

African Population and Health Research Center

TAYARI

Head Teacher/ECDE Head Questionnaire



1.0 General School Information

These questions are to be asked to the head teacher (*Specific head of ECD center*), please enter them by observation and some information is to be obtained from the school administration prior to beginning the interview.

1.1 Date of Interview:	Day	<input type="text"/>	<input type="text"/>	Month	<input type="text"/>	<input type="text"/>	Year	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
1.2 Time Started:	<input type="text"/>										
1.3 County ID:	<input type="text"/>	1=Laikipia; 2=Nairobi; 3=Uasin Gishu; 4=Siaya									
1.4 School Name:	<input type="text"/>										
1.5 School ID:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
1.6 Interviewer ID:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

2.0 Verbal Consent

Good morning/afternoon/evening sir/madam. My name is (NAME OF FIELD INTERVIEWER). I work with the African Population and Health Research Center (APHRC) which carries out research on Health, Urbanization, Well-being and Education. The APHRC works in various parts of the country. This time round, we are conducting our survey in selected ECE centers in *Nairobi, Uasin Gishu, Laikipia and Siaya*. Under the Education theme, we visit schools once in a while to collect data on school infrastructure, enrolment, staffing and management. The results of this research will be made public and disseminated in the community and at national level involving the Ministry of Education Science and Technology in order to inform the policy process.

The responses you give will be held with utmost confidentiality and will only be available to members of the research team. Your responses will not cause any disadvantage to you or your school. If you accept to participate in this research, you will be doing so professionally and voluntarily and there will not be any monetary returns. Any benefits of the research will be to the larger community and its institutions which include schools. You are free to ask questions as we proceed. You are also free to refuse to respond to questions you do not feel comfortable answering. This interview will take about 60 minutes.

2.1 Would you like your school to participate in this research? (1) Yes (2) No

[IF 2=NO, ASK Q2.2 THEN PROCEED TO SECTION 9.0 TO END INTERVIEW]

2.2 Kindly let me know the reason why you would not wish your school to participate in this research?

- | | |
|--|---|
| <input type="checkbox"/> (1) Too busy/do not have time | <input type="checkbox"/> (4) Not interested |
| <input type="checkbox"/> (2) Tired of research | <input type="checkbox"/> (5) Others |
| <input type="checkbox"/> (3) Research not beneficial | <input type="checkbox"/> (9) No response |

3.0 Particulars of Respondent

I would like to ask you some questions related to (NAME OF SCHOOL). But before I do that, could you tell me a little bit about yourself and the position you hold in this school?

3.1 What is your full name? [Optional]

3.2 What is your cell phone number?

3.3 What is your position in the school?

- | | |
|--|--|
| <input type="checkbox"/> (1) Head teacher | <input type="checkbox"/> (3) In-charge of ECDE |
| <input type="checkbox"/> (2) Deputy head teacher | |

3.4 In total, how many complete years have you actively been a teacher?
FI: CODE 0 IF TEACHER HAS ACTIVELY TAUGHT FOR LESS THAN A YEAR

3.5 How many years have you worked in this ECDE center?
FI: CODE 0 IF TEACHER HAS ACTIVELY TAUGHT FOR LESS THAN A YEAR

Years

3.6 What is the highest level and grade of academic education you have attained ? [FI : TICK ONLY ONE BOX]

- | LEVEL | CLASS/YEARS COMPLETED |
|----------------------------------|-----------------------|
| (1) Primary | |
| (2) Secondary | |
| (3) College | |
| (4) University (specify degree) | |
| (9) No response | |
| (9) Other
(6) (Specify) _____ | |

3.7

What is the highest level of professional teacher training you have completed?

