

# Pupil Booklet

## SACMEQ III The Southern and Eastern Africa Consortium for Monitoring Educational Quality

### Standard 6 Study



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	<u>ID</u>										
Country	<input type="text"/>	<input type="text"/>	<input type="text"/>								
Region	<input type="text"/>	<input type="text"/>	<input type="text"/>	District	<input type="text"/>	<input type="text"/>	<input type="text"/>				
School	<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"/>	
Pupil	<input type="text"/>	<input type="text"/>									
Instrument	<input type="text" value="1"/>	Part	<input type="text" value="A"/>								
Absent	<input type="text" value="(1)"/>	Present	<input type="text" value="(2)"/>								

**COUNTRY**

**REGION  
DISTRICT**

**SCHOOL**

**PUPIL**

**INSTR  
PART**

**IDPPT**

## SACMEQ III

The Southern and Eastern Africa  
Consortium  
for Monitoring Educational Quality

**Standard 6 Study**

**Pupil Booklet**

Which Standard 6 class are you in this term?  
(Please tick *only one* box.)

**PCLASS**

<b>6A</b>	<b>6B</b>	<b>6C</b>	<b>6D</b>	<b>6E</b>	<b>6F</b>	<b>6G</b>	<b>6H</b>	<b>6I</b>	<b>6J</b>	<b>6K</b>	<b>6L</b>
<input type="checkbox" value="(01)"/>	<input type="checkbox" value="(02)"/>	<input type="checkbox" value="(03)"/>	<input type="checkbox" value="(04)"/>	<input type="checkbox" value="(05)"/>	<input type="checkbox" value="(06)"/>	<input type="checkbox" value="(07)"/>	<input type="checkbox" value="(08)"/>	<input type="checkbox" value="(09)"/>	<input type="checkbox" value="(10)"/>	<input type="checkbox" value="(11)"/>	<input type="checkbox" value="(12)"/>
<b>6M</b>	<b>6N</b>	<b>6O</b>	<b>6P</b>	<b>6Q</b>	<b>6R</b>	<b>6S</b>	<b>6T</b>	<b>6U</b>	<b>6V</b>	<b>6W</b>	<b>6X</b>
<input type="checkbox" value="(13)"/>	<input type="checkbox" value="(14)"/>	<input type="checkbox" value="(15)"/>	<input type="checkbox" value="(16)"/>	<input type="checkbox" value="(17)"/>	<input type="checkbox" value="(18)"/>	<input type="checkbox" value="(19)"/>	<input type="checkbox" value="(20)"/>	<input type="checkbox" value="(21)"/>	<input type="checkbox" value="(22)"/>	<input type="checkbox" value="(23)"/>	<input type="checkbox" value="(24)"/>
<b>6Y</b>	<b>6Z</b>	<b>6AA</b>	<b>6BB</b>	<b>6CC</b>	<b>6DD</b>	<b>6EE</b>	<b>6FF</b>	<b>6GG</b>	<b>6HH</b>	<b>6II</b>	<b>6JJ</b>
<input type="checkbox" value="(25)"/>	<input type="checkbox" value="(26)"/>	<input type="checkbox" value="(27)"/>	<input type="checkbox" value="(28)"/>	<input type="checkbox" value="(29)"/>	<input type="checkbox" value="(30)"/>	<input type="checkbox" value="(31)"/>	<input type="checkbox" value="(32)"/>	<input type="checkbox" value="(33)"/>	<input type="checkbox" value="(34)"/>	<input type="checkbox" value="(35)"/>	<input type="checkbox" value="(36)"/>
<b>6KK</b>	<b>6LL</b>	<b>6MM</b>	<b>6NN</b>	<b>6OO</b>	<b>6PP</b>	<b>6QQ</b>	<b>6RR</b>	<b>6SS</b>	<b>6TT</b>	<b>6UU</b>	<b>6VV</b>
<input type="checkbox" value="(37)"/>	<input type="checkbox" value="(38)"/>	<input type="checkbox" value="(39)"/>	<input type="checkbox" value="(40)"/>	<input type="checkbox" value="(41)"/>	<input type="checkbox" value="(42)"/>	<input type="checkbox" value="(43)"/>	<input type="checkbox" value="(44)"/>	<input type="checkbox" value="(45)"/>	<input type="checkbox" value="(46)"/>	<input type="checkbox" value="(47)"/>	<input type="checkbox" value="(48)"/>
<b>6WW</b>	<b>6XX</b>	<b>6YY</b>	<b>6ZZ</b>	<b>6AAA</b>	<b>6BBB</b>	<b>6CCC</b>	<b>6DDD</b>				
<input type="checkbox" value="(49)"/>	<input type="checkbox" value="(50)"/>	<input type="checkbox" value="(51)"/>	<input type="checkbox" value="(52)"/>	<input type="checkbox" value="(53)"/>	<input type="checkbox" value="(54)"/>	<input type="checkbox" value="(55)"/>	<input type="checkbox" value="(56)"/>				

## PART D: HOMEWORK FORM

### SOME QUESTIONS ABOUT YOU

1. What is your date of birth?  
(Please write the numbers in the boxes below.)

Day	Month	Year
<input type="text"/> (2D)	<input type="text"/> (2D)	<input type="text" value="1"/> <input type="text" value="9"/> (2D)
<b>PBDAY</b>	<b>PBMONTH</b>	<b>PBYEAR</b>

2. Are you a boy or a girl? **PSEX**  
(Please tick *only one box*.)

(1) Boy

(2) Girl

3. How long did you attend a preschool, kindergarten, nursery, reception, etc., before Standard 1?  
(Please tick *only one box*.) **PNURSERY**

(1) I have never attended a preschool.

(2) A few months

(3) One year

(4) Two years

(5) Three or more years

4. Do you speak English outside school? **PENGLISH**  
(Please tick *only one box*.)

(1) Never

(2) Sometimes

(3) Most of the time

(4) All of the time

**SOME QUESTIONS ABOUT YOUR FAMILY**

5. Is your biological (natural) mother alive?  
(Please tick **only one box**.)

**PMALIVE**

(1) No

(2) Yes

(3) I do not know.

6. Is your biological (natural) father alive?  
(Please tick **only one box**.)

**PFALIVE**

(1) No

(2) Yes

(3) I do not know.

7. How many brother(s) and / or sister(s) live with you at your home?  
(Please write the number in the box for each item.)

Please also count step- and half- brother(s) and sister(s).

Write '0' if you do not have brothers or sisters.)

7.1 Number of brother(s)

(2D)

**PBRO**

7.2 Number of sister(s)

(2D)

**PSIS**

**SOME QUESTIONS ABOUT THE PLACE YOU STAY DURING THE SCHOOL WEEK**

NOTE: For questions 8 to 14, make reference to the place you stay during the school week.

8. With whom do you stay during the school week?  
(Please tick **only one box** on each line.)

		<b>No</b>	<b>Yes</b>
<b>PSTAY1</b>	8.1 With my biological (natural) parent(s)	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)
<b>PSTAY2</b>	8.2 With my guardian(s)	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)
<b>PSTAY3</b>	8.3 With my grandparent(s)	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)
<b>PSTAY4</b>	8.4 With my brother(s) and / or sister(s)	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)
<b>PSTAY5</b>	8.5 With other relative(s)	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)
<b>PSTAY6</b>	8.6 With another family	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)
<b>PSTAY7</b>	8.7 With other children <u>not</u> related to me	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)
<b>PSTAY8</b>	8.8 With my friend(s)	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)
<b>PSTAY9</b>	8.9 By myself	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)

9. Where do you stay during the school week?  
(Please tick **only one box**)

**PPSTAY**

- (1) In a home with my family / relatives
- (2) In a home with other people who are not members of my family
- (3) In a hostel / boarding school accommodation
- (4) In an orphanage or children's home
- (5) Other

10. How far do you travel **each day** to your school from where you stay during the school week?

(Please tick **only one box**.)

**PTRAVEL**

- (01) Up to 0.5 kilometres
- (02) Over 0.5 kilometres and up to 1 kilometre
- (03) Over 1 kilometre and up to 1.5 kilometres
- (04) Over 1.5 kilometres and up to 2 kilometres
- (05) Over 2 kilometres and up to 2.5 kilometres
- (06) Over 2.5 kilometres and up to 3 kilometres
- (07) Over 3 kilometres and up to 3.5 kilometres
- (08) Over 3.5 kilometres and up to 4 kilometres
- (09) Over 4 kilometres and up to 4.5 kilometres
- (10) Over 4.5 kilometres and up to 5 kilometres
- (11) Over 5 kilometres

11. On most school days how do you travel to school from where you stay during the school week?

(Please tick **only one box**.)

**PTRAVEL2**

- (1) Walk
- (2) Bicycle
- (3) Car
- (4) Bus or truck or van
- (5) Train
- (6) Other

12. How many books are there in the place (home) where you stay during the school week?

(Please write a number in the box below.)

Please do not count newspaper, magazines or books that you use in school.

Write '0' if there are no books at home.)

(3D)	book(s)
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**PBOOKSHM**

13. How often do you do the following household tasks in the place (home) where you stay during the school week?

(Please tick **only one box** on each line.)

			Never	Some days	Most days
<b>PTASK1</b>	13.01	Looking after younger relatives	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)
<b>PTASK2</b>	13.02	Looking after elderly relatives	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)
<b>PTASK3</b>	13.03	Taking care of sick family members and relatives	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)
<b>PTASK4</b>	13.04	Cooking	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)
<b>PTASK5</b>	13.05	House cleaning	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)
<b>PTASK6</b>	13.06	Sweeping outside the house	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)
<b>PTASK7</b>	13.07	Washing and ironing clothes	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)
<b>PTASK8</b>	13.08	Fetching water	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)
<b>PTASK9</b>	13.09	Chopping fire wood	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)
<b>PTASK10</b>	13.10	Collecting fire wood	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)
<b>PTASK11</b>	13.11	Shopping	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)
<b>PTASK12</b>	13.12	Gardening/working in a vegetable garden	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)
<b>PTASK13</b>	13.13	Taking care of livestock	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)
<b>PTASK14</b>	13.14	Helping in a family business	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)

14. Which of the following things are found in the place (home) where you stay during the school week?

*(Please tick **only one box** on each line.*

*If an item is broken at present but can be mended, tick 'Yes'.)*

			No	Yes
<b>PPOS01</b>	14.01	Daily newspaper	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)
<b>PPOS02</b>	14.02	Weekly or monthly magazine	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)
<b>PPOS03</b>	14.03	Clock	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)
<b>PPOS04</b>	14.04	Piped water	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)
<b>PPOS05</b>	14.05	Bore hole	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)
<b>PPOS06</b>	14.06	Table to write on	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)
<b>PPOS07</b>	14.07	Bed	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)
<b>PPOS08</b>	14.08	Private study area	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)
<b>PPOS09</b>	14.09	Bicycle	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)
<b>PPOS10</b>	14.10	Donkey / horse cart	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)
<b>PPOS11</b>	14.11	Car	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)
<b>PPOS12</b>	14.12	Motorcycle	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)
<b>PPOS13</b>	14.13	Tractor	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)
<b>PPOS14</b>	14.14	Electricity (mains, generator, solar)	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)
<b>PPOS15</b>	14.15	Refrigerator / freezer	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)
<b>PPOS16</b>	14.16	Air conditioner	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)
<b>PPOS17</b>	14.17	Electric fan	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)
<b>PPOS18</b>	14.18	Washing machine	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)
<b>PPOS19</b>	14.19	Vacuum cleaner	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)
<b>PPOS20</b>	14.20	Computer	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)
<b>PPOS21</b>	14.21	Internet	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)
<b>PPOS22</b>	14.22	Radio	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)

			<b>No</b>	<b>Yes</b>
<b>PPOS23</b>	14.23	TV	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)
<b>PPOS24</b>	14.24	<u>Video tape</u> player (VCR)	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)
<b>PPOS25</b>	14.25	<u>Video disc</u> player (DVD, VCD, etc.)	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)
<b>PPOS26</b>	14.26	<u>Audio disc</u> player (CD)	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)
<b>PPOS27</b>	14.27	<u>Audio cassette</u> player	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)
<b>PPOS28</b>	14.28	<u>Ordinary</u> camera for photographs	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)
<b>PPOS29</b>	14.29	<u>Digital</u> camera for photographs	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)
<b>PPOS30</b>	14.30	<u>Video</u> camera	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)
<b>PPOS31</b>	14.31	Telephone / mobile (cell) phone	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)

15. What is the highest level of education completed by your mother (or female guardian)?  
*(Please tick **only one** box.)* **PMOTHER**

- <sub>(01)</sub> Did not go to school and had no adult education
- <sub>(02)</sub> Did not go to school and had some adult education
- <sub>(03)</sub> Completed some primary education
- <sub>(04)</sub> Completed all of primary education
- <sub>(05)</sub> Completed some education / training after primary education
- <sub>(06)</sub> Completed some secondary education
- <sub>(07)</sub> Completed all of secondary education
- <sub>(08)</sub> Completed some education / training after secondary education
- <sub>(09)</sub> Completed some university education
- <sub>(10)</sub> Completed a university degree
- <sub>(11)</sub> I do not know.
- <sub>(12)</sub> I do not have a mother or female guardian.

16. What is the highest level of education completed by your father (or male guardian)?  
(Please tick **only one box**.) **PFATHER**

- (01) Did not go to school and had no adult education
- (02) Did not go to school and had some adult education
- (03) Completed some primary education
- (04) Completed all of primary education
- (05) Completed some education / training after primary education
- (06) Completed some secondary education
- (07) Completed all of secondary education
- (08) Completed some education / training after secondary education
- (09) Completed some university education
- (10) Completed a university degree
- (11) I do not know.
- (12) I do not have a father or male guardian.

17. What is the main source of lighting by which you can read in the place (home) where you stay during the school week?  
(Please tick **only one box**.) **PLIGHT**

- (1) Fire
- (2) Candle
- (3) Paraffin or oil lamp
- (4) Gas lamp
- (5) Electric (mains, generator, solar) lighting
- (6) There is no lighting.

18. What is the surface (covering) of the **floor** of the place (home) where you stay during the school week mostly made of?  
(Please tick **only one box**.)

**PFLOOR**

- (1) Earth or clay with or without covering
- (2) Canvas
- (3) Wooden planks
- (4) Cement
- (5) Carpet/ tiles (plastic, ceramic or wooden)

19. What are the **outside walls** of the place (home) where you stay during the school week mostly made of?  
(Please tick **only one box**.)

