ()
Signature: _____		HH ()

Cross Check Date: _____	DD/ MM /YY	Sch ()
		Vill ()
Signature: _____		HH ()

ENUMERATION AREA INFORMATION SHEET

- Do not leave any question unanswered, where numbers are required and there is nothing please put 0.
- Where numbers are not required and the response is not applicable insert 999.

Date:	/ /	Ask the LC Chairperson/ Member or Village Elder						
Name of Respondent		Position	LC Chairperson	LC Member	Village Elder			
Telephone			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Age of Respondent		Permission to use Tel:	Yes <input type="checkbox"/>	No <input type="checkbox"/>				
Enumeration area name		Has this EA ever been visited by Uwezo?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Don't Know <input type="checkbox"/>			
District		If yes, in which year was the last visit?						
Sub- county								
Parish								
V100. Are the following in the E.A	Please tick the appropriate box		Yes	No				
	V101.	Does the EA have electricity connection?	<input type="checkbox"/>	<input type="checkbox"/>				
	V102.	Trading/ Shopping/ Market centre ?	<input type="checkbox"/>	<input type="checkbox"/>				
	V103.	Police post?	<input type="checkbox"/>	<input type="checkbox"/>				
	V104.	Tarmac road?	<input type="checkbox"/>	<input type="checkbox"/>				
	V105.	All weather roads? (usable throughout the year)	<input type="checkbox"/>	<input type="checkbox"/>				
	V106.	A protected public water point? (i.e shallow well, borehole, tap water, spring)	<input type="checkbox"/>	<input type="checkbox"/>				
V200.	What is the main socio-economic activity in the EA?		Male	Female	Male	Female		
			Farming	<input type="checkbox"/>	<input type="checkbox"/>	Fishing	<input type="checkbox"/>	<input type="checkbox"/>
			Mining	<input type="checkbox"/>	<input type="checkbox"/>	Trading	<input type="checkbox"/>	<input type="checkbox"/>
			Salary Earners	<input type="checkbox"/>	<input type="checkbox"/>	Pastoralism	<input type="checkbox"/>	<input type="checkbox"/>
			Other (<i>specify</i>)					
V300. Education Status	Write the actual number of facilities in the EA (Where applicable)		Number					
	V301.	Number of government primary schools						
	V302.	Number of private primary schools						
	V303.	Number of community primary schools						
	V304.	Number of ECDE /nursery schools						
	V305.	Number of government secondary schools						
	V306.	Number of private secondary schools						
	V307.	Number of vocational training schools						
	V308.	Is there a village education committee?	Yes <input type="checkbox"/>	No <input type="checkbox"/>				
V400. Adult Literacy programs	V401.	Are there adult literacy learning classes in this village? (if no, skip to V500)		Yes <input type="checkbox"/>	No <input type="checkbox"/>			
	V402.	What is the gender of the adult literacy teacher? (Give Numbers)		Male <input type="text"/>	Female <input type="text"/>			
	V403.	Where do they meet?	Nearby school <input type="checkbox"/>	Community Social Hall <input type="checkbox"/>	Church / Mosque <input type="checkbox"/>			
			Under a tree <input type="checkbox"/>	Somebody's house <input type="checkbox"/>	Others (Specify)			
V500 Health Status	V501.	Number of health facilities (hospitals, health centres, clinics) run by	Government <input type="checkbox"/>	Religious Org. <input type="checkbox"/>	Private Org./ Individually owned <input type="checkbox"/>			
	V502.	Is there a trained community health worker in the EA?	Yes <input type="checkbox"/>	No <input type="checkbox"/>				
	V503.	Has any health worker visited the EA in the last 3 months?	Yes <input type="checkbox"/>	No <input type="checkbox"/>				
V600. Village/ community meetings	V601.	How long ago was the last village/ community meeting held? (If none end the interview here)	None <input type="checkbox"/>	Less than 1 month <input type="checkbox"/>	1-3 months <input type="checkbox"/>	4-6 months <input type="checkbox"/>	Over 6 months <input type="checkbox"/>	
			Yes <input type="checkbox"/>	No <input type="checkbox"/>				
	V602.	Was anything to do with education and primary schools discussed at the meeting? (If none end the interview here)	Yes <input type="checkbox"/>	No <input type="checkbox"/>				
V603.	Has anything been done in the village to improve education as a result of what was discussed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>					



INSTRUCTIONS

- Visit one school (government/ private/ community) with classes 1-7, that serves the community most.
- Meet the Headteacher of the school but in case he/she is absent meet the Deputy Headteacher or the teacher left in-charge. Explain the purpose of the visit and request for an interview and documents if needed.
- Do not leave any question unanswered, where numbers are required and there is nothing please put 0.
- Where numbers are not required and the response is not applicable insert 999.