- | | |
|------------------------------|-----------------------------------|
| (1) No teacher training (UT) | (6) Certificate in ECDE Education |
|------------------------------|-----------------------------------|

- | | |
|---|-----------------------------------|
| (2) Certificate in education (P1/P2/P3) | (7) Diploma in ECDE |
| (3) Diploma in education | (8) Degree in ECDE |
| (4) Degree in education | (9) Post graduate diploma in ECDE |
| (5) Post Graduate Diploma in education | (10) Other (Specify)_____ |

33.8 What curriculum of ECD training did you go through? **(FI: MULTIPLE RESPONSES ALLOWED)**

- | | |
|--------------------------|---|
| (1) University | (5) Kindergarten Headmistresses Association (KHA) |
| (2) KICD (NACECE/DICECE) | (6) Primary school teacher training |
| (3) MONTESSORI | (96) Not trained |
| | Other (specify)_____ |

3.9 How many hours, per week, do you provide instructional support to your teachers? **[FI: INDICATE 99 IF HEAD TEACHER IS THE ONLY TEACHER]** Hours

3.1 Have you received specialized training in any area of school management in the last 12 months? 01=Yes ; 02=No If No skip to 3.12

3.1 If yes, what was the length of the training? 1 Days

3.1 Have you supported teachers on how to teach the following subjects in ECDE centre? 2 1=Yes; 2=No**[FI: INDICATE 99 IF HEAD TEACHER IS THE ONLY TEACHER]**

- | | | |
|--|----------------------------------|---------------------------------|
| (1) Numeracy | <input type="checkbox"/> (1) Yes | <input type="checkbox"/> (2) No |
| (2) Literacy (English and Swahili and mother tongue) | <input type="checkbox"/> (1) Yes | <input type="checkbox"/> (2) No |
| (3) Life-skills | <input type="checkbox"/> (1) Yes | <input type="checkbox"/> (2) No |
| (4) Social activities | <input type="checkbox"/> (1) Yes | <input type="checkbox"/> (2) No |
| (5) Science activities | <input type="checkbox"/> (1) Yes | <input type="checkbox"/> (2) No |

- (6) Outdoor & physical activities
 (1) Yes (2) No
- (7) Music & movement activities
 (1) Yes (2) No
- (8) Creative Activities
 (1) Yes (2) No
- (9) Religious Education
 (1) Yes (2) No
- (10) Other (Specify) _____

4.0 School Background

4.1 What is the lowest class taught in this ECDE center?

- (1) Baby class/Junior/Daycare (3) Pre-unit/Pre-primary II
- (2) Middle class/ Nursery /Pre-primary I

4.2 Is this ECDE center attached to any primary school or is it a stand alone?

- (1) Attached to a primary school/feeder school
- (2) Stand alone

4.4 Which year was this ECDE center established? **[FI: PROBE TO GET INFORMATION. IF DON'T KNOW=9998]**

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4.5a What time does the usual school day start? **[24 hours]**

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4.5b What time does the usual school day end? **[24 hours]**

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4.6 Which is the MAIN curriculum followed in this ECDE center?
[FI: PLEASE TICK ONLY ONE BOX]

(2) KICD (NACECE/DICECE)

(5) Kindergarten Headmistresses Association (KHA)

Montessori

Other (specify) _____

4.7 How many teachers were absent at least one day in the last school week in each of the following ECDE classes? **[FI: ASK HEAD TEACHER TO CHECK RECORDS: IF NO TEACHER WAS ABSENT, ENTER "0"]**

Q4.7

Baby class/Junior/Daycare	
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Middle class/Nursery/Pre-primary I	
Pre-unit/Pre-primary II	

4.8 What do you think is the **MAIN** reason why teachers are absent?
[FI: TICK ONE BOX ONLY]

- | | |
|---|---|
| <input type="checkbox"/> (1) Domestic responsibilities | <input type="checkbox"/> (6) Pay related |
| <input type="checkbox"/> (2) Living far from the school | <input type="checkbox"/> (7) Training |
| <input type="checkbox"/> (3) Problem with transport | <input type="checkbox"/> (8) Others (specify) _____ |
| <input type="checkbox"/> (4) Illness | |
| <input type="checkbox"/> (5) Union meetings | |

5.0 School facilities

5.1 Are there textbooks provided by the ECDE center for the learners to use?
[IF 3=NO, SKIP TO 5.5]

- | | |
|---|---------------------------------|
| <input type="checkbox"/> (1) Yes- school provides | <input type="checkbox"/> (3) No |
| <input type="checkbox"/> (2) Yes- school asks parent to provide | |

5.2 Are learners allowed to carry the school textbooks home?

- | | |
|----------------------------------|---------------------------------|
| <input type="checkbox"/> (1) Yes | <input type="checkbox"/> (2) No |
|----------------------------------|---------------------------------|

5.3 How many numeracy, literacy, life skills and social activity books are available for each level? And what proportion of the books are approved?