**PWALL**

- (1) Cardboard/ Plastic sheeting/ Canvas
- (2) Reeds/ Sticks/ Grass thatch
- (3) Stones/ Mudbricks
- (4) Metal sheets/ Asbestos sheets
- (5) Wood (planks or timber)
- (6) Cut stone/ Concrete blocks/ Burned bricks

20. What is the **roof** of the place (home) where you stay during the school week mostly made of?  
(Please tick **only one box**.)

**PROOF**

- (1) Cardboard/ Plastic sheeting/ Canvas
- (2) Grass thatch and mud
- (3) Metal sheets/ Asbestos sheets
- (4) Cement or concrete
- (5) Tiles

**SOME QUESTIONS ABOUT YOUR SCHOOL**

21. On how many school days were you absent (that is, not present at school) during the month of \_\_\_\_\_?  
 (Please write the number in the box below.  
 Please write '0' if you were not absent.)

days

**PABSENT**

**NOTE: If you put '0' in the box above, go to Question 23.**



22. What was the reason for your absence?  
 (Please tick **only one box** on each line.)

			<b>No</b>	<b>Yes</b>
<b>PABWHY1</b>	22.1	I was ill.	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)
<b>PABWHY2</b>	22.2	A member of my family was ill.	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)
<b>PABWHY3</b>	22.3	I had to visit the doctor.	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)
<b>PABWHY4</b>	22.4	I had to care for my brother(s) and/or sister(s).	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)
<b>PABWHY5</b>	22.5	I had to go to a funeral.	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)
<b>PABWHY6</b>	22.6	Other reason(s)	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)

23. How many times have you repeated a grade since you started school including Standard 6?  
*(Please tick **only one box.**)* **PREPEAT**

- (1) I have never repeated.
- (2) I have repeated once.
- (3) I have repeated twice.
- (4) I have repeated three or more times.

24. Are you repeating Standard 6 this year?  
*(Please tick **only one box.**)* **PREPEAT6**

(1) No - I am not repeating Standard 6 this year.

(2) Yes - I am repeating Standard 6 this year because:  
*(Please tick **only one box** on each line.)*

		<b>No</b>	<b>Yes</b>
<b>PRPTWHY1</b>	24.1 I had poor school results.	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)
<b>PRPTWHY2</b>	24.2 I was often absent from school.	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)
<b>PRPTWHY3</b>	24.3 I needed better results in examinations.	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)
<b>PRPTWHY4</b>	24.4 Other reasons	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)

25. Are you allowed to take **books** home from the class library, book corner or book box in your classroom?  
*(Please tick **only one box.**)* **PBORROWC**

- (1) There is no class library, book corner or book box in my classroom.
- (2) I am not allowed to borrow books.
- (3) I am allowed to borrow books.
- (4) I do not know if I am allowed to borrow books.

26. Are you allowed to take **books** home from the school library?

(Please tick **only one box**.)

**PBORROWS**

 (1)

There is no school library.

 (2)

I am not allowed to borrow books.

 (3)

I am allowed to borrow books.

 (4)

I do not know if I am allowed to borrow books.

27. Are you able to take books home from another kind of library outside school?

(Please tick **only one box**.)

**PBORROWO**

 (1)

No - I am not able to take books home from another kind of library outside school.

 (2)

Yes - I am able to take books from:

(Please tick **only one box** on each line.)

**No**

**Yes**

**PBORROW1** 27.1 a community library

 (1)

 (2)

**PBORROW2** 27.2 a mobile library

 (1)

 (2)

**PBORROW3** 27.3 a resource centre

 (1)

 (2)

28. How many of the following items do you have to work with in this term?

(Please write the number in the box for each item.)

Please write '0' if you do not have any.)

**PMAT01** 28.1 Exercise books (which are marked by the teacher)

 (2D)

**PMAT02** 28.2 Notebooks (which are not marked by the teacher)

 (2D)

**PMAT03** 28.3 Pencils

 (2D)

**PMAT04** 28.4 Pencil sharpeners

 (2D)

**PMAT05** 28.5 Pencil erasers

 (2D)

**PMAT06** 28.6 Rulers

 (2D)

**PMAT07** 28.7 Pens or ball point pens

 (2D)

**PMAT08** 28.8 Files/ folders (with loose sheets in them)

 (2D)

29. What do you sit on in your classroom?

(Please tick **only one box**.)

- (1) I sit on the floor.
- (2) I sit on a log, stone, box, tin, etc.
- (3) I sit on a chair, a bench or on a seat at a desk.

30. What writing place do you have in your classroom?  
(Please tick **only one box**.)

**PWRITE**

- (1) I have no special place to write.
- (2) I write on the chair, bench, log, stone, box or tin that I otherwise sit on.
- (3) I write on a desk or table.

**SOME QUESTIONS ABOUT COMPUTERS**

31. Have you ever used a computer? **PCOMPTR**  
(Please tick **only one box**.)

- (1) No, I have never used a computer.
- (2) Yes, I have used a computer in the following places:  
(Please tick **only one box** on each line.)

			Never	A few times a <u>year</u>	A few times a <u>month</u>	A few times a <u>week</u>
<b>PCOMPTW1</b>	31.1	At school	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	<input type="checkbox"/> (4)
<b>PCOMPTW2</b>	31.2	At home	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	<input type="checkbox"/> (4)
<b>PCOMPTW3</b>	31.3	At a friend's / relative's house	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	<input type="checkbox"/> (4)
<b>PCOMPTW4</b>	31.4	At an Internet Cafe / Internet Centre	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	<input type="checkbox"/> (4)
<b>PCOMPTW5</b>	31.5	In a library <u>outside</u> <u>school</u>	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	<input type="checkbox"/> (4)
<b>PCOMPTW6</b>	31.6	Elsewhere	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	<input type="checkbox"/> (4)

32. Have you ever used a computer to do the following things:  
 (Please tick **only one box** on each line.)

			<b>No</b>	<b>Yes</b>
<b>PCUSE01</b>	32.01	Listen to music	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)
<b>PCUSE02</b>	32.02	Look at pictures	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)
<b>PCUSE03</b>	32.03	Draw pictures	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)
<b>PCUSE04</b>	32.04	Play games	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)
<b>PCUSE05</b>	32.05	Open and read a document	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)
<b>PCUSE06</b>	32.06	Create a document	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)
<b>PCUSE07</b>	32.07	Print a document	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)
<b>PCUSE08</b>	32.08	Save a document	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)
<b>PCUSE09</b>	32.09	Copy a file	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)
<b>PCUSE10</b>	32.10	Make calculations	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)
<b>PCUSE11</b>	32.11	Use the Internet	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)
<b>PCUSE12</b>	32.12	Send an e-mail	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)
<b>PCUSE13</b>	32.13	Receive an e-mail	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)

33. Who taught you most about how to use a computer?  
 (Please tick **only one box**.)

**PCTAUGHT**

- (1) My teacher(s)
- (2) My friend(s)
- (3) My family
- (4) I taught myself
- (5) Others

**SOME QUESTIONS ABOUT MEALS**

34. How often do you normally eat each of the following meals?  
(Please tick **only one box** on each line.)

			Not at all	1 or 2 days per week	3 or 4 days per week	Every day of the week
PMEAL1	34.1	Morning meal / breakfast	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	<input type="checkbox"/> (4)
PMEAL2	34.2	During-the-day meal / lunch	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	<input type="checkbox"/> (4)
PMEAL3	34.3	Evening meal / supper	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	<input type="checkbox"/> (4)

35. Did you receive free meal(s) / snack (s) **supplied by your school** during this school year?  
(Please tick **only one box**.)

PMEALSCH

- <sub>(1)</sub> No
- <sub>(2)</sub> Yes, one meal or one snack per day
- <sub>(3)</sub> Yes, two or more meals or snacks per day

**PART E: QUESTIONNAIRE**

**SOME QUESTIONS ABOUT EXTRA LESSONS IN SCHOOL SUBJECTS OUTSIDE SCHOOL HOURS DURING THIS SCHOOL YEAR**

(questions 36 to 48)

36. **Do you take** extra lessons in school subjects outside school hours?  
(Please tick **only one box**.)

PEXTTUI

- <sub>(1)</sub> No
- <sub>(2)</sub> Yes

**NOTE: If you do not take any extra lessons, go to Question 49.**

**NOTE: If you do take extra lessons continue with Questions 37 through 48.**

37. In which school subjects do you take extra lessons outside school hours during

this school year?  
 (Please tick **only one box** on each line.)

			<b>No</b>	<b>Yes</b>
<b>PEXTENG</b>	37.1	English	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)
<b>PEXTMAT</b>	37.2	Mathematics	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)
<b>PEXTSCI</b>	37.3	Science	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)
<b>PEXTOTH</b>	37.4	Other school subjects	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)

38. **Who** gives you these extra lessons during this school year?  
 (Please tick **only one box** on each line.)

			<b>No</b>	<b>Yes</b>
<b>PEXTWHO1</b>	38.1	My own school teacher	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)
<b>PEXTWHO2</b>	38.2	Another teacher <u>in my school</u>	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)
<b>PEXTWHO3</b>	38.3	A teacher <u>from another school</u>	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)
<b>PEXTWHO4</b>	38.4	Another person	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)

39. **Where** do you take these extra lessons during this school year?  
 (Please tick **only one box** on each line.)

			<b>No</b>	<b>Yes</b>
<b>PEXTWHR1</b>	39.1	At my school	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)
<b>PEXTWHR2</b>	39.2	At another school	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)
<b>PEXTWHR3</b>	39.3	At a teacher's house	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)
<b>PEXTWHR4</b>	39.4	At my home	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)
<b>PEXTWHR5</b>	39.5	Elsewhere	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)

40. **At what time** during this school year do you take these extra lessons?  
 (Please tick **only one box** on each line.)

			<b>No</b>	<b>Yes</b>
<b>PEXTIME1</b>	40.1	During school holidays	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)
<b>PEXTIME2</b>	40.2	During the school term	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)

41. **How often** do you take these extra lessons during this school year?  
*(Please tick **only one** box.)* **PXTFREQ**

- (1) Once a month
- (2) 2 or 3 times per month
- (3) Once or twice per week
- (4) 3 or more times per week

42. **About how many hours** do you spend on these extra lessons per week during this school year?  
*(Please write the number of hours in the box below.)* **PEXTHRS**

(2D) hours per week

43. **What do you do** in these extra lessons during this school year?  
*(Please tick **only one** box on each line.)*

		<b>No</b>	<b>Yes</b>
<b>PEXTWHT1</b>	43.1 Practice exam questions	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)
<b>PEXTWHT2</b>	43.2 Repeat / revise school work	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)
<b>PEXTWHT3</b>	43.3 Learn new things	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)
<b>PEXTWHT4</b>	43.4 Do homework	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)
<b>PEXTWHT5</b>	43.5 Other activities	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)

44. **How many children** (including yourself) are in your extra lessons group during this school year?  
*(Please write the number of children in the box below.)* **PEXTNMBR**

(3D) children

45. **Is there any payment** made to the person who gives you these extra lessons during this school year?

(Please tick **only one box**.)

**PEXTPAY**

- (1) I think there is **no** payment of any kind.
- (2) I think there is a money payment.
- (3) There could be another kind of payment.
- (4) There could be both a money payment and another kind of payment.

46. **What do you think** about the extra lessons that you take?

(Please tick **only one box** on each line.)

**No Yes**

- |                 |       |   |                              |                              |
|-----------------|-------|---|------------------------------|------------------------------|
| <b>PEXTTK01</b> | 46.01 | These lessons are difficult.                | <input type="checkbox"/> (1) | <input type="checkbox"/> (2) |
| <b>PEXTTK02</b> | 46.02 | These lessons are fun.                      | <input type="checkbox"/> (1) | <input type="checkbox"/> (2) |
| <b>PEXTTK03</b> | 46.03 | I would like to avoid these lessons.        | <input type="checkbox"/> (1) | <input type="checkbox"/> (2) |
| <b>PEXTTK04</b> | 46.04 | These lessons are boring.                   | <input type="checkbox"/> (1) | <input type="checkbox"/> (2) |
| <b>PEXTTK05</b> | 46.05 | These lessons are easy.                     | <input type="checkbox"/> (1) | <input type="checkbox"/> (2) |
| <b>PEXTTK06</b> | 46.06 | These lessons sometimes confuse me.         | <input type="checkbox"/> (1) | <input type="checkbox"/> (2) |
| <b>PEXTTK07</b> | 46.07 | I tell my friends to come to these lessons. | <input type="checkbox"/> (1) | <input type="checkbox"/> (2) |
| <b>PEXTTK08</b> | 46.08 | I feel free to ask any questions.           | <input type="checkbox"/> (1) | <input type="checkbox"/> (2) |
| <b>PEXTTK09</b> | 46.09 | These lessons take up too much of my time.  | <input type="checkbox"/> (1) | <input type="checkbox"/> (2) |
| <b>PEXTTK10</b> | 46.10 | These lessons help me with my homework.     | <input type="checkbox"/> (1) | <input type="checkbox"/> (2) |

47. **Who** wants you to take these extra lessons?

(Please tick **only one box** on each line.)

**No Yes**

- |                 |      |                |                              |                              |
|-----------------|------|----------------|------------------------------|------------------------------|
| <b>PEXTWNT1</b> | 47.1 | My teacher(s)  | <input type="checkbox"/> (1) | <input type="checkbox"/> (2) |
| <b>PEXTWNT2</b> | 47.2 | My School Head | <input type="checkbox"/> (1) | <input type="checkbox"/> (2) |
| <b>PEXTWNT3</b> | 47.3 | My friend(s)   | <input type="checkbox"/> (1) | <input type="checkbox"/> (2) |
| <b>PEXTWNT4</b> | 47.4 | My family      | <input type="checkbox"/> (1) | <input type="checkbox"/> (2) |
| <b>PEXTWNT5</b> | 47.5 | Myself         | <input type="checkbox"/> (1) | <input type="checkbox"/> (2) |
| <b>PEXTWNT6</b> | 47.6 | Another person | <input type="checkbox"/> (1) | <input type="checkbox"/> (2) |

48. **What is the main reason** you take these extra lessons?

(Please tick *only one box*.)

**PEXTWHY**

- (1) Because I want to improve my work at school.
- (2) Because I want to succeed in an examination.
- (3) Because I need extra help with difficult school work.
- (4) Because I want to be with my school friends.
- (5) Because it is compulsory.

**SOME QUESTIONS ABOUT YOUR HOMEWORK**

49. How often are you usually **given** homework?

(Please tick *only one box*.)

**PHMWK**

- (1) I do not get any homework.
- (2) Once or twice each month
- (3) Once or twice each week
- (4) Most days of the week

50. How often does a person at home **help** you with your homework?

(Please tick *only one box*.)