STEP 1

GO TO THE HEADTEACHER'S OFFICE

District	
Sub-county	
Parish	
EA name	

Date: ___/___/___	Time of Arrival: ___ : ___		
Position of the person Answering Questions (Tick)	Headteacher	Deputy Headteacher	Teacher left in-charge
School Name			EMIS No.
Tel:			
Headteacher's Name			Sex M <input type="checkbox"/> F <input type="checkbox"/>
Respondents' Tel:			Permission to use telephone Yes <input type="checkbox"/> No <input type="checkbox"/>

Note:
Ask all questions to the Headteacher/ Deputy Headteacher/ Teacher left in-charge

S100 School Details				S200. Children's Enrollment 2015																
S 101 a. Type of school (tick one)		Government <input type="checkbox"/>	S 102. Number of streams Nursery <input type="checkbox"/>	S 201. Children's enrollment (take from register)	Class	Stream	Nursery	P.1	P.2	P.3	P.4	P.5	P.6	P.7						
Private <input type="checkbox"/>															A	Boys				
Community <input type="checkbox"/>						B	Boys													
S 101 b. Status of the school		Mixed day <input type="checkbox"/>	Pri 1 <input type="checkbox"/>		C	Boys														
Girls day <input type="checkbox"/>			2 <input type="checkbox"/>			Girls														
Boys day <input type="checkbox"/>			3 <input type="checkbox"/>		D	Boys														
Girls boarding <input type="checkbox"/>			4 <input type="checkbox"/>			Girls														
Boys boarding <input type="checkbox"/>			5 <input type="checkbox"/>		S 300. Children with special needs (Add the totals from all the streams)															
Mixed boarding <input type="checkbox"/>			6 <input type="checkbox"/>		Class		Nursery	P.1	P.2	P.3	P.4	P.5	P.6	P.7						
Mixed day and boarding <input type="checkbox"/>			7 <input type="checkbox"/>		i. Visual	Boys														
Boys day and boarding <input type="checkbox"/>						Girls														
Girls day and boarding <input type="checkbox"/>					ii. Hearing	Boys														
S 101c. Does the school have a special needs unit?		Yes <input type="checkbox"/>	No <input type="checkbox"/>		Girls															
				iii. Physical	Boys															
					Girls															
				iv. Mental	Boys															
					Girls															

S 400. Primary school teachers/ staff				
		Total	Male	Female
S401.	Total number of teachers			
S402.	Total number of teachers present on the day of visit			
S403.	Number of teachers appointed by the District Service Commission (Applicable to Gov't schools only)			
S404.	Other trained teachers employed by parents, sponsors, donors, etc.			
S405.	Other untrained teachers employed by parents, sponsors, donors, etc.			
S406.	Number of teachers trained on special needs education			
S407.	Number of non teaching staff			
S408.	What is the required teacher establishment (staff ceiling)			