	Numeracy	Literacy	Life skills	Social activities	Approved proportion (1=All;2=more than half;3=Half;4=less than half;5=None)
Baby class/Junior/Daycare					
Middle class/Nursery/Pre-primary I					

Pre-unit/Pre-primary II					
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5.4 What type of toilet facility is mainly used by learners in this ECDE center? **[FI: PHYSICALLY OBSERVE FOR QUESTIONS 5.4-5.8B]**

[FI: IF 5=TRENCH OR 6=NO TOILET FACILITY SELECTED, SKIP TO 5.9]

<input type="checkbox"/> (1) Flush toilet	<input type="checkbox"/> (5) Trench
<input type="checkbox"/> (2) Pit latrine	<input type="checkbox"/> (6) No toilet facility
<input type="checkbox"/> (3) Ventilated pit latrine	<input type="checkbox"/> (7) Other (specify) _____
<input type="checkbox"/> (4) Portable toilet	

5.5 Are the toilet facilities used exclusively by the ECDE learners?

(1) Yes (2) No

5.6 Are there separate toilet doors for BOYS and GIRLS?

[FI: IF 2=NO, SKIP TO 5.9]

(1) Yes (2) No

5.7 Are girls' toilet doors in a different block/building from those for the boys?

(1) Yes (2) No

5.8a How many toilet doors are there for boys? Toilets

5.8b How many toilet doors are there for girls Toilets

5.9 What is the **MAIN** source of water for general use in this ECDE center? **[FI: TICK ONLY ONE]**

<input type="checkbox"/> (1) Delivered / bought water (from taps, tanks or bottles)	<input type="checkbox"/> (5) Rainwater
<input type="checkbox"/> (2) Piped water	<input type="checkbox"/> (6) Carrying from home
<input type="checkbox"/> (3) Well or borehole water	<input type="checkbox"/> (7) No water
<input type="checkbox"/> (4) Surface water (river, dam or lake)	

5.9a What is the **MAIN** source of drinking water used in this ECDE center by learners? **(FI: TICK ONLY ONE)**

[FI: IF NO DRINKING WATER SKIP TO Q5.11]

<input type="checkbox"/> (1) Delivered / bought water (from taps, tanks or bottles)	<input type="checkbox"/> (5) Rain-water
<input type="checkbox"/> (2) Piped water	<input type="checkbox"/> (6) Carrying from home

Well or borehole water

No water

Surface water (river, dam or lake)

5.10 Is the drinking water sufficient for the learners' daily use?

Yes

No

5.11 Does this school have electricity?

[FI: PLEASE VERIFY AVAILABILITY OF ELECTRICITY IN THE ECDE CENTRE]

Yes and working

No

Yes, but currently disconnected

5.12 Is the drinking water for ECDE learners' treated at the point of use?

[FI: IF NO WATER TREATMENT SKIP TO Q5.12b]

Yes

No

5.12a If yes, what water treatment methods are used?

[FI: TICK ALL THAT APPLY]

Boiling

Filtering

Chlorination (e.g. using water guard)

Other (specify) _____

5.12b. If no, what is the **MAIN** reason the water is not treated?

[FI: TICK ONLY ONE BOX]

Cost of treating water is unaffordable

Lack of knowledge on water treating methods

Lack of water treating facilities/equipment

Other (specify) _____

5.13 Are there any hand washing points in the school for use by the ECDE learners?

Yes

No

5.13a. If yes, how many are functional? **[FI: PLEASE ENTER A NUMBER. IF NO IN PREVIOUS QUESTION, ENTER 0]**

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5.13b. Where are the hand washing points located? **[PLEASE TICK ALL THAT APPLY]**

(1) At the entrance to the toilets / latrines

(3) Near the eating area

(2) At the entrance to the classrooms

(4) Elsewhere (specify) _____

5.14 Was there demonstration on hand washing targeting ECD learners in the last school term?

(1) Yes

(2) No

5.14a If yes, who conducted the demonstration?