**PHMWKHL P**

- (1) I do not get any homework.
- (2) Never
- (3) Sometimes
- (4) Most of the time

51. How often does your teacher **correct** your homework?

(Please tick *only one box*.)

**PHMWKC**

- (1) I do not get any homework.
- (2) My teacher never corrects my homework.
- (3) My teacher sometimes corrects my homework.
- (4) My teacher corrects my homework most of the time.
- (5) My teacher always corrects my homework.

52. How often does your teacher **explain** the answers to your homework during class?  
(Please tick *only one box*.) **PHMWKS**

- (1) I do not get any homework.
- (2) My teacher never explains the answers to my homework.
- (3) My teacher sometimes explains the answers to my homework.
- (4) My teacher explains the answers to my homework most of the time.
- (5) My teacher always explains the answers to my homework.

### SOME QUESTIONS ABOUT TEXTBOOKS

53. How do you use the **Reading textbooks** in your classroom during the lessons?  
(Please tick *only one box*.) **PTEXTR**

- (1) There are no Reading textbooks.
- (2) Only the teacher has a Reading textbook.
- (3) I share a Reading textbook with two or more pupils.
- (4) I share a Reading textbook with one pupil.
- (5) I use a Reading textbook by myself.

54. How do you use the **Mathematics textbooks** in your classroom during classroom lessons?  
(Please tick *only one box*.) **PTEXTM**

- (1) There are no Mathematics textbooks.
- (2) Only the teacher has a Mathematics textbook.
- (3) I share a Mathematics textbook with two or more pupils.
- (4) I share a Mathematics textbook with one pupil.
- (5) I use a Mathematics textbook by myself.

**SOME QUESTIONS ABOUT HIV AND AIDS**

NOTE: This section of this questionnaire presents some questions about HIV and AIDS.

55. Is there a place that is within walking distance of your home where it is possible **to have an HIV test**?  
 (Please tick **only one box**.) **PHTEST1**

 (1)

No

 (2)

I do not know/I am not sure.

 (3)

Yes

56. Is there a place in a town or trading centre near your home where it is possible **to have an HIV test**?  
 (Please tick **only one box**.) **PHTEST2**

 (1)

No

 (2)

I do not know/I am not sure.

 (3)

Yes

57. Have you received information about HIV and AIDS from the following sources?  
 (Please tick **only one box on each line**.)

			<b>No</b>	<b>Yes</b>
<b>PHINFO01</b>	57.01	Radio	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)
<b>PHINFO02</b>	57.02	TV	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)
<b>PHINFO03</b>	57.03	Video player (VCR, DVD, etc)	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)
<b>PHINFO04</b>	57.04	Internet	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)
<b>PHINFO05</b>	57.05	Computer(s)	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)
<b>PHINFO06</b>	57.06	Poster(s) / Billboard(s)	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)
<b>PHINFO07</b>	57.07	Book(s)	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)
<b>PHINFO08</b>	57.08	Magazine(s)/Newspaper(s)	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)
<b>PHINFO09</b>	57.09	Drama(s)/Play(s)/Concert(s)	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)

<b>PHINFO10</b>	57.10	School club	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)
<b>PHINFO11</b>	57.11	Cinema (in-door, out-door, or mobile)	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)
<b>PHINFO12</b>	57.12	Recreational activities	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)
<b>PHINFO13</b>	57.13	Classroom lesson(s)	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)
<b>PHINFO14</b>	57.14	Hospital / Clinic	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)
<b>PHINFO15</b>	57.15	Teacher(s) / School Head	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)
<b>PHINFO16</b>	57.16	Friend(s)	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)
<b>PHINFO17</b>	57.17	Counsellor(s)	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)
<b>PHINFO18</b>	57.18	Peer educator(s)	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)
<b>PHINFO19</b>	57.19	Doctor(s)	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)
<b>PHINFO20</b>	57.20	Community health worker(s)	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)
<b>PHINFO21</b>	57.21	Person(s) from church, mosque, temple, etc.	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)
<b>PHINFO22</b>	57.22	A person living with HIV	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)
<b>PHINFO23</b>	57.23	Family / Relatives	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)

58. Which source of HIV and AIDS information in the above list was the best for you?

(Please write the number of the source in the box.)

**PHINFOBT**

57.   
(2D)

59. A close friend of yours has told you that he or she is infected with HIV. How would you behave towards him or her?

(Please tick **only one** box.)

**PHFRIEND**

- (1) I would be more friendly than before.
- (2) I would behave the same as before.
- (3) I would avoid or shun him/her.
- (4) I am not sure how I would behave.

60. Would you be willing to care for a relative who became ill with AIDS?

(Please tick **only one box**.)

**PHRLTVE**

(1) No

(2) Yes

(3) I am not sure.

61. Should a pupil who is infected with HIV be allowed to continue to attend school?

(Please tick **only one box**.)

**PHPUPIL**

(1) No

(2) Yes

(3) I am not sure.

62. Should a teacher who is infected with HIV be allowed to continue teaching at school?

(Please tick **only one box**.)

**PHTCHER**

(1) No

(2) Yes

(3) I am not sure.

### **SOME QUESTIONS ABOUT HIV AND AIDS CLASSES**

63. Have you ever attended classes /lessons on HIV and AIDS during this school year in your school?

(Please tick **only one box**.)

**PHCLSHIV**

(1) No

(2) Yes

NOTE: If you did not attend any classes/lessons on HIV and AIDS, then do not answer any further questions.

## MAIN STUDY 2007 (Botswana)

64. What happened during these classes /lessons on HIV and AIDS?  
(Please tick **only one box** on each line.)

**Note : variable name numbering is incorrect**

			No	Yes
<b>PHCLS01</b>	64.1	Reading material(s) / pamphlet(s) were distributed.	<input type="checkbox"/> <small>(1)</small>	<input type="checkbox"/> <small>(2)</small>
<b>PHCLS02</b>	64.2	A teacher gave a lesson.	<input type="checkbox"/> <small>(1)</small>	<input type="checkbox"/> <small>(2)</small>
<b>PHCLS04</b>	64.3	We watched a video / film.	<input type="checkbox"/> <small>(1)</small>	<input type="checkbox"/> <small>(2)</small>
<b>PHCLS05</b>	64.4	We listened to a radio and/or recorded programme.	<input type="checkbox"/> <small>(1)</small>	<input type="checkbox"/> <small>(2)</small>
<b>PHCLS06</b>	64.5	We were able to ask questions.	<input type="checkbox"/> <small>(1)</small>	<input type="checkbox"/> <small>(2)</small>
<b>PHCLS07</b>	64.6	A person living with HIV gave a talk.	<input type="checkbox"/> <small>(1)</small>	<input type="checkbox"/> <small>(2)</small>
<b>PHCLS08</b>	64.7	We had a group discussion.	<input type="checkbox"/> <small>(1)</small>	<input type="checkbox"/> <small>(2)</small>
<b>PHCLS09</b>	64.8	We had an organized trip to a hospital / care centre.	<input type="checkbox"/> <small>(1)</small>	<input type="checkbox"/> <small>(2)</small>
<b>PHCLS10</b>	64.9	We completed a questionnaire.	<input type="checkbox"/> <small>(1)</small>	<input type="checkbox"/> <small>(2)</small>

65. Which HIV and AIDS activity in the above list was the best for you?  
(Please **write the number of the activity** in the box.)

**PHCLSBT**

64.   
(1D)

YOU HAVE NOW COMPLETED ALL QUESTIONS IN THIS BOOKLET. PLEASE PUT YOUR PENCIL DOWN AND WAIT QUIETLY WHILE THE OTHER PUPILS FINISH THEIR QUESTIONS.

# Teacher Booklet

## SACMEQ III The Southern and Eastern Africa Consortium for Monitoring Educational Quality

### NOTE FOR TEACHER VARIABLES:

The first letter of the teacher variable 'T' needs to be replaced by 'X', 'Y' or 'W' representing 'Reading', 'Mathematics' and 'Health' teachers, respectively.

For example, TAGE becomes XAGE (Reading), YAGE (Mathematics), or WAGE (Health).

### Standard 6 Study



SACMEQ and the IIEP wish to acknowledge the generous financial assistance provided by the Ministry of Foreign Affairs of the Government of the Netherlands in support of SACMEQ's research and training programmes.

# MAIN STUDY 2007 (Botswana)

<u>ID</u>	
Country	<input type="text"/>
Region	<input type="text"/>
	District <input type="text"/>
School	<input type="text"/>
Teacher	<input type="text"/>
Instrument	2 <input type="text"/>
	Part <input type="text"/>
	A <input type="text"/>

**SACMEQ III**  
The Southern and Eastern Africa Consortium  
for Monitoring Educational Quality

## Standard 6 Study

### Teacher Booklet

NOTE: If your school does not use 6A, 6B, 6C, etc. as class names, please speak to the Data Collector before you complete this question.

In the table below, indicate **which Standard 6 classes you take for English (Reading), Mathematics, and Health/Life Skills** and **the number of pupils in those classes**.

*(Please tick the appropriate box for each Standard 6 class.)*

*For the classes you take, please write the number of pupils in the box on the same line.)*

	English (Reading)	Maths	Health/ Life skills	No. of pupils
<b>6A</b>	<input type="checkbox"/> <small>(2)</small>	<input type="checkbox"/> <small>(2)</small>	<input type="checkbox"/> <small>(2)</small>	<input style="width: 50px; height: 20px;" type="text"/> <small>(3D)</small>
<b>6B</b>	<input type="checkbox"/> <small>(2)</small>	<input type="checkbox"/> <small>(2)</small>	<input type="checkbox"/> <small>(2)</small>	<input style="width: 50px; height: 20px;" type="text"/> <small>(3D)</small>
<b>6C</b>	<input type="checkbox"/> <small>(2)</small>	<input type="checkbox"/> <small>(2)</small>	<input type="checkbox"/> <small>(2)</small>	<input style="width: 50px; height: 20px;" type="text"/> <small>(3D)</small>
<b>6D</b>	<input type="checkbox"/> <small>(2)</small>	<input type="checkbox"/> <small>(2)</small>	<input type="checkbox"/> <small>(2)</small>	<input style="width: 50px; height: 20px;" type="text"/> <small>(3D)</small>
<b>6E</b>	<input type="checkbox"/> <small>(2)</small>	<input type="checkbox"/> <small>(2)</small>	<input type="checkbox"/> <small>(2)</small>	<input style="width: 50px; height: 20px;" type="text"/> <small>(3D)</small>
<b>6F</b>	<input type="checkbox"/> <small>(2)</small>	<input type="checkbox"/> <small>(2)</small>	<input type="checkbox"/> <small>(2)</small>	<input style="width: 50px; height: 20px;" type="text"/> <small>(3D)</small>
<b>6G</b>	<input type="checkbox"/> <small>(2)</small>	<input type="checkbox"/> <small>(2)</small>	<input type="checkbox"/> <small>(2)</small>	<input style="width: 50px; height: 20px;" type="text"/> <small>(3D)</small>

# MAIN STUDY 2007 (Botswana)

## PART D: QUESTIONNAIRE

### SOME QUESTIONS ABOUT YOU

1. What is your sex? **TSEX**  
(Please tick *only one* box.)
- (1) Male
- (2) Female
2. What is your age? **TAGE**  
(Please write the number in the box below.)
- (2D) years old
3. Are you a permanent or non-permanent teacher? **TOPERMNT**  
(Please tick *only one* box.)
- (1) Permanent teacher, who is paid by the government
- (2) Permanent teacher, who is not paid by the government
- (3) Non-permanent teacher (temporary, contract, or student teacher), who is paid by the government
- (4) Non-permanent teacher (temporary, contract, or student teacher), who is not paid by the government

### SOME QUESTIONS ABOUT YOUR EDUCATION, TRAINING AND EXPERIENCE

4. What is the highest level of **academic education** you have attained?  
(Please tick *only one* box.)
- (1) Primary education or equivalent **TOACADEM**
- (2) Junior secondary education or equivalent
- (3) Senior secondary education or equivalent
- (4) A-level or some further study, but not a first degree
- (5) Tertiary education (at least a first degree)

## MAIN STUDY 2007 (Botswana)

5. How many years of **teacher training** have you received altogether?  
(Please tick **only one box**.)

**TOPROFES**

(1) I did not receive any teacher training.

(2) I have had (a) short course(s) of less than one-year duration in total.

(3) I have had a total equivalent of one year of teacher training.

(4) I have had a total equivalent of two years of teacher training.

(5) I have had a total equivalent of three years of teacher training.

(6) I have had a total equivalent of more than three years of teacher training.

6. How many years altogether have you been **teaching**?  
(Please write the number in the box below.  
Please round to '1' if it is less than one year.)

**TNUMYRS**

(2D) years

### SOME QUESTIONS ABOUT IN-SERVICE COURSES

7. After having completed your initial teacher training, how many short **in-service courses** have you attended during the last three years?  
(Please write the number in the box below.  
Write '0' if you have attended no courses.)

**TINSERVC**

(2D) courses

8. After having completed your initial teacher training, what is the total number of days that you spent attending **in-service courses** during the last three years?  
(Please write the number in the box below.  
Write '0' if you have attended no courses.)

**TINSERVD**

(3D) days

## MAIN STUDY 2007 (Botswana)

9. Generally, do you think that these **in-service courses** were effective in terms of improving teaching?  
(Please tick **only one box**.)

**TINSERVE**

- (1) I did not attend any in-service course.
- (2) Not effective
- (3) Reasonably effective
- (4) Effective
- (5) Very effective

### SOME QUESTIONS ABOUT YOUR STANDARD 6 CLASSROOM AND SCHOOL

NOTE: If you teach more than one Standard 6 class, please answer Questions 11 - 14 for the largest Standard 6 class that you teach.

10. Can pupils borrow books from the classroom library, book corner or book box to take them to their homes?  
(Please tick **only one box**.)

**TBORROW**

- (1) There is no classroom library, book corner or book box.
- (2) No
- (3) Yes

11. How many books do you have in the classroom library, book corner or book box?  
(Please write the number in the box below.  
Please do not count magazines or newspapers. Please write '0' if there is no classroom library, book corner or book box.)

**TBOOKCLS**

(3D) books

## MAIN STUDY 2007 (Botswana)

12. Which of the following are available in your classroom or teaching area?  
(Please tick the *appropriate* box for *each* resource.)