S500. Health and other services											
S501.	Is there a staff trained in first aid?	Yes <input type="checkbox"/>	No <input type="checkbox"/>								
S502.	Is there a stocked first aid kit?	Yes <input type="checkbox"/>	No <input type="checkbox"/>								
S503.	What is the biggest health problem that makes children miss school? (Tick one) Don't read the options	Malaria <input type="checkbox"/>	Diarrhea <input type="checkbox"/>	Cough&Flu <input type="checkbox"/>	Other(specify)						
S504.	Is safe and clean drinking water available in the school?	Yes <input type="checkbox"/>			No <input type="checkbox"/>						
S505.	What is the main source of water for the school?	Dam <input type="checkbox"/>	River/Lake <input type="checkbox"/>	Borehole <input type="checkbox"/>	Well <input type="checkbox"/>	Rain water <input type="checkbox"/>	Pipe <input type="checkbox"/>	Buy into tank <input type="checkbox"/>	Spring <input type="checkbox"/>	None <input type="checkbox"/>	
S506.	What is the average walking time to and from the main source of water?	Less than 20 minutes <input type="checkbox"/>			20 - 30 Minutes <input type="checkbox"/>						
		30 min - 1hr <input type="checkbox"/>			1 hour or more <input type="checkbox"/>						
S507.	Is there a school feeding program?	Yes <input type="checkbox"/>	No <input type="checkbox"/>								
S508.	Is there a library service?	Yes <input type="checkbox"/>	No <input type="checkbox"/>								

S600. Disciplining Children (Don't read out options)			
S601	How do you discipline children when they misbehave?	Tick method used	Tick method used in the last two weeks (Multiple Responses)
	Suspend them	<input type="checkbox"/>	<input type="checkbox"/>
	Cane/ slap/ kick/ hit them	<input type="checkbox"/>	<input type="checkbox"/>
	Talk to them	<input type="checkbox"/>	<input type="checkbox"/>
	We give them work as punishment	<input type="checkbox"/>	<input type="checkbox"/>
	We insult them/ call them rude or hurtful names	<input type="checkbox"/>	<input type="checkbox"/>
	Require them to formally apologise	<input type="checkbox"/>	<input type="checkbox"/>
	Send them to the disciplinary committee/ student court	<input type="checkbox"/>	<input type="checkbox"/>
	Other (Specify)		

STEP 2

RANDOMLY SELECT ONE PRIMARY TWO CLASSROOM/ STREAM

S700. Classroom observation and interactions (Primary Two)			
S701.	Class and stream		
S702.	Gender of the class teacher	Male <input type="checkbox"/>	Female <input type="checkbox"/>
		Yes	No
S703.	Are there any children sitting on the floor?	<input type="checkbox"/>	<input type="checkbox"/>
S704.	Do the majority of children (75%) have a book to write on? (Ask them to show you their exercise books for that lesson)	<input type="checkbox"/>	<input type="checkbox"/>
S705.	Do the majority of children (75%) have a pencil or something to write with? Ask them to show you	<input type="checkbox"/>	<input type="checkbox"/>
S706.	Is there a usable writing board (Chalkboard)?	<input type="checkbox"/>	<input type="checkbox"/>
S707.	Is the class timetable displayed in the classroom?	<input type="checkbox"/>	<input type="checkbox"/>
S708.	Is the timetable being followed in this particular lesson?	<input type="checkbox"/>	<input type="checkbox"/>
S709.	Is there physical education (PE) on the time table?	<input type="checkbox"/>	<input type="checkbox"/>
S710.	Are there charts and/ or other supplementary materials like readers displayed in the classroom? (Observe)	<input type="checkbox"/>	<input type="checkbox"/>



- Do not leave any question unanswered, where numbers are required and there is nothing please put 0.
- Where numbers are not required and the response is not applicable insert 999.

STEP 3

DO A HEAD COUNT AND OBSERVE TEACHER PRESENCE IN CLASS

S1000: Head Count										
S1001. Children's attendance. (Do a head count)	Stream	Sex	Nur	P.1	P.2	P.3	P.4	P.5	P.6	P.7
	A	Boys								
Girls										
B	Boys									
	Girls									
C	Boys									
	Girls									
D	Boys									
	Girls									
S1002. Was the teacher present in the classroom? if yes ✓ if no ✗	A									
	B									
	C									
	D									



- Ask S800 to a P.2 classteacher or the teacher who regularly teaches the class
- Ask S900 to the P.2 classteacher only. If the P.2 classteacher is absent **Skip to Step 3.**