(1) ECDE Teacher

(4) Community health assistant/volunteer

(2) ECDE Head teacher

(5) Other (specify) _____

(3) Another teacher

5.14b How many times was this hand washing demonstration conducted in the last school term?

(1) Once

(3) Three times

(2) Two times

(4) Four times or more

6.0 Health status of ECDE learners

6.1 Does this school have an integrated health register? **[FI: IF “YES”, ASK TO SEE THE REGISTER]**

(1) Yes / seen

(3) No

(2) Yes / not seen

6.1a. If yes, is the health register filled appropriately? **[FI: ASK TO SEE THE REGISTER AND CHECK THE NUMBER OF CHILDREN THE FOLLOWING CATEGORIES HAVE BEEN FILLED]**

(1) FIC (Fully immunized child)

(a) Filled for **all** children

(b) Filled for about $\frac{3}{4}$ of the children

(c) Filled for about $\frac{1}{2}$ of the children

(1) Date of Vitamin A Supplementation

(a) Filled for **all** children

(b) Filled for about $\frac{3}{4}$ of the children

(c) Filled for about $\frac{1}{2}$ of the children

(d)	Filled for about ¼ of the children
(e)	Filled for less than ¼ of the children
(f)	Not filled for any child

(d)	Filled for about ¼ of the children
(e)	Filled for less than ¼ of the children
(f)	Not filled for any child

(2) NF (Not fully immunized)

(a)	Filled for all children
(b)	Filled for about ¾ of the children
(c)	Filled for about ½ of the children
(d)	Filled for about ¼ of the children
(e)	Filled for less than ¼ of the children
(f)	Not filled for any child
(f)	Not filled for any child

(4) Date of Deworming

(a)	Filled for all children
(b)	Filled for about ¾ of the children
(c)	Filled for about ½ of the children
(d)	Filled for about ¼ of the children
(e)	Filled for less than ¼ of the children
(f)	Not filled for any child
(f)	Not filled for any child

6.2 How many learners are fully immunized? **[INSERT A NUMBER. IF NONE INSERT 0]**

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6.3 In the last 6 months, has there been Vitamin A supplementation in the school?

(1) Yes

(2) No

6.3a If yes, how many learners have received Vitamin A in the last six months in this ECDE center? **[INSERT A NUMBER. IF NONE INSERT 0]**

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6.4 In the last 3 months, has there been deworming in the school?

(1) Yes

(2) No

6.4a If yes, how many learners have been dewormed in the last 3 months in the ECDE center? **[INSERT A NUMBER. IF NONE INSERT 0]**

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6.5 Were there any referrals from the ECDE center to the health facility during this term?

(1) Yes

(2) No

6.5a If yes, how many referrals were made to health facilities from the ECDE center during the term? [INSERT A NUMBER. IF NONE INSERT 0]

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6.5b How many parents reported that the referral was completed? [INSERT A NUMBER. IF NONE INSERT 0]

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6.6 Does this ECDE Center receive any health-related technical support from RTI?

 (1) Yes

 (2) No

6.6 a. If yes, how often was this received in the last school term? [INSERT A NUMBER. IF NONE INSERT 0]

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6.7 Does this ECDE Center receive any technical support from Community Health Assistants?

 (1) Yes

 (2) No

6.7a. If yes, how often was this received in the last school term? [INSERT A NUMBER. IF NONE INSERT 0]

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6.8 What impact have you realized from the support that you get on health issues? [TICK ALL

 (1) Learners have adopted hygiene practices

 (3) Increased number of fully immunized learners

 (2) Less absenteeism among learners

 (4) No observed impact

 (2) Other (specify) _____

7.0 Enrolment for the current school year

7.1 How many streams are in each ECDE grade/class? (STREAMS)

7.2 How many boys/girls are in each ECDE grade/class? (ENROLMENT)

7.3 How many ECDE boys/girls are present on the interview date (FI: DO HEAD COUNT)?

	6.1 Streams	6.2 Enrolment		6.3 Head count	
		Boys	Girls	Boys	Girls

Baby class/Junior/Daycare					
Middle class/Nursery/Pre-primary I					
Pre-unit class/Pre-primary I					

8.0 Time finished

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