		No	Yes	
12.1	Usable writing board (black, white, green)	<input type="checkbox"/> <small>(1)</small>	<input type="checkbox"/> <small>(2)</small>	<b>TRESCKBD</b>
12.2	Chalk (or other markers)	<input type="checkbox"/> <small>(1)</small>	<input type="checkbox"/> <small>(2)</small>	<b>TRESCHLK</b>
12.3	Board duster / eraser	<input type="checkbox"/> <small>(1)</small>	<input type="checkbox"/> <small>(2)</small>	<b>TRESDSTR</b>
12.4	Wall chart of any kind	<input type="checkbox"/> <small>(1)</small>	<input type="checkbox"/> <small>(2)</small>	<b>TRESWCHT</b>
12.5	Cupboard or locker	<input type="checkbox"/> <small>(1)</small>	<input type="checkbox"/> <small>(2)</small>	<b>TRESCPBD</b>
12.6	One or more bookshelves	<input type="checkbox"/> <small>(1)</small>	<input type="checkbox"/> <small>(2)</small>	<b>TRESBKSH</b>
12.7	Classroom library, book corner or book box	<input type="checkbox"/> <small>(1)</small>	<input type="checkbox"/> <small>(2)</small>	<b>TRESCLIB</b>
12.8	Teacher table	<input type="checkbox"/> <small>(1)</small>	<input type="checkbox"/> <small>(2)</small>	<b>TRESTTAB</b>
12.9	Teacher chair	<input type="checkbox"/> <small>(1)</small>	<input type="checkbox"/> <small>(2)</small>	<b>TRESTCHR</b>

13. How many of the following do you have in your classroom or teaching area?

*(Please write the number in the boxes below. Please write '0' if you do not have any.)*

13.1	Sitting places for pupils (on chairs or benches)	<input style="width: 50px; height: 20px;" type="text"/> <small>(31D)</small>	<b>TSITCLAS</b>
13.2	Writing places for pupils (at desks or tables)	<input style="width: 50px; height: 20px;" type="text"/> <small>(31D)</small>	<b>TWRITCLS</b>

## MAIN STUDY 2007 (Botswana)

14. Which of the following do you have access to in your school?  
(Please tick the *appropriate* box for each resource.)

		No	Yes	
14.01	A map	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<b>TRESMAP</b>
14.02	An English dictionary	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<b>TRESENGD</b>
14.03	Geometrical instruments (compass, protractor, etc.) for use on a writing board	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<b>TRESCGEO</b>
14.04	Teacher's guide (English)	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<b>TRESTGR</b>
14.05	Teacher's guide (Mathematics)	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<b>TRESTGM</b>
14.06	Teacher's guide (Life Skills, Health Education)	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<b>TRESTGH</b>
14.07	Extra library/reference books for teachers	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<b>TRESBOOK</b>
14.08	Poster(s) on HIV and AIDS	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<b>TRESHIVP</b>
14.09	Pamphlet(s) / brochure(s) on HIV and AIDS	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<b>TRESHIVB</b>
14.10	Radio	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<b>TRESRAD</b>
14.11	TV	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<b>TRESTV</b>
14.12	<u>Audio cassette</u> player	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<b>TRESCAS</b>
14.13	<u>Audio disc</u> player (CD)	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<b>TRESCD</b>
14.14	<u>Video tape</u> player (VCR)	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<b>TRESVCR</b>
14.15	<u>Video disc</u> player (DVD, VCD, etc.)	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<b>TRESDVD</b>
14.16	Computer(s)	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<b>TRESCOMP</b>
14.17	Internet	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<b>TRESINT</b>
14.18	Photocopier	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<b>TRESPCPY</b>

### SOME QUESTIONS ABOUT YOUR TEACHING

15. How many periods/ lessons of actual teaching do you have in a **typical school week** at this school?

(Please include all subjects and year levels together.  
Please write the number in the box below.)

**TNPERIOD**

<sub>(2D)</sub> periods / lessons per week

## MAIN STUDY 2007 (Botswana)

16. How long is each period?  
*(Please write the number in the box below.)*  
 (2D) minutes per period / lesson **TMINPER**
17. How many **hours**, on average, do you spend in a typical school week working on **lesson preparation and marking** for this school, **outside school hours**?  
*(Please write the number in the box below.)*  
 (2D) hours per week **THRSPREP**
18. How often do you usually meet with the parents or guardians of the pupils in your class to discuss pupil performance or related matters?  
*(Please tick **only one box**.)*  
**TMEETPAR**
- (1) Never
- (2) Once a year
- (3) Once a term
- (4) Once or more a month
19. Which subject(s) do you teach?  
*(Please tick **only one box** for each line.)*
- |  | <b>No</b>   | <b>Yes</b>  |                 |
|--|---|---|-----------------|
| 19.1 English   | <input style="width: 30px; height: 20px; border: 1px solid black;" type="checkbox"/> <small>(1)</small> | <input style="width: 30px; height: 20px; border: 1px solid black;" type="checkbox"/> <small>(2)</small> | <b>TTEACHRD</b> |
| 19.2 Mathematics   | <input style="width: 30px; height: 20px; border: 1px solid black;" type="checkbox"/> <small>(1)</small> | <input style="width: 30px; height: 20px; border: 1px solid black;" type="checkbox"/> <small>(2)</small> | <b>TTEACHMA</b> |
| 19.3 Sciences  | <input style="width: 30px; height: 20px; border: 1px solid black;" type="checkbox"/> <small>(1)</small> | <input style="width: 30px; height: 20px; border: 1px solid black;" type="checkbox"/> <small>(2)</small> | <b>TTEACHSC</b> |
| 19.4 Social Sciences (History, Geography, etc.)  | <input style="width: 30px; height: 20px; border: 1px solid black;" type="checkbox"/> <small>(1)</small> | <input style="width: 30px; height: 20px; border: 1px solid black;" type="checkbox"/> <small>(2)</small> | <b>TTEACHSS</b> |
| 19.5 School subjects that include HIV and AIDS (Life Skills, Health Education, Sciences, etc.) | <input style="width: 30px; height: 20px; border: 1px solid black;" type="checkbox"/> <small>(1)</small> | <input style="width: 30px; height: 20px; border: 1px solid black;" type="checkbox"/> <small>(2)</small> | <b>TTEACHHS</b> |

## MAIN STUDY 2007 (Botswana)

20. Which subject(s) are you trained to teach?  
(Please tick **only one box** for each line.)

		<b>No</b>	<b>Yes</b>	
20.1	English	<input type="checkbox"/> <small>(1)</small>	<input type="checkbox"/> <small>(2)</small>	<b>TTRAINRD</b>
20.2	Mathematics	<input type="checkbox"/> <small>(1)</small>	<input type="checkbox"/> <small>(2)</small>	<b>TTRAINMA</b>
20.3	Sciences	<input type="checkbox"/> <small>(1)</small>	<input type="checkbox"/> <small>(2)</small>	<b>TTRAINSC</b>
20.4	Social Sciences (History, Geography, etc.)	<input type="checkbox"/> <small>(1)</small>	<input type="checkbox"/> <small>(2)</small>	<b>TTRAINSS</b>
20.5	School subjects that include HIV and AIDS (Life Skills, Health Education, Sciences, etc.)	<input type="checkbox"/> <small>(1)</small>	<input type="checkbox"/> <small>(2)</small>	<b>TTRAINHS</b>

21. How many days were you **absent** during this school year due to the following reasons?

(Please write the numbers in the box for each category.  
Please write '0' for a particular category if you were not absent for this reason.)

21.01	My own illness	<input type="text"/> <small>(3D)</small>	days	<b>TABSNT1</b>
21.02	My own injury	<input type="text"/> <small>(3D)</small>	days	<b>TABSNT2</b>
21.03	Family member's illness	<input type="text"/> <small>(3D)</small>	days	<b>TABSNT3</b>
21.04	Family member's injury	<input type="text"/> <small>(3D)</small>	days	<b>TABSNT4</b>
21.05	Funerals (family, colleagues, friends)	<input type="text"/> <small>(3D)</small>	days	<b>TABSNT5</b>
21.06	Medical appointment(s)	<input type="text"/> <small>(3D)</small>	days	<b>TABSNT6</b>
21.07	Bad weather / road not accessible	<input type="text"/> <small>(3D)</small>	days	<b>TABSNT7</b>
21.08	Official business (for example: meeting, examination, course)	<input type="text"/> <small>(3D)</small>	days	<b>TABSNT8</b>
21.09	Maternity leave	<input type="text"/> <small>(3D)</small>	days	<b>TABSNT9</b>
21.10	Security reasons (riots, civil disturbance, etc.)	<input type="text"/> <small>(3D)</small>	days	<b>TABSNT10</b>
21.11	Teachers' strikes	<input type="text"/> <small>(3D)</small>	days	<b>TABSNT11</b>
21.12	Other reasons	<input type="text"/> <small>(3D)</small>	days	<b>TABSNT12</b>

# MAIN STUDY 2007 (Botswana)

## ONE QUESTION ABOUT ADVICE ON TEACHING

22. How often does your School Head advise you on your teaching?  
(Please tick **only one box**.)

- (1) Never
- (2) Once a year
- (3) Once a term
- (4) Once or more a month
- (5) I am the School Head.

**TPRINADV**

## SOME QUESTIONS ABOUT EDUCATION RESOURCE CENTRES (SOMETIMES CALLED EDUCATION CENTRES OR TEACHER RESOURCE CENTRES.)

NOTE: An education resource centre (or education centre or teacher resource centre) is a place where teachers from different schools in the surrounding area can visit for different reasons. For example, teachers can borrow and/or produce teaching materials (such as books, wall charts, games, equipment, etc.). They may also seek the advice of the staff of the resource centre concerning some aspects of classroom lessons.

23. Is there an education resource centre which serves your school?  
(Please tick **only one box**.)

- (1) No
- (2) Yes

**TRCENTRE**

24. What exactly have you used the education resource centre for during this school year?

(Please tick **only one of the following three boxes**.  
*If you have used the education resource centre, please answer the second part, **ticking the appropriate box for each statement.***)

- (1) There is no education resource centre.
- (2) I have not visited the centre during this school year.
- (3) I have used the centre in order to:

**TRCVISIT**

- |  | No                              | Yes                             |                |
|--|---------------------------------|---------------------------------|----------------|
| 24.1 Look at teaching/ training materials              | <input type="checkbox"/><br>(1) | <input type="checkbox"/><br>(2) | <b>TRCUSE1</b> |
| 24.2 Borrow teaching/ training materials               | <input type="checkbox"/><br>(1) | <input type="checkbox"/><br>(2) | <b>TRCUSE2</b> |
| 24.3 Make teaching/ training materials                 | <input type="checkbox"/><br>(1) | <input type="checkbox"/><br>(2) | <b>TRCUSE3</b> |
| 24.4 Attend training courses                           | <input type="checkbox"/><br>(1) | <input type="checkbox"/><br>(2) | <b>TRCUSE4</b> |
| 24.5 Exchange ideas with teachers from other schools   | <input type="checkbox"/><br>(1) | <input type="checkbox"/><br>(2) | <b>TRCUSE5</b> |
| 24.6 Seek advice from the staff of the resource centre | <input type="checkbox"/><br>(1) | <input type="checkbox"/><br>(2) | <b>TRCUSE6</b> |

# MAIN STUDY 2007 (Botswana)

## ONE QUESTION ABOUT YOUR HOME

25. Which of the following most accurately reflects the condition of your living accommodation?

(Please tick *only one box*.)

(1) Generally in a poor state

**TCONDLIV**

(2) Some parts require major repairs

(3) Some parts require minor repairs

(4) Generally in good condition

## SOME QUESTIONS ABOUT PUPIL ASSESSMENT

26. Does the school report for each pupil include a specific section for comments on the following subjects?

(Please tick *only one box* for *each line*.)

**No**      **Yes**

26.1 English       (1)       (2)      **TRRPTCOM**

26.2 Mathematics       (1)       (2)      **TRPTMCOM**

26.3 Health / Life Skills       (1)       (2)      **TRPTHCOM**

27. Do you ask parents or guardians to sign that pupils have completed their home assignments?

(Please tick *only one box*.)

(1) No

**TSIGNHM**

(2) Yes

28. How often do you give your pupils a written test?

(Please tick *only one box*.)

(1) I do not test the pupils.

**TTEST**

(2) Once a year

(3) Once per term

(4) About two or three times per term

(5) About two or three times per month

(6) Once or more per week

# MAIN STUDY 2007 (Botswana)

## SOME QUESTIONS ABOUT HIV AND AIDS

29. Is there a place that is within walking distance of your home where it is possible **to have an HIV test**?

(Please tick *only one box*.)

 (1)

No

**THTEST1**

 (2)

I do not know/I am not sure.

 (3)

Yes

30. Is there a place in a town or trading centre near your home where it is possible **to have an HIV test**?

(Please tick *only one box*.)

 (1)

No

**THTEST2**

 (2)

I do not know/I am not sure.

 (3)

Yes

31. Would you take an HIV test **if you had to pay for it**?

(Please tick *only one box*.)

 (1)

No

**THIVPAY**

 (2)

Yes

32. Would you take an HIV test **if it was free of charge**?

(Please tick *only one box*.)

 (1)

No

**THIVFREE**

 (2)

Yes

33. What do you think is the general risk of being infected with HIV for you and for other teachers at your school?

(Please tick the *appropriate box for each line*.)

		No risk	Low	Medium	High	Very High	
33.1	the risk for you	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	<input type="checkbox"/> (4)	<input type="checkbox"/> (5)	<b>THRISKU</b>
33.2	the risk for other teachers at your school	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	<input type="checkbox"/> (4)	<input type="checkbox"/> (5)	<b>THRISKT</b>

34. Have you received information about HIV and AIDS from the following School Information Booklet

## MAIN STUDY 2007 (Botswana)

sources?

(Please tick only **one box** for each line.)