STEP 4

Observe the school

S800. Learning materials and language of instruction in lower primary.			
S801.	Total number of children in class		Don't Know
S802.	How many text books are available for the following subjects?	Local language	
		English	
		Maths	
S803.	What is the main language of instruction in lower primary?	English <input type="checkbox"/>	Kiswahili <input type="checkbox"/>
Local Language <input type="checkbox"/>			
S900. Primary 2 classteacher's bio data (Tick where appropriate) If the class teacher is absent skip to Step 3			
S901.	Sex	Male <input type="checkbox"/>	Female <input type="checkbox"/>
S902.	Are you?	A trained teacher <input type="checkbox"/>	An untrained teacher <input type="checkbox"/>
S903.	Highest academic level	S.4 <input type="checkbox"/>	S.6 <input type="checkbox"/>
Other (specify)			
S904.	Highest professional level	Grade 3 <input type="checkbox"/>	Grade 5/Dip. <input type="checkbox"/>
Degree <input type="checkbox"/>			
Masters <input type="checkbox"/>			
Other (specify)			
S905.	Years served as a teacher	Less than a year <input type="checkbox"/>	1- 2years <input type="checkbox"/>
3 - 6years <input type="checkbox"/>			
7 - 10 years <input type="checkbox"/>			
More than 10yrs <input type="checkbox"/>			
S906.	Years as lower primary teacher (P.1- P.3) in current school	Less than a year <input type="checkbox"/>	1- 2years <input type="checkbox"/>
3 - 6years <input type="checkbox"/>			
7 - 10 years <input type="checkbox"/>			
More than 10yrs <input type="checkbox"/>			
S907.	Have you attended any in-service training in the last 2 years?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If no, skip to S910			
S908.	If Yes in S907, what was the duration of the training?	Less than a week <input type="checkbox"/>	1 week <input type="checkbox"/>
2 weeks <input type="checkbox"/>			
3 weeks or more <input type="checkbox"/>			
S909.	Who organised the training?	Min. of Educ, Science, Technology and Sports <input type="checkbox"/>	NGO/Private Organisation <input type="checkbox"/>
Local Government School <input type="checkbox"/>			

Ask ONLY if the school is government Aided		Yes	No
S910.	Would you say children's reading competencies have improved in the last one year? (If No skip to S1000)	<input type="checkbox"/>	<input type="checkbox"/>
S911.	If yes, what would you attribute the improvement to?	Improved teaching practices <input type="checkbox"/>	School Health and Reading Program (SHRP) <input type="checkbox"/>
		School focus on improving reading <input type="checkbox"/>	Other (specify)

S1100. Primary School facilities		
S1101.	Total number of usable and safe classrooms in the school	<input type="text"/>
		Yes
		No
S1102.	Is the school connected to electricity?	<input type="checkbox"/>
		<input type="checkbox"/>
S1103.	Is there an administration building / office?	<input type="checkbox"/>
		<input type="checkbox"/>
S1104.	Is there a playfield/ space for children in the school?	<input type="checkbox"/>
		<input type="checkbox"/>
S1105.	Is the school compound fenced?	<input type="checkbox"/>
		<input type="checkbox"/>
S1106.	Does the school have a "talking compound"?	<input type="checkbox"/>
		<input type="checkbox"/>

State the number (If nothing put 0)		Female	Male	Shared
S1107.	Number of usable pupils' toilet stances in the school			
S1108.	Number of usable staff toilet stances in the school			
S1109.	Number of disability adapted toilets for children in the school			
S1110.	Is there a functional hand washing facility with water and soap?	Yes	No	
		Water <input type="checkbox"/>	<input type="checkbox"/>	
		Soap <input type="checkbox"/>	<input type="checkbox"/>	

Time of Departure: _____:



HOUSEHOLD SURVEY SHEET

EA List No	HH No.

- Have with you the village household list indicating the 20 sampled households.
- As much as possible, record information in the "HOUSEHOLD INDICATOR" section H100- H109 based on observation, where it cannot be observed, please ask the respondent.
- Do not leave any question unanswered, where numbers are required and there is nothing please put 0.
- Where numbers are not required and the response is not applicable insert 999