	<b>No</b>	<b>Yes</b>	
34.01 Radio	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<b>THINFO01</b>
34.02 TV	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<b>THINFO02</b>
34.03 Video player (VCR, DVD, etc.)	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<b>THINFO03</b>
34.04 Internet	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<b>THINFO04</b>
34.05 Computer(s)	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<b>THINFO05</b>
34.06 Poster(s) / Billboard(s)	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<b>THINFO06</b>
34.07 Book(s)	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<b>THINFO07</b>
34.08 Magazine(s)/Newspaper(s)	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<b>THINFO08</b>
34.09 Drama(s)/Play(s)/Concert(s)	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<b>THINFO09</b>
34.10 Cinema (in-door, out-door, or mobile)	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<b>THINFO10</b>
34.11 School Club	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<b>THINFO11</b>
34.12 Recreational activities	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<b>THINFO12</b>
34.13 Pre-service teacher training	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<b>THINFO13</b>
34.14 In-service teacher training	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<b>THINFO14</b>
34.15 Hospital / Clinic	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<b>THINFO15</b>
34.16 Teacher(s) / School Head	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<b>THINFO16</b>
34.17 Friend(s)	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<b>THINFO17</b>
34.18 Counsellor(s)	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<b>THINFO18</b>
34.19 Peer educator(s)	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<b>THINFO19</b>
34.20 Doctor(s)	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<b>THINFO20</b>
34.21 Community health worker(s)	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<b>THINFO21</b>
34.22 Person(s) from church, mosque, temple, etc.	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<b>THINFO22</b>
34.23 A person living with HIV	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<b>THINFO23</b>
34.24 Family / Relatives	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<b>THINFO24</b>

## MAIN STUDY 2007 (Botswana)

35. Which source of HIV and AIDS information in the above list was the best for you?  
(*Please write the number of the source in the box.*)

34.  (2D)

**THINFOBT**

36. Should a pupil who is infected with HIV be allowed to continue to attend school?  
(*Please tick **only one** box.*)

 (1)

No

 (2)

Yes

 (3)

I am not sure

**THPUPIL**

37. Should a teacher who is infected with HIV be allowed to continue teaching at school?  
(*Please tick **only one** box.*)

 (1)

No

 (2)

Yes

 (3)

I am not sure

**THTCHER**

### SOME QUESTIONS ABOUT IN-SERVICE COURSES ON HIV AND AIDS

38. How many days of specialized training in HIV and AIDS have you received after you became a school teacher? (These days of training could be part of a Life Skills course, Health Education course, Health Guidance and Counselling course, etc.)  
(*Please write the number of days in the boxes below.  
Please write '0' if you have attended none of these courses.  
Please round to '1' if it is less than one day.*)

(2D) days

**THCRSHIV**

## MAIN STUDY 2007 (Botswana)

NOTE: If you did not attend any courses on HIV and AIDS, then do not answer Questions 39 and 40.

39. What happened during these classes / lessons on HIV/AIDS?  
(Please tick **only one box** for each line.)

		No	Yes	
39.01	Reading material(s) / pamphlet(s) were distributed.	<input type="checkbox"/> <small>(1)</small>	<input type="checkbox"/> <small>(2)</small>	<b>THCRS01</b>
39.02	A course instructor gave a lecture.	<input type="checkbox"/> <small>(1)</small>	<input type="checkbox"/> <small>(2)</small>	<b>THCRS02</b>
39.03	We were given a list of contact addresses for further information and help.	<input type="checkbox"/> <small>(1)</small>	<input type="checkbox"/> <small>(2)</small>	<b>THCRS03</b>
39.04	We watched a video / film.	<input type="checkbox"/> <small>(1)</small>	<input type="checkbox"/> <small>(2)</small>	<b>THCRS04</b>
39.05	We listened to a radio and/or recorded programme.	<input type="checkbox"/> <small>(1)</small>	<input type="checkbox"/> <small>(2)</small>	<b>THCRS05</b>
39.06	We were able to ask questions.	<input type="checkbox"/> <small>(1)</small>	<input type="checkbox"/> <small>(2)</small>	<b>THCRS06</b>
39.07	A person living with HIV gave a talk.	<input type="checkbox"/> <small>(1)</small>	<input type="checkbox"/> <small>(2)</small>	<b>THCRS07</b>
39.08	We had a group discussion.	<input type="checkbox"/> <small>(1)</small>	<input type="checkbox"/> <small>(2)</small>	<b>THCRS08</b>
39.09	We had an organized trip to a hospital / care centre.	<input type="checkbox"/> <small>(1)</small>	<input type="checkbox"/> <small>(2)</small>	<b>THCRS09</b>
39.10	We completed a questionnaire.	<input type="checkbox"/> <small>(1)</small>	<input type="checkbox"/> <small>(2)</small>	<b>THCRS10</b>
39.11	We participated in role play.	<input type="checkbox"/> <small>(1)</small>	<input type="checkbox"/> <small>(2)</small>	<b>THCRS11</b>
39.12	We learned how to respond to sensitive questions from pupils about HIV and AIDS.	<input type="checkbox"/> <small>(1)</small>	<input type="checkbox"/> <small>(2)</small>	<b>THCRS12</b>
39.13	We were given practical demonstrations - for example, condom usage.	<input type="checkbox"/> <small>(1)</small>	<input type="checkbox"/> <small>(2)</small>	<b>THCRS13</b>
39.14	Male/female condoms were made available at the meeting.	<input type="checkbox"/> <small>(1)</small>	<input type="checkbox"/> <small>(2)</small>	<b>THCRS14</b>

40. Which HIV and AIDS activity in the above list was the best for you?  
(Please write the number of the activity in the box.)

39.   
(2D)

**THCRSBT**

## MAIN STUDY 2007 (Botswana)

### A FINAL QUESTION

41. Have you ever had an HIV test?  
(Please tick *only one box*.)

(1) No

(2) Yes

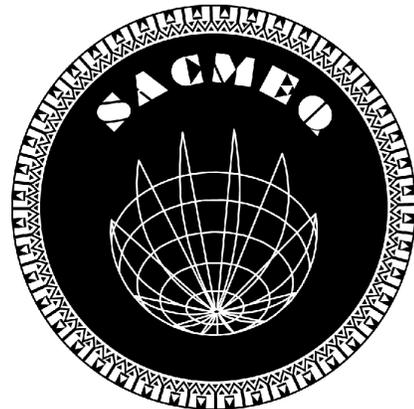
**THIVTEST**

YOU HAVE NOW COMPLETED ALL QUESTIONS IN THIS BOOKLET. PLEASE  
NOTIFY THE DATA COLLECTOR.

# School Head Booklet

**SACMEQ III**  
The Southern and Eastern  
Africa Consortium  
for Monitoring Educational  
Quality

**Standard 6 Study**



SACMEQ and the IIEP wish to acknowledge the generous financial assistance provided by the Ministry of Foreign Affairs of the Government of the Netherlands in support of SACMEQ's research and training programmes.

# MAIN STUDY 2007 (Botswana)

ID	
Country	<input type="text"/> <input type="text"/> <input type="text"/>
Region	<input type="text"/> <input type="text"/> <input type="text"/>
District	<input type="text"/> <input type="text"/> <input type="text"/>
School	<input type="text"/>
Instrument	<input type="text" value="3"/>

COUNTRY

REGION

DISTRICT

SCHOOL

INSTR

## SACMEQ III

The Southern and Eastern Africa  
Consortium  
for Monitoring Educational Quality

### Standard 6 Study

### School Head Booklet

**NOTE: THIS BOOK SHOULD BE COMPLETED BY THE SCHOOL HEAD OR IN HIS/HER ABSENCE BY THE DEPUTY HEAD OR ANOTHER SENIOR MEMBER OF STAFF.**

NOTE: In SACMEQ countries, different terms are used to refer to "School Head", such as "Head Teacher", "School Director", or "School Principal". However, the term "School Head" has been used throughout this booklet.

### SOME QUESTIONS ABOUT YOUR SCHOOL

1. Is your school a government or a non-government school?

**STYPE**

(Please tick *only one box*.)

(1)

Government (land and building owned by the government)

(2)

Non-government (land and building owned by a private organization, church, community, or NGO, etc.)

2. Which of the following best describes the levels of education provided by your school?

**SLEVELS**

(Please tick *only one box*.)

(1)

Primary level only

(2)

Pre-primary and primary levels combined

(3)

Primary and secondary levels combined

(4)

Pre-primary, primary, and secondary levels combined

## MAIN STUDY 2007 (Botswana)

3. Which of the following best describes the location of your school?  
(Please tick **only one box**.)

**SLOCAT**

- (1) Isolated
- (2) Rural
- (3) In or near a small town
- (4) In or near a large town or city

### SOME QUESTIONS ABOUT THE SCHOOL HEAD

4. What is your sex?  
(Please tick **only one box**.)

**SSEX**

- (1) Male
- (2) Female

5. What is your age?  
(Please write the number in the box below.)

**SAGE**

(2D) years old

### SOME QUESTIONS ABOUT THE SCHOOL HEAD'S EDUCATION, TRAINING AND EXPERIENCE

6. What is the highest level of academic education you have attained?  
(Please tick **only one box**.)

**SQACADEM**

- (1) Primary education or equivalent
- (2) Junior secondary education or equivalent
- (3) Senior secondary education or equivalent
- (4) A-level or some further study, but not a first degree
- (5) Tertiary education (at least a first degree)

## MAIN STUDY 2007 (Botswana)

7. How many years of pre-service **teacher training** have you received altogether?  
(Please tick **only one box**.)

**SQTT**

- (1) I did not receive any teacher training.
- (2) I have had (a) short course(s) of less than one-year duration in total.
- (3) I have had a total equivalent of one year of teacher training.
- (4) I have had a total equivalent of two years of teacher training.
- (5) I have had a total equivalent of three years of teacher training.
- (6) I have had a total equivalent of more than three years of teacher training.

8. How many years altogether have you been **teaching**? (including the years that you have been a School Head)  
(Please write the number in the box below.  
Please round to '1' if it is less than one year.)

**SEXPTCH**

(2D) years

9. How many years altogether have you been a School Head or Acting School Head?  
(Please write the number in the box below.  
Please round to '1' if it is less than one year.)

**SEXBALL**

(2D) years

### SOME QUESTIONS ABOUT IN-SERVICE COURSES AND SPECIALIZED TRAINING RECEIVED BY THE SCHOOL HEAD

10. Did you receive **specialized training** in school management after you became the School Head?  
(Please tick **only one box**.  
If 'Yes,' please indicate the total length of the course(s) in the box on the final line.)

(1) No

**SQSPEC**

(2) Yes, a training programme of around  (3D) days

**SQSPECDY**

## MAIN STUDY 2007 (Botswana)

11. Did you receive **specialized training** in health, safety, life skills, or HIV and AIDS teaching?  
 (Please tick **only one box**.  
 If 'Yes,' please indicate the total length of the course(s) in the box on the final line.)

No

**SQHLTH**

Yes, a training programme of around  days

**SQHLTHDY**

### SOME QUESTIONS ABOUT SCHOOL HEAD'S TEACHING

12. How many periods/ lessons do you actually teach in a **typical school week** at this school?  
 (Please write the number in the box below.  
 Please write '0' if you do not teach.)

periods / lessons per week

**SPERIODS**

13. How long is each period?  
 (Please write the number in the box below.  
 Please write '0' if you do not teach.)

minutes per period

**SMINUTES**

### SOME QUESTIONS ABOUT SCHOOL OPERATION

14. Six activities that can contribute to your work as School Head are listed below. Please rank the importance of these activities by placing a **1 beside the most important activity, a 2 beside the second most important activity**, etc. and finally place **a 6 beside the least important activity**.  
 (Please write the number for each activity in the box below.)

- 14.1 Contacts with local community

**SACTHD01  
SACTHD02**

- 14.2 Monitoring pupils' progress

- 14.3 Administrative tasks concerning the functioning of the school

**SACTHD03**

- 14.4 Discussing educational objectives with the teaching staff

**SACTHD04**

- 14.5 Activities aimed at the professional development of teachers

**SACTHD05**

- 14.6 Activities aimed at the professional development of School Heads

**SACTHD06**

## MAIN STUDY 2007 (Botswana)

15. About how often does the school have to deal with the following behaviours of pupils?  
*(Please tick the appropriate box for each statement.)*

	Never	Sometimes	Often	
15.01 Pupils arriving late at school	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	<b>SPUPPR01</b>
15.02 Pupil absenteeism (i.e., unjustified absence)	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	<b>SPUPPR02</b>
15.03 Pupils skipping classes	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	<b>SPUPPR03</b>
15.04 Pupils dropping out of school	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	<b>SPUPPR04</b>
15.05 Classroom disturbance by pupils	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	<b>SPUPPR05</b>
15.06 Cheating by pupils	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	<b>SPUPPR06</b>
15.07 Use of abusive language by pupils	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	<b>SPUPPR07</b>
15.08 Vandalism by pupils	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	<b>SPUPPR08</b>
15.09 Theft by pupils	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	<b>SPUPPR09</b>
15.10 Intimidation or bullying of pupils by other pupils	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	<b>SPUPPR10</b>
15.11 Intimidation / verbal abuse of teachers or staff by pupils	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	<b>SPUPPR11</b>
15.12 Physical injury to staff by pupils	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	<b>SPUPPR12</b>
15.13 Sexual harassment of pupils by other pupils	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	<b>SPUPPR13</b>
15.14 Sexual harassment of teachers by pupils	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	<b>SPUPPR14</b>
15.15 Drug abuse by pupils	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	<b>SPUPPR15</b>
15.16 Alcohol abuse or possession by pupils	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	<b>SPUPPR16</b>
15.17 Fights among pupils	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	<b>SPUPPR17</b>
15.18 Pupil health problems	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	<b>SPUPPR18</b>

## MAIN STUDY 2007 (Botswana)

16. About how often does the school have to deal with the following behaviours of teachers?

*(Please tick the appropriate box for each statement.)*

		<b>Never</b>	<b>Sometimes</b>	<b>Often</b>	
16.01	Teachers arriving late at school	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	<b>STCHPR01</b>
16.02	Teacher absenteeism (i.e., unjustified absence)	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	<b>STCHPR02</b>
16.03	Teachers skipping classes	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	<b>STCHPR03</b>
16.04	Intimidation or bullying of pupils by teachers	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	<b>STCHPR04</b>
16.05	Sexual harassment of teachers by other teachers	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	<b>STCHPR05</b>
16.06	Sexual harassment of pupils by teachers	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	<b>STCHPR06</b>
16.07	Use of abusive language by teachers	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	<b>STCHPR07</b>
16.08	Drug abuse by teachers	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	<b>STCHPR08</b>
16.09	Alcohol abuse or possession by teachers	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	<b>STCHPR09</b>
16.10	Teacher health problems	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	<b>STCHPR10</b>

## MAIN STUDY 2007 (Botswana)

17. How frequently do you take the following measures in your school when a teacher is absent for a week or more?  
*(Please tick the appropriate box for each statement.)*

		Never	Sometimes	Often	
17.01	Send the pupils home	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	<b>SMSURE01</b>
17.02	Leave the pupils to learn on their own	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	<b>SMSURE02</b>
17.03	Combine the class with another class	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	<b>SMSURE03</b>
17.04	Reallocate pupils to several other classes	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	<b>SMSURE04</b>
17.05	Assign a senior pupil to supervise the class	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	<b>SMSURE05</b>
17.06	Substitute the absent teacher with a parent	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	<b>SMSURE06</b>
17.07	Substitute the absent teacher with a community member	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	<b>SMSURE07</b>
17.08	Substitute the absent teacher with another qualified teacher	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	<b>SMSURE08</b>
17.09	Substitute the absent teacher with a qualified relief teacher	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	<b>SMSURE09</b>
17.10	Substitute the absent teacher with an unqualified relief teacher	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	<b>SMSURE10</b>
17.11	Substitute the absent teacher with the School Head	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (3)	<b>SMSURE11</b>

# MAIN STUDY 2007 (Botswana)

## SOME QUESTIONS ABOUT SCHOOL FACILITIES

18. What is the general condition of your school buildings?

(Please tick **only one box**.)

- (1) The school needs complete rebuilding.
- (2) Some classrooms need major repairs.
- (3) Most or all classrooms need minor repairs.
- (4) Some classrooms need minor repairs.
- (5) All classrooms are in good condition.

**SCONDIR**

19. Which of the following does your school have?

(Please tick **only one box** for each line.)

	<b>No</b>	<b>Yes</b>	
19.01 School library	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<b>SRES01</b>
19.02 School or community hall	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<b>SRES02</b>
19.03 Teacher / staff room	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<b>SRES03</b>
19.04 Separate office for School Head	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<b>SRES04</b>
19.05 Store room (separate from the School Head's office)	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<b>SRES05</b>
19.06 Special area for guidance and counselling	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<b>SRES06</b>
19.07 Sports area / playground	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<b>SRES07</b>
19.08 School garden	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<b>SRES08</b>
19.09 Fence or hedge around school borders	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<b>SRES09</b>
19.10 Cafeteria / shop / kiosk	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<b>SRES10</b>
19.11 Sick bay / sick room	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<b>SRES11</b>
19.12 First aid kit	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<b>SRES12</b>
19.13 Male/female condom distribution arrangement <u>for staff</u>	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<b>SRES13</b>
19.14 Male/female condom distribution arrangement <u>for pupils</u>	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<b>SRES14</b>
19.15 Piped water / water tank / borehole / spring	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<b>SRES15</b>
19.16 Clock	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<b>SRES16</b>

## MAIN STUDY 2007 (Botswana)

19.17	Telephone	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<b>SRES17</b>
19.18	Typewriter	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<b>SRES18</b>
19.19	Duplicator	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<b>SRES19</b>
19.20	Electricity (mains or generator)	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<b>SRES20</b>
19.21	Radio	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<b>SRES21</b>
19.22	Tape recorder	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<b>SRES22</b>
19.23	TV	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<b>SRES23</b>
19.24	<u>Audio cassette</u> player	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<b>SRES24</b>
19.25	<u>Audio disc</u> player (CD)	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<b>SRES25</b>
19.26	<u>Video tape</u> player (VCR)	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<b>SRES26</b>
19.27	<u>Video disc</u> player (DVD, VCD, etc.)	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<b>SRES27</b>
19.28	Fax machine	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<b>SRES28</b>
19.29	Photocopier	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<b>SRES29</b>
19.30	Overhead projector	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<b>SRES30</b>
19.31	Computer(s)	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<b>SRES31</b>
19.32	Projector for computer images	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<b>SRES32</b>
19.33	Computer room	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<b>SRES33</b>
19.34	Computer corner	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<b>SRES34</b>
19.35	School's own website	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<b>SRES35</b>

NOTE: A school library is a place where pupils from different year levels can borrow books and/or read books.

20. Can pupils borrow books from the school library to take them to their homes?  
(Please tick *only one box*.)

- (1) We have no school library.
- (2) No
- (3) Yes

**SBORROW**

## MAIN STUDY 2007 (Botswana)

### SOME QUESTIONS ABOUT YOUR SCHOOL COMMUNITY

21. What do parents and / or the community contribute to the school?  
They contribute towards the following:  
(Please tick the *appropriate* box for each statement.)

	No	Yes	
21.01 Building of school facilities (such as classrooms, teacher houses, etc.)	<input type="checkbox"/> <small>(1)</small>	<input type="checkbox"/> <small>(2)</small>	<b>SCOMM01</b>
21.02 Maintenance of school facilities (such as classrooms, teacher houses, etc.)	<input type="checkbox"/> <small>(1)</small>	<input type="checkbox"/> <small>(2)</small>	<b>SCOMM02</b>
21.03 Construction or maintenance and repair of furniture, equipment, etc.	<input type="checkbox"/> <small>(1)</small>	<input type="checkbox"/> <small>(2)</small>	<b>SCOMM03</b>
21.04 The purchase of textbooks	<input type="checkbox"/> <small>(1)</small>	<input type="checkbox"/> <small>(2)</small>	<b>SCOMM04</b>
21.05 The purchase of stationery	<input type="checkbox"/> <small>(1)</small>	<input type="checkbox"/> <small>(2)</small>	<b>SCOMM05</b>
21.06 The purchase of other school supplies, materials and/or equipment	<input type="checkbox"/> <small>(1)</small>	<input type="checkbox"/> <small>(2)</small>	<b>SCOMM06</b>
21.07 Payment of examination fees	<input type="checkbox"/> <small>(1)</small>	<input type="checkbox"/> <small>(2)</small>	<b>SCOMM07</b>
21.08 Payment of the salaries of additional teachers	<input type="checkbox"/> <small>(1)</small>	<input type="checkbox"/> <small>(2)</small>	<b>SCOMM08</b>
21.09 Payment of an additional amount on top of the normal salary of teachers	<input type="checkbox"/> <small>(1)</small>	<input type="checkbox"/> <small>(2)</small>	<b>SCOMM09</b>
21.10 Payment of the salaries of non-teaching staff	<input type="checkbox"/> <small>(1)</small>	<input type="checkbox"/> <small>(2)</small>	<b>SCOMM10</b>
21.11 Payment of an additional amount on top of the normal salary of non-teaching staff	<input type="checkbox"/> <small>(1)</small>	<input type="checkbox"/> <small>(2)</small>	<b>SCOMM11</b>
21.12 Extra-curricular activities including school trips	<input type="checkbox"/> <small>(1)</small>	<input type="checkbox"/> <small>(2)</small>	<b>SCOMM12</b>
21.13 Assisting teachers in teaching and / or pupil supervision without pay	<input type="checkbox"/> <small>(1)</small>	<input type="checkbox"/> <small>(2)</small>	<b>SCOMM13</b>
21.14 Provision of school meals	<input type="checkbox"/> <small>(1)</small>	<input type="checkbox"/> <small>(2)</small>	<b>SCOMM14</b>

22. To what extent is **lack of co-operation** from the community a problem in your school?  
(Please tick *only one* box.)

**SPROBCOM**

- (1) Not a problem
- (2) A minor problem
- (3) A major problem

# MAIN STUDY 2007 (Botswana)

## SOME QUESTIONS ABOUT HIV AND AIDS

23. Is there a place that is within walking distance of your home where it is possible to **have an HIV test**? **SHTEST1**  
*(Please tick **only one** box.)*

No

I do not know/I am not sure.

Yes

24. Is there a place in a town or trading centre near your home where it is possible to **have an HIV test**? **SHTEST2**  
*(Please tick **only one** box.)*

No

I do not know/I am not sure.

Yes

25. Would you take an HIV test if you had to pay for it? **SHIVPAY**  
*(Please tick **only one** box.)*

No

Yes

26. Would you take an HIV test if it was free of charge? **SHIVFREE**  
*(Please tick **only one** box.)*

No

Yes

27. What do you think is the general risk of being infected with HIV for you and for teachers at your school?  
*(Please tick the **appropriate** box for each line.)*

No risk      Low      Medium      High      Very High

27.1

the risk for you






**SHRISKU**

27.2

the risk for other teachers at your school






**SHRISKT**

## MAIN STUDY 2007 (Botswana)

28. Have you received information about HIV and AIDS from the following sources?

(Please tick **only one box** for each line.)

		No	Yes	
28.01	Radio	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	SHINFO01
28.02	TV	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	SHINFO02
28.03	Video player (VCR, DVD, etc.)	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	SHINFO03
28.04	Internet	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	SHINFO04
28.05	Computer(s)	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	SHINFO05
28.06	Poster(s) / Billboard(s)	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	SHINFO06
28.07	Book(s)	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	SHINFO07
28.08	Magazine(s) / Newspaper(s)	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	SHINFO08
28.09	Drama(s) / Play(s) / Concert(s)	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	SHINFO09
28.10	Cinema (in-door, out-door, or mobile)	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	SHINFO10
28.11	School club	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	SHINFO11
28.12	Recreational activities	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	SHINFO12
28.13	Pre-service teacher training	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	SHINFO13
28.14	In-service teacher training	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	SHINFO14
28.15	Hospital / Clinic	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	SHINFO15
28.16	Teacher(s) / Other School Head(s)	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	SHINFO16
28.17	Friend(s)	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	SHINFO17
28.18	Counsellor(s)	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	SHINFO18
28.19	Peer educator(s)	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	SHINFO19
28.20	Doctor(s)	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	SHINFO20
28.21	Community health worker(s)	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	SHINFO21
28.22	Person(s) from church, mosque, temple, etc.	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	SHINFO22
28.23	A person living with HIV	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	SHINFO23
28.24	Family / Relatives	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	SHINFO24

## MAIN STUDY 2007 (Botswana)

29. Which source of HIV and AIDS information in the above list was the best for you?  
(Please write the number of the source in the box.)

**SHINFOBT**

28.   
(2D)

30. Should a pupil who is infected with HIV be allowed to continue to attend school?  
(Please tick *only one box*.)

**SHPUPIL**

- (1) No  
 (2) Yes  
 (3) I am not sure.

31. Should a teacher who is infected with HIV be allowed to continue teaching at school?  
(Please tick *only one box*.)

**SHTCHER**

- (1) No  
 (2) Yes  
 (3) I am not sure.

### SOME QUESTIONS ABOUT IN-SERVICE COURSES ON HIV AND AIDS RECEIVED BY THE SCHOOL HEAD

32. Have you ever attended one or more in-service courses on HIV and AIDS?  
(Please tick *only one box*.)

**SHCRSHIV**

- (1) No  
 (2) Yes

NOTE: If you did not attend any in-service courses on HIV and AIDS, then do not answer Questions 33 and 34.

## MAIN STUDY 2007 (Botswana)

33. Please describe what happened at these in-service courses.  
(Please tick **only one box** for each line.)

		No	Yes	
33.01	Reading material(s) / pamphlet(s) were distributed.	<input type="checkbox"/> <small>(1)</small>	<input type="checkbox"/> <small>(2)</small>	<b>SHCRS01</b>
33.02	A course instructor gave a lecture.	<input type="checkbox"/> <small>(1)</small>	<input type="checkbox"/> <small>(2)</small>	<b>SHCRS02</b>
33.03	We were given a list of contact addresses for further information and help.	<input type="checkbox"/> <small>(1)</small>	<input type="checkbox"/> <small>(2)</small>	<b>SHCRS03</b>
33.04	We watched a video / film.	<input type="checkbox"/> <small>(1)</small>	<input type="checkbox"/> <small>(2)</small>	<b>SHCRS04</b>
33.05	We listened to a radio and/or recorded programme.	<input type="checkbox"/> <small>(1)</small>	<input type="checkbox"/> <small>(2)</small>	<b>SHCRS05</b>
33.06	We were able to ask questions.	<input type="checkbox"/> <small>(1)</small>	<input type="checkbox"/> <small>(2)</small>	<b>SHCRS06</b>
33.07	A person living with HIV gave a talk.	<input type="checkbox"/> <small>(1)</small>	<input type="checkbox"/> <small>(2)</small>	<b>SHCRS07</b>
33.08	We had a group discussion.	<input type="checkbox"/> <small>(1)</small>	<input type="checkbox"/> <small>(2)</small>	<b>SHCRS08</b>
33.09	We had an organized trip to a hospital / care centre.	<input type="checkbox"/> <small>(1)</small>	<input type="checkbox"/> <small>(2)</small>	<b>SHCRS09</b>
33.10	We completed a questionnaire.	<input type="checkbox"/> <small>(1)</small>	<input type="checkbox"/> <small>(2)</small>	<b>SHCRS10</b>
33.11	We participated in role play.	<input type="checkbox"/> <small>(1)</small>	<input type="checkbox"/> <small>(2)</small>	<b>SHCRS11</b>
33.12	We learned how to respond to sensitive questions from pupils about HIV and AIDS.	<input type="checkbox"/> <small>(1)</small>	<input type="checkbox"/> <small>(2)</small>	<b>SHCRS12</b>
33.13	We were given practical demonstrations – for example, of condom usage.	<input type="checkbox"/> <small>(1)</small>	<input type="checkbox"/> <small>(2)</small>	<b>SHCRS13</b>
33.14	Male/female condoms were made available at the meeting.	<input type="checkbox"/> <small>(1)</small>	<input type="checkbox"/> <small>(2)</small>	<b>SHCRS14</b>

34. Which HIV and AIDS activity in the above list was the best for you?  
(Please write the number of the activity in the box.)

33.

**SHCRSBT**

# MAIN STUDY 2007 (Botswana)

## SOME QUESTIONS ABOUT YOUR SCHOOL

35. How many pupils and teachers have **died** in your school since January 2005?  
*(Please write '0' for a particular category if no person has died.)*

<b>No. of pupils (Boys)</b>		Died in 2005	Died in 2006	Died in 2007
35.01	May have been related to AIDS	SHDBOY5A <small>(3D)</small>	SHDBOY6A <small>(3D)</small>	SHDBOY7A <small>(3D)</small>
35.02	Other causes	SHDBOY5O <small>(3D)</small>	SHDBOY6O <small>(3D)</small>	SHDBOY7O <small>(3D)</small>

<b>No. of pupils (Girls)</b>		Died in 2005	Died in 2006	Died in 2007
35.03	May have been related to AIDS	SHDGIR5A <small>(3D)</small>	SHDGIR6A <small>(3D)</small>	SHDGIR7A <small>(3D)</small>
35.04	Other causes	SHDGIR5O <small>(3D)</small>	SHDGIR6O <small>(3D)</small>	SHDGIR7O <small>(3D)</small>

<b>No. of teachers (Males)</b>		Died in 2005	Died in 2006	Died in 2007
35.05	May have been related to AIDS	SHDMLT5A <small>(3D)</small>	SHDMLT6A <small>(3D)</small>	SHDMLT7A <small>(3D)</small>
35.06	Other causes	SHDMLT5O <small>(3D)</small>	SHDMLT6O <small>(3D)</small>	SHDMLT7O <small>(3D)</small>

<b>No. of teachers (Females)</b>		Died in 2005	Died in 2006	Died in 2007
35.07	May have been related to AIDS	SHDFMT5A <small>(3D)</small>	SHDFMT6A <small>(3D)</small>	SHDFMT7A <small>(3D)</small>
35.08	Other causes	SHDFMT5O <small>(3D)</small>	SHDFMT6O <small>(3D)</small>	SHDFMT7O <small>(3D)</small>

36. What is the school policy for a teacher who has a long-term illness related to AIDS?

*(Please tick **only one** box.)*

**SPTAIDS**

- (1) Encourage the teacher to stay at home.
- (2) Encourage the teacher to come to school - but with no duties at all.
- (3) Encourage the teacher to come to school - but with duties other than teaching.
- (4) Encourage the teacher to come to school and try to teach.