Date of Interview	____/____/____ DD / MM / YY		
Household Head (name)			
Person Answering Questions	HH Head <input type="checkbox"/>	Spouse <input type="checkbox"/>	Other Adult <input type="checkbox"/>
Name of Respondent			
Sex	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Age of Respondent
Level of Education	Pri. <input type="checkbox"/>	Sec. <input type="checkbox"/>	Tertiary <input type="checkbox"/> Univ. <input type="checkbox"/> None <input type="checkbox"/>
Respondents' Tel:			
Permission to use Tel	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Name of school surveyed			
Has this household ever been visited by Uwezo Volunteers?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If Yes, in which year was the last visit?			
Main language spoken at home?	English <input type="checkbox"/>	Local Language <input type="checkbox"/>	
	Kiswahili <input type="checkbox"/>		

H100. Number of household members (who eat from the same pot and live regularly together)			H101. what kind of walls does the main house have? (observe and tick)					H102. Main source of lighting used in the household					H103. Does the household have a toilet/latrine		H104. How many meals are eaten in the HH per day?			H105 a. How often do you eat vegetables in a week?			H105 b. How often do you eat fruits in a week?			
Total	Female	Male	Mud/ stick	Polythene	Iron sheet	Timber	Stone/Bricks	Electricity	Solar	Gas	Paraffin	Other (Tick)	Yes	No	1	2	3 or more	Daily	4-6 times	2-3 times	Daily	4-6 times	2-3 times	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
																		once a week	Never		once a week	Never		

H106. How often is milk taken in the household in a week?			H107. How many of these do you have as a household? (write numbers)								H108 a. What is your main source of water? (Tick one)						H108 b. What is the average walking time to the Main water source?		H109. What treatment is given to water before drinking?						
Daily	4-6 times	2-3 times	TV	Radio	Computer	Mobile Telephone	Vehicle	Motor Cycle	Bicycle	Cattle	Sheep/Goats	Other (specify)	Borehole	Well	Dam	Rain water	Pipe	Protected Spring	Buy into tank	River/Lake	< 20 minutes	20-30 minutes	Boiling	Filter	
once a week		Never											<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	30 min-1Hour	1Hour or more	Chlorine	None					

H200. Parents' conceptions of the importance of learning (Ask in all households with or without children)

H201	Why would you send a child/ children to school? (Tick all applicable)	If they are of school going age <input type="checkbox"/>	If other children go to school <input type="checkbox"/>
	Do not read out the options	To give them a good future <input type="checkbox"/>	To help me when I am old <input type="checkbox"/>
		It is a requirement by law to take them to school <input type="checkbox"/>	So that they learn <input type="checkbox"/>
		Because it is free <input type="checkbox"/>	Others (Specify)

H302 For each of the following statements, I would like you to tell me whether you agree, disagree, strongly agree or strongly disagree

There are times when parents must hit/ beat their children to make them listen	Agree <input type="checkbox"/>	Disagree <input type="checkbox"/>	Strongly agree <input type="checkbox"/>	Strongly disagree <input type="checkbox"/>
When a child misbehaves, the best response is to talk to that child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sometimes teachers must hit/ beat students to make them learn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It is important for students to fear their teachers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Schools must never allow teachers to hit or cane students for any reason	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

H300. Disciplining Children (Ask in HHs with children)

H301	How do you discipline your children when they misbehave? (Tick all that apply)	Tick method used	Tick method used in the last two weeks
	Cane them	<input type="checkbox"/>	<input type="checkbox"/>
	Deny them a meal	<input type="checkbox"/>	<input type="checkbox"/>
	Talk to them	<input type="checkbox"/>	<input type="checkbox"/>
	I do nothing	<input type="checkbox"/>	<input type="checkbox"/>
	Deny them things they love	<input type="checkbox"/>	<input type="checkbox"/>
	I give them work as punishment	<input type="checkbox"/>	<input type="checkbox"/>
	I insult them/ call them rude or hurtful names	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify)			

H303 In the past one year, have you heard any messages about preventing violence against children

Yes No **If No, skip to H400**

H304 Where have you heard these messages?

TV Newspapers

Radio At a community event

H305 How many times have you heard these kind of messages in the last year?

1 time 2 times 3 times 4 times or more

H306 Do you know who created the messages you heard?

Yes No **If No, skip to H400**

H307 Do you remember the name of the institution?

Yes No **If No, skip to H400**

H308 Can you please name the institution?

Raising Voices Save the Children Plan International UNICEF Other (Specify)