## MAIN STUDY 2007 (Botswana)

37. Are lessons and/or activities on HIV and AIDS issues presented at your school to mixed gender groups or single gender groups?  
(Please tick **only one box**.)

**SHIVCLS**

- (1) We do not have these lessons / activities.
- (2) We present to mixed groups of boys and girls.
- (3) We present to separate groups of boys and girls.
- (4) We present to boys only.
- (5) We present to girls only.

38. Please indicate the kind of support that has been given to pupils and school staff at your school concerning HIV and AIDS issues during this school year.  
(Please tick either 'No' or 'Yes' for each item.  
For the items with ticks in Yes, please tick **all that apply** in the final four columns.)

		This happened at my school this year		With the assistance of			
		No	Yes	Ministry (Dep't) of Education	Ministry (Dep't) of Health	Other Govern't Org'ns	Other Groups <sup>1</sup>
<b>Support to pupils</b>							
38.01	Guidance / counseling for orphans and vulnerable <b>pupils</b>	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (2)	<input type="checkbox"/> (2)	<input type="checkbox"/> (2)	<input type="checkbox"/> (2)
		SHIVP01A		SHIVP01B	SHIVP01C	SHIVP01D	SHIVP01E
38.02	Guidance / counseling for <b>pupils</b> with HIV and AIDS	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (2)	<input type="checkbox"/> (2)	<input type="checkbox"/> (2)	<input type="checkbox"/> (2)
		SHIVP02A		SHIVP02B	SHIVP02C	SHIVP02D	SHIVP02E
38.03	Home visits for orphans and vulnerable <b>pupils</b>	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (2)	<input type="checkbox"/> (2)	<input type="checkbox"/> (2)	<input type="checkbox"/> (2)
		SHIVP03A		SHIVP03B	SHIVP03C	SHIVP03D	SHIVP03E
38.04	Home visits for <b>pupils</b> with AIDS related diseases	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (2)	<input type="checkbox"/> (2)	<input type="checkbox"/> (2)	<input type="checkbox"/> (2)
		SHIVP04A		SHIVP04B	SHIVP04C	SHIVP04D	SHIVP04E
38.05	Discussions among <b>pupils</b> about combating stigma and discrimination against HIV and AIDS	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (2)	<input type="checkbox"/> (2)	<input type="checkbox"/> (2)	<input type="checkbox"/> (2)
		SHIVP05A		SHIVP05B	SHIVP05C	SHIVP05D	SHIVP05E
38.06	Learning materials for use at home by orphans and vulnerable <b>pupils</b>	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)	<input type="checkbox"/> (2)	<input type="checkbox"/> (2)	<input type="checkbox"/> (2)	<input type="checkbox"/> (2)
		SHIVP06A		SHIVP06B	SHIVP06C	SHIVP06D	SHIVP06E

<sup>1</sup> Other groups may include NGOs, CBOs, AIDS Commissions, Teacher Unions, communities, charities, religious groups, etc.

## MAIN STUDY 2007 (Botswana)

		This happened at my school this year		With the assistance of			
		No	Yes	Ministry (Dep't) of Education	Ministry (Dep't) of Health	Other Govern't Org'ns	Other Groups <sup>1</sup>
		(1)	(2)	(2)	(2)	(2)	(2)
38.07	Learning materials for use at home by <b>pupils</b> with AIDS related diseases	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)				
		SHIVP07A		SHIVP07B	SHIVP07C	SHIVP07D	SHIVP07E
38.08	Learning materials for use at home by <b>pupils</b> who are caring for relatives with AIDS related diseases	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)				
		SHIVP08A		SHIVP08B	SHIVP08C	SHIVP08D	SHIVP08E
38.09	Medication for <b>pupils</b> with HIV and AIDS	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)				
		SHIVP09A		SHIVP09B	SHIVP09C	SHIVP09D	SHIVP09E

### Support to school staff

38.10	Guidance / counseling for <b>staff</b> with HIV and AIDS	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)				
		SHIVP10A		SHIVP10B	SHIVP10C	SHIVP10D	SHIVP10E
38.11	Home visits for <b>staff</b> with AIDS related diseases	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)				
		SHIVP11A		SHIVP11B	SHIVP11C	SHIVP11D	SHIVP11E
38.12	Discussions among <b>staff</b> about combating stigma and discrimination against HIV and AIDS	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)				
		SHIVP12A		SHIVP12B	SHIVP12C	SHIVP12D	SHIVP12E
38.13	Medication for <b>staff</b> with HIV and AIDS	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)				
		SHIVP13A		SHIVP13B	SHIVP13C	SHIVP13D	SHIVP13E
38.14	HIV testing for <b>staff</b>	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)				
		SHIVP14A		SHIVP14B	SHIVP14C	SHIVP14D	SHIVP14E
38.15	Payment for relief teachers to replace sick <b>staff</b>	<input type="checkbox"/> (1)	<input type="checkbox"/> (2)				
		SHIVP15A		SHIVP15B	SHIVP15C	SHIVP15D	SHIVP15E

39. Have you ever had an HIV test?  
(Please tick *only one box*.)

**SHIVTEST**

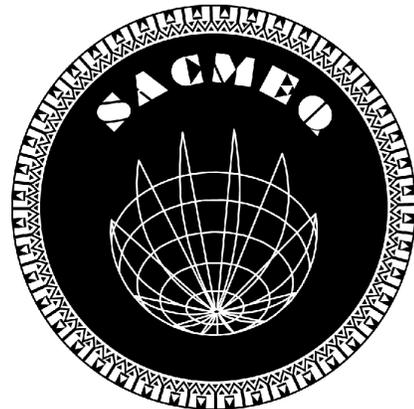
- (1) No
- (2) Yes

MAIN STUDY 2007 (Botswana)

# School Information Booklet

**SACMEQ III**  
The Southern and Eastern  
Africa Consortium  
for Monitoring Educational  
Quality

**Standard 6 Study**



SACMEQ and the IIEP wish to acknowledge the generous financial assistance provided by the Ministry of Foreign Affairs of the Government of the Netherlands in support of SACMEQ's research and training programmes.

# MAIN STUDY 2007 (Botswana)

ID	
Country	<input type="text"/>
Region	<input type="text"/>
School	<input type="text"/>
Instrument	<input type="text" value="6"/>

**COUNTRY**  
**REGION**  
**DISTRICT**  
**SCHOOL**  
**INSTR**

**SACMEQ III**  
 The Southern and Eastern Africa  
 Consortium  
 for Monitoring Educational Quality

**Standard 6 Study**

**School Information Booklet**

## SOME QUESTIONS ABOUT YOUR SCHOOL AND YOUR TEACHERS

40. What is the road distance in kilometres from your school to the following places?

*(Please write the number in the box below for each item.*

*Please round to '1' if it is less than one kilometre.)*

- |     |   |                      |            |              |
|-----|---|----------------------|------------|--------------|
| 1.1 | The nearest health centre/clinic  | <input type="text"/> | kilometres | <b>SFAR1</b> |
| 1.2 | The nearest tarred or tarmac road   | <input type="text"/> | kilometres | <b>SFAR2</b> |
| 1.3 | The nearest public library  | <input type="text"/> | kilometres | <b>SFAR3</b> |
| 1.4 | The nearest book shop   | <input type="text"/> | kilometres | <b>SFAR4</b> |
| 1.5 | The nearest school offering secondary education<br><i>(Please write '0' if your own school offers secondary education.)</i>   | <input type="text"/> | kilometres | <b>SFAR5</b> |
| 1.6 | The nearest shopping centre or market place with<br>at least two shops  | <input type="text"/> | kilometres | <b>SFAR6</b> |
| 1.7 | The nearest place for having an HIV test  | <input type="text"/> | kilometres | <b>SFAR7</b> |
| 1.8 | The nearest education resource centre<br>(That is, a place where teachers from different schools can go to borrow teaching materials and/or produce teaching materials and/or seek advice concerning some aspect of classroom lessons.) | <input type="text"/> | kilometres | <b>SFAR8</b> |

## MAIN STUDY 2007 (Botswana)

41. How many permanent and non-permanent teachers are there in your school this week?

*(Please write the number in the box below for each category.*

*Please include yourself if you teach at all.*

*Write '0' for a particular category if there are no teachers in it.*

*Add all the teachers and write the total number in the box on the final line, 2.5.)*

### Male teachers

- |  |  |          |               |
|--|--|----------|---------------|
| 2.1 Permanent male teachers  | <input style="width: 50px; height: 20px;" type="text"/><br><small>(2D)</small> | teachers | <b>STCHPM</b> |
| 2.2 Non-permanent male teachers (temporary, contract, or student teachers) | <input style="width: 50px; height: 20px;" type="text"/><br><small>(2D)</small> | teachers | <b>STCHTM</b> |

### Female teachers

- |  |  |          |                 |
|--|--|----------|-----------------|
| 2.3 Permanent female teachers  | <input style="width: 50px; height: 20px;" type="text"/><br><small>(2D)</small> | teachers | <b>STCHPF</b>   |
| 2.4 Non-permanent female teachers (temporary, contract, or student teachers) | <input style="width: 50px; height: 20px;" type="text"/><br><small>(2D)</small> | teachers | <b>STCHTF</b>   |
| <hr/>  |  |          |                 |
| 2.5 <b>Total number of <u>all</u> teachers</b>                               | <input style="width: 50px; height: 20px;" type="text"/><br><small>(3D)</small> | teachers | <b>STCHTOT1</b> |

42. How many of the teachers in your school have completed the following levels of **academic education**?

*(Please write the number in the box below for each category.*

*Please include yourself if you teach at all.*

*Write '0' for a particular category if there are no teachers in it.*

*Make sure that the total number of teachers in Question 2.5 agrees with the total number in Question 3.6.)*

- |   |  |          |                 |
|---|--|----------|-----------------|
| 3.1 Primary education or equivalent                         | <input style="width: 50px; height: 20px;" type="text"/><br><small>(2D)</small> | teachers | <b>STCHPRIM</b> |
| 3.2 Junior secondary education or equivalent                | <input style="width: 50px; height: 20px;" type="text"/><br><small>(2D)</small> | teachers | <b>STCHJSEC</b> |
| 3.3 Senior secondary education or equivalent                | <input style="width: 50px; height: 20px;" type="text"/><br><small>(2D)</small> | teachers | <b>STCHSSEC</b> |
| 3.4 A-level or further study, but <u>not</u> a first degree | <input style="width: 50px; height: 20px;" type="text"/><br><small>(2D)</small> | teachers | <b>STCHALEV</b> |
| 3.5 Tertiary education (at least a first degree)            | <input style="width: 50px; height: 20px;" type="text"/><br><small>(2D)</small> | teachers | <b>STCHTERT</b> |
| <hr/>   |  |          |                 |
| 3.6 <b>Total number of <u>all</u> teachers</b>              | <input style="width: 50px; height: 20px;" type="text"/><br><small>(3D)</small> | teachers | <b>STCHTOT2</b> |

## MAIN STUDY 2007 (Botswana)

43. How many of the teachers in your school have completed the following **teacher training**?

*(Please write the number in the box below for each category.*

*Please include yourself if you teach at all.*

*Write '0' for a particular category if there are no teachers in it.*

*Make sure that the total number of teachers in Question 2.5 agrees with the total number in Question 4.7.)*

- |       |  |                                   |          |                 |
|-------|--|-----------------------------------|----------|-----------------|
| 4.1   | No teacher training  | <input type="text" value="(2D)"/> | teachers | <b>STCHNOTT</b> |
| 4.2   | Short course(s) of less than one-year duration                         | <input type="text" value="(2D)"/> | teachers | <b>STCHSHOR</b> |
| 4.3   | A total <u>equivalent</u> of one year of teacher training              | <input type="text" value="(2D)"/> | teachers | <b>STCH1YR</b>  |
| 4.4   | A total <u>equivalent</u> of two years of teacher training             | <input type="text" value="(2D)"/> | teachers | <b>STCH2YR</b>  |
| 4.5   | A total <u>equivalent</u> of three years of teacher training           | <input type="text" value="(2D)"/> | teachers | <b>STCH3YR</b>  |
| 4.6   | A total <u>equivalent</u> of more than three years of teacher training | <input type="text" value="(2D)"/> | teachers | <b>STCHMORE</b> |
| <hr/> |  |                                   |          |                 |
| 4.7   | <b>Total number of <u>all</u> teachers</b>                             | <input type="text" value="(3D)"/> | teachers | <b>STCHTOT3</b> |

## MAIN STUDY 2007 (Botswana)

44. How many teachers in your school were **absent** for different periods of time during this school year?

*(Please write the number in the box below for each category. Please include yourself if you teach at all. Write '0' for a particular category if there are no teachers in it.*

*Make sure that the total number of teachers in item (e) in this question agrees with the total number in Question 2.5.)*

**(a) Male teachers absent this school year :**

	Maybe linked to an AIDS- related illness	Other reasons	Total
5.01 Absent less than 1 month	STMABS1A <small>(3D)</small>	STMABS1O <small>(3D)</small>	STMABS1T <small>(4D)</small>
5.02 Absent 1 to 2 months	STMABS2A <small>(3D)</small>	STMABS2O <small>(3D)</small>	STMABS2T <small>(4D)</small>
5.03 Absent 3 to 4 months	STMABS3A <small>(3D)</small>	STMABS3O <small>(3D)</small>	STMABS3T <small>(4D)</small>
5.04 Absent 5 to 6 months	STMABS4A <small>(3D)</small>	STMABS4O <small>(3D)</small>	STMABS4T <small>(4D)</small>
5.05 Absent more than 6 months	STMABS5A <small>(3D)</small>	STMABS5O <small>(3D)</small>	STMABS5T <small>(4D)</small>
5.06 <b>Total number of male teachers absent this school year</b>			STMABSTT <small>(4D)</small>
<b>(b) Male teachers <u>not</u> absent this school year :</b>			STMNABST <small>(4D)</small>

**(c) Female teachers absent this school year :**

	Maybe linked to an AIDS- related illness	Other reasons	Total
5.07 Absent less than 1 month	STFABS1A <small>(3D)</small>	STFABS1O <small>(3D)</small>	STFABS1T <small>(4D)</small>
5.08 Absent 1 to 2 months	STFABS2A <small>(3D)</small>	STFABS2O <small>(3D)</small>	STFABS2T <small>(4D)</small>
5.09 Absent 3 to 4 months	STFABS3A <small>(3D)</small>	STFABS3O <small>(3D)</small>	STFABS3T <small>(4D)</small>
5.10 Absent 5 to 6 months	STFABS4A <small>(3D)</small>	STFABS4O <small>(3D)</small>	STFABS4T <small>(4D)</small>
5.11 Absent more than 6 months	STFABS5A <small>(3D)</small>	STFABS5O <small>(3D)</small>	STFABS5T <small>(4D)</small>
5.12 <b>Total number of female teachers absent this school year</b>			STFABSTT <small>(4D)</small>
<b>(d) Female teachers <u>not</u> absent this school year :</b>			STFNABST <small>(4D)</small>

**(e) Total number of all teachers (male & female) :**

STCHTOT4 <small>(4D)</small>
---------------------------------

## MAIN STUDY 2007 (Botswana)

45. How many teachers in your school **gave lessons** in life-skills-based HIV and AIDS education during this school year?

*(Please write the number of teachers in the box below.*

*Please include yourself if you teach at all.*

*Please write '0' if there were no teachers in your school who gave lessons in life-skills-based HIV and AIDS education.)*

(2D)

teachers

**SLESHIV1**

46. How many teachers in your school have **received specialized training** in the following subjects?

*(Please write the number of specialist teachers in the box below.*

*Please include yourself if you teach at all.*

*Please write '0' if there are no specialist teachers.)*

- 7.1 Life-skills-based HIV and AIDS education

(2D)

teachers

**SSPECHIV**

- 7.2 Other health issues

(2D)

teachers

**SSPECHLT**

47. How many of the teachers in your school who have **received specialized training** in life-skills-based HIV and AIDS education **ALSO gave lessons** in life-skills-based HIV and AIDS education during this school year?

*(Please write the number of specialist teachers in the box below.*

*Please include yourself if you teach at all.*

*Please write '0' if there were no specialist teachers who gave lessons in life-skills-based HIV and AIDS education.)*

(2D)

teachers

**SLESHIV2**

### SOME QUESTIONS ABOUT ENROLMENT

48. What is the total enrolment of your **school**?

*(Please write the number in the box below for each category.*

*Include all children who are enrolled, even if absent this week.)*

- 9.1 Boys

(4D)

**SPUPBOY**

- 9.2 Girls

(4D)

**SPUPGIRL**

## MAIN STUDY 2007 (Botswana)

49. What is the total enrolment in **Standard 6** in your school?  
*(Please write the number in the box below for each category.  
 Include all children who are enrolled, even if absent this week.)*

10.1 Standard 6 boys   
(4D)

**SPUPBOY6**

10.2 Standard 6 girls   
(4D)

**SPUPGIR6**

50. What is the total number of **Standard 6** class groups (or classes or streams) in your school?  
*(Please write the number in the box below.)*

(2D) Standard 6 class groups (or classes or streams)

**SCLASS6**

### SOME QUESTIONS ABOUT SCHOOL OPERATION

51. How many sessions (shifts) operate in your school (excluding sessions for adults)?  
*(If you have only one session, then fill in the first session and leave the other sessions blank.  
 If you have more than one session, fill in the first line for the first session, the second line for the second session, etc.)*

	<b><u>No. of pupils</u></b> per session/shift		<b><u>No. of classes</u></b> per session/shift	
12.1 1 <sup>st</sup> session/shift	<input style="width: 100%; height: 20px; border: 1px solid black;" type="text"/> <small style="display: block; text-align: right; margin-right: 5px;">(4D)</small>	<b>SSESS1P</b>	<input style="width: 100%; height: 20px; border: 1px solid black;" type="text"/> <small style="display: block; text-align: right; margin-right: 5px;">(2D)</small>	<b>SSESS1C</b>
12.2 2 <sup>nd</sup> session/shift	<input style="width: 100%; height: 20px; border: 1px solid black;" type="text"/> <small style="display: block; text-align: right; margin-right: 5px;">(4D)</small>	<b>SSESS2P</b>	<input style="width: 100%; height: 20px; border: 1px solid black;" type="text"/> <small style="display: block; text-align: right; margin-right: 5px;">(2D)</small>	<b>SSESS2C</b>
12.3 3 <sup>rd</sup> session /shift	<input style="width: 100%; height: 20px; border: 1px solid black;" type="text"/> <small style="display: block; text-align: right; margin-right: 5px;">(4D)</small>	<b>SSESS3P</b>	<input style="width: 100%; height: 20px; border: 1px solid black;" type="text"/> <small style="display: block; text-align: right; margin-right: 5px;">(2D)</small>	<b>SSESS3C</b>
12.4 4 <sup>th</sup> session/shift	<input style="width: 100%; height: 20px; border: 1px solid black;" type="text"/> <small style="display: block; text-align: right; margin-right: 5px;">(4D)</small>	<b>SSESS4P</b>	<input style="width: 100%; height: 20px; border: 1px solid black;" type="text"/> <small style="display: block; text-align: right; margin-right: 5px;">(2D)</small>	<b>SSESS4C</b>
12.5 5 <sup>th</sup> session/shift	<input style="width: 100%; height: 20px; border: 1px solid black;" type="text"/> <small style="display: block; text-align: right; margin-right: 5px;">(4D)</small>	<b>SSESS5P</b>	<input style="width: 100%; height: 20px; border: 1px solid black;" type="text"/> <small style="display: block; text-align: right; margin-right: 5px;">(2D)</small>	<b>SSESS5C</b>

## MAIN STUDY 2007 (Botswana)

52. What was the last year your school had a full inspection (evaluation)?  
(Please tick **only one box**.)

**SYRINSP**

- (1) There has never been a full inspection (evaluation) at this school.
- (2) The last full inspection (evaluation) year was before 2003.
- (3) 2003
- (4) 2004
- (5) 2005
- (6) 2006
- (7) 2007

53. How many times has your school been visited by an inspector (quality assurance officer) since January 2006?  
(Please write the number in the box below.)

**SINS2006**

(2D) times

54. Has there been a School Feeding/Nutrition Programme for pupils (that is not paid for by the pupils) at your school during this school year?  
(Please tick **only one box**.)

**SSFP**

- (1) No
- (2) Yes, one meal or one snack per day
- (3) Yes, two or more meals or snacks per day

55. How many official school days did you lose (that is, no teaching took place) in the last school year as a result of disruptions caused by factors beyond your control (for example, natural calamities, strikes, social unrest, etc.)?  
(Please write the number in the box below.  
Write '0' if there were no days lost.)

**SLOST**

(2D) days

# MAIN STUDY 2007 (Botswana)

## SOME QUESTIONS ABOUT SCHOOL FACILITIES

56. How many permanent classrooms, temporary classrooms, and open-air teaching areas does your school have?  
 (Please write the number in the box below for each type of teaching environment.  
 Please write '0' if you do not have one of the types of classrooms specified below.)

NOTE: **Permanent** classrooms are completed classrooms that have been built using materials in compliance with approved specifications; **temporary** classrooms include, for example, temporary / thatch roof, roof only, walls only; **open-air** teaching areas are areas that have no floors, walls, or roofs and are usually located under a tree.

- |      |                                |  |                 |
|------|--------------------------------|--|-----------------|
| 17.1 | <b>Permanent</b> classrooms    | <input style="width: 80px; height: 25px;" type="text"/><br><small>(3D)</small> | <b>SCLRMPER</b> |
| 17.2 | <b>Temporary</b> classrooms    | <input style="width: 80px; height: 25px;" type="text"/><br><small>(3D)</small> | <b>SCLRMTEM</b> |
| 17.3 | <b>Open-air</b> teaching areas | <input style="width: 80px; height: 25px;" type="text"/><br><small>(3D)</small> | <b>SCLRMOPE</b> |

57. How many toilets (flush toilets, latrine places, squat holes, or pit toilets) does your school have?  
 State the number of places for individuals.  
 (Please write the number in the box below for each type of user for each category.  
 If there are no toilets write '0'.)

		Types of toilet		
		Flush toilets	Latrine places, squat holes, or pit toilets	
18.1	Boys	a	b	<b>STOIBOYA / STOIBOYB</b>
		<input style="width: 60px; height: 25px;" type="text"/> <small>(2D)</small>	<input style="width: 60px; height: 25px;" type="text"/> <small>(2D)</small>	
18.2	Girls	a	b	<b>STOIGIRA / STOIGIRB</b>
		<input style="width: 60px; height: 25px;" type="text"/> <small>(2D)</small>	<input style="width: 60px; height: 25px;" type="text"/> <small>(2D)</small>	
18.3	Staff	a	b	<b>STOISTAA / STOISTAB</b>
		<input style="width: 60px; height: 25px;" type="text"/> <small>(2D)</small>	<input style="width: 60px; height: 25px;" type="text"/> <small>(2D)</small>	

## MAIN STUDY 2007 (Botswana)

58. How many computers in your school are in **good working order**?  
(Please write the number in the box below for each item.  
Write '0' if there are none.)

19.1 In the whole school

  
(4D)

SCOMPTR1

19.2 Available to pupils

  
(4D)

SCOMPTR2

19.3 Available only to school staff

  
(4D)

SCOMPTR3

19.4 Connected to the Internet

  
(4D)

SCOMPTR5

**Note : variable name numbering is incorrect**

NOTE: A school library is a place where pupils from different year levels can borrow books and/or read books.

59. About how many books are there in the school library?  
(Please write the number in the box below.  
Do not count magazines or newspapers.  
Write '0' if there is no school library.)

SLIBBKS

books  
(5D)

Thank you very much for answering the questions so far.  
ON THE FOLLOWING PAGES WE WOULD VERY MUCH APPRECIATE IT IF  
YOU COULD WRITE A FEW SENTENCES TO PRESENT YOUR OPINIONS  
ABOUT:

**“What kind of extra support do you think that your school needs in order to  
address the challenges and problems associated with HIV and AIDS?”**

Please turn the page.

### YOUR WRITTEN OPINION

60. What kind of extra support do you think that your school needs in order to  
address the challenges and problems associated with HIV and AIDS?

# MAIN STUDY 2007 (Botswana)

## SACMEQ III

The Southern and Eastern Africa Consortium  
for Monitoring Educational Quality

### Standard 6 Study

# Pupil Name Form

<b>ID</b>										
Country	<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"/>
Region	<input type="text"/>	<input type="text"/>	<input type="text"/>	District	<input type="text"/>					
School	<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"/>
Instrument	<input type="text" value="5"/>	<input type="text"/>								

**COUNTRY**

**REGION  
DISTRICT**

**SCHOOL**

**INSTR**

Name of School: **SCHNAME**

To be filled in by the Data Collector(s) with assistance from the School Head

Pupil ID No. Col.1	Name of Pupil		Class (6A,6B,etc.) Col.4	Teacher ID			Session/shift (1,2,3,etc.) Col.8	Date of birth (D/M/Y) Col.9	Sex (B/G) Col.10	Days absent Lst.mth Col.11	Booklets Administered (Y/N)				Biological parents died (Y/N/U)		Remarks Col.18	
	Surname Col.2	First name(s) Col.3		English Col.5	Maths Col.6	Health/LS Col.7					Read Col.12	Health Col.13	Maths Col.14	Quest Col.15	Father Col.16	Mother Col.17		
1																		
2																		
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# MAIN STUDY 2007 (Botswana)

<b>ID</b>									
Country	[ ]	[ ]	[ ]						
Region	[ ]	[ ]	[ ]	District	[ ]	[ ]	[ ]		
School	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
Instrument	4								

**COUNTRY**

**REGION  
DISTRICT**

**SCHOOL**

**INSTR**

## SACMEQ III

The Southern and Eastern Africa  
Consortium  
for Monitoring Educational Quality

**Standard 6 Study**

**School Form**

### Information about your school:

Name of school: \_\_\_\_\_  
 Name of School Head: \_\_\_\_\_  
 Postal address: \_\_\_\_\_  
 Telephone: \_\_\_\_\_

No. of classes in your **school** (include all sessions/shifts):

**SFCLSES**

No. of pupils in your **school** (include all sessions/shifts):

	Boys	Girls	Total No. of pupils
2005	<b>SFNBOY5</b>	<b>SFNGIRL5</b>	<b>SFENR5</b>
2006	<b>SFNBOY6</b>	<b>SFNGIRL6</b>	<b>SFENR6</b>
2007	<b>SFNBOY7</b>	<b>SFNGIRL7</b>	<b>SFENR7</b>

No. of teachers in your **school** (include all sessions/shifts):

	Male teachers	Female teachers	Total No. of teachers
2005	<b>SFTMALE5</b>	<b>SFTFMAL5</b>	<b>SFTTOT5</b>
2006	<b>SFTMALE6</b>	<b>SFTFMAL6</b>	<b>SFTTOT6</b>
2007	<b>SFTMALE7</b>	<b>SFTFMAL7</b>	<b>SFTTOT7</b>

### Information about your Grade 6 classes in 2007:

1. Total enrolment in **Grade 6** (include all sessions/shifts): **SFPUPG6**
2. Total number of **Grade 6 classes** (class groups): **SFCLAG6**
3. Total number of **Grade 6 English (Reading)** teachers: **SFRDGTG6**
4. Total number of **Grade 6 Mathematics** teachers: **SFMATTG6**
5. Total number of **Grade 6 Health/Life Skills** teachers: **SFHLTTG6**

Class <sup>2</sup>	Session/shift (1, 2, etc.)	No. of pupils	ENGLISH (READING) teachers		MATHS teachers		HEALTH/LIFE SKILLS teachers	
			Name	ID No.	Name	ID No.	Name	ID No.
<b>SFCLAS S</b>								
6A	<b>SFSHIFT</b>	<b>SFPUP</b>	<b>SFTNREAD</b>	<b>SFREAD</b>	<b>SFTNMATH</b>	<b>SFMATH</b>	<b>SFTNHLTH</b>	<b>SFHLTH</b>
6B								
6C								
6D								

<sup>2</sup> If the school uses a different system for naming its classes, write the school's class names in the margin on the left-hand side of the page